

# 3,5-Dinitrosalicylic acid

sc-214181



The Power is Question

Material Safety Data Sheet

Hazard Alert Code Key: **EXTREME** **HIGH** **MODERATE** **LOW**

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

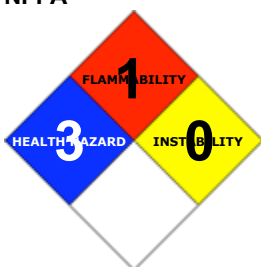
### PRODUCT NAME

3,5-Dinitrosalicylic acid

### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

### NFPA



### SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

Address:

2145 Delaware Ave  
Santa Cruz, CA 95060

Telephone: 800.457.3801 or 831.457.3800

Emergency Tel: CHEMWATCH: From within the US and Canada:  
877-715-9305

Emergency Tel: From outside the US and Canada: +800 2436 2255  
(1-800-CHEMCALL) or call +613 9573 3112

### PRODUCT USE

Reagent for measuring molar reducing values for maltodextrins and for the colourimetric determination of amylase; determination of glucose.

### SYNONYMS

C7-H4-N2-O7, (O2N)2C6H4-2-(OH)-COOH, (O2N)2C6H4-2-(OH)-COOH, "salicylic acid, 3, 5-dinitro-", "salicylic acid, 3, 5-dinitro-", "benzoic acid, 2-hydroxy-3, 5-dinitro-", "benzoic acid, 2-hydroxy-3, 5-dinitro-", "2-hydroxy-3, 5-dinitrobenzoic acid", "2-hydroxy-3, 5-dinitrobenzoic acid"

## Section 2 - HAZARDS IDENTIFICATION

### CANADIAN WHMIS SYMBOLS



### EMERGENCY OVERVIEW

## **RISK**

Danger of cumulative effects.

Causes severe burns.

Risk of serious damage to eyes.

May cause SENSITIZATION by skin contact.

Harmful by inhalation, in contact with skin and if swallowed.

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

## **POTENTIAL HEALTH EFFECTS**

### **ACUTE HEALTH EFFECTS**

#### **SWALLOWED**

• 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 severe chemical burns within the oral cavity and gastrointestinal tract following ingestion.

• The substance and/or its metabolites may bind to hemoglobin inhibiting normal uptake of oxygen. This condition, known as "methemoglobinemia", is a form of oxygen starvation (anoxia).

Symptoms include cyanosis (a bluish discoloration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure.

At about 15% concentration of blood methemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.

• Symptoms of dinitrophenol poisoning include a rapid increase in body temperature, breathing rate and heart rate. Oxygen demand is raised even faster, causing oxygen deficiency and acid-base imbalance (acidosis) to occur. The cerebrum and brainstem is first stimulated, then depressed, and dinitrophenol derivatives also damage the kidney and liver. The symptoms may appear up to 2 days following exposure and may include high fever, abdominal pain, abdominal spasm, extreme weakness, thirst, nausea, vomiting, excessive sweating and breathing difficulties. These may progress to cyanosis (blue-gray skin), lividity and muscle tremor. There can be reduced frequency of urination due to kidney damage and jaundice as a result of hepatitis. Repeated exposure can cause tiredness, headache and a general feeling of unwellness. The symptoms appear to be more serious under high temperatures.

• 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 diarrhea. The central nervous system is first stimulated, and then depression from failure occurs. Stimulation produces vomiting, hyperventilation, headache, ringing in the ears, confusion, behavior and mood changes, and generalized convulsions. Respiratory failure and cardiovascular collapse can result in death. There may also be sweating, skin eruptions, internal bleeding, kidney failure and inflamed pancreas. There may be bloody stools, purple skin spots or blood in the vomit. Many of these symptoms are due to disturbances in blood chemistry. A dose of 300 mg/kg can cause serious effects while 500 mg/kg can be lethal.

#### **EYE**

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

• If applied to the eyes, this material causes severe eye damage.

#### **SKIN**

• Skin contact with the material may be harmful; systemic effects may result following absorption.

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

• 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.

#### **INHALED**

• Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.

• The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

• Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

### **CHRONIC HEALTH EFFECTS**

• 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. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems.

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.

Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray.

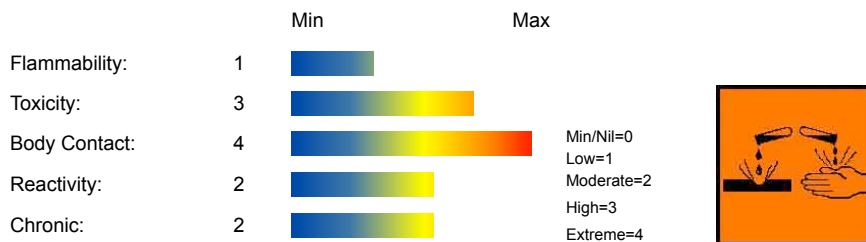
Chronic exposure to salicylates produce problems with metabolism, central system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk. Hypersensitive reactions can occur, especially in people with asthma. These symptoms include itchy wheals and other skin eruptions, an inflamed nose, shortness of breath and serious narrowing of the airways (which can even cause death). Chronic exposure to parabens by skin contact, ingestion or injection can cause hypersensitive reactions. There may be cross-sensitivity between different species, so people can be develop allergic symptoms if they were sensitized by other chemicals. Symptoms include acute narrowing of the airways, hives (itchy wheal), swelling, running nose and

blurred vision. There may be anaphylactic shock and rash.

2,4-dinitrophenol can cause skin eruption, peripheral nerve damage, liver and kidney damage, and rarely cataracts. Repeated or prolonged contact may produce an allergic or irritant inflammation of the skin. Chronic exposures may produce fatigue and weight loss. Exposure over a long period of time to nitrophenols may produce kidney and liver damage. Inflammation of the colon, intestine, liver, stomach, and enlargement of the spleen may occur.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

### HAZARD RATINGS



NAME	CAS RN	%
3,5-dinitrosalicylic acid	609-99-4	>98

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- For advice, contact a Poisons Information Center 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.

### EYE

- If this product comes in contact with the eyes:
  - Immediately hold eyelids apart and flush the eye continuously with running water.
  - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
  - Continue flushing until advised to stop by the Poisons Information Center or a doctor, or for at least 15 minutes.
  - Transport to hospital or doctor without delay.
  - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### SKIN

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

### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

Inhalation of vapors or aerosols (mists, fumes) may cause lung edema. Corrosive substances may cause lung damage (e.g. lung edema, 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 authorized by him/her. (ICSC13719).

## NOTES TO PHYSICIAN

• Marked fatigue, tremendous thirst, profuse sweating, flushing of the face are all characteristics of intoxication by dinitrophenol derivatives. These may be followed by restlessness, anxiety, excitement which may occasionally lead to convulsions. Rises in body temperature (proportional to dose) may result in severe hyperreflexia, tachycardia, hyperpnea, dyspnea, cyanosis and muscle cramps characterize later symptomatology. Late complications include decreased urine output with albuminuria, casts, pigment, and sometimes blood cells due to toxic nephritis. Jaundice and liver tenderness also develop as a result of toxic hepatitis.

TREATMENT for dinitrophenol intoxications:

- Gastric lavage with large quantities of 5% sodium bicarbonate solution leaving 1-2 pints in the stomach.
- Saline cathartics e.g. 15-30 gm sodium or magnesium sulfate in water.
- Cold packs and alcohol sponges to reduce body temperature. Antipyretic drugs are ineffective here. Cold water enemas have been used. Intensive efforts to correct a dinitrophenol fever are justified. If it can be accomplished, mild hypothermia (rectal temperature between 33.5 and 36 deg. C) is desirable because dinitrophenol appears to lose its metabolic activity at reduced temperature. [DO NOT give atropine, aspirin, and other salicylates to control hyperthermia, as these agents appear likely to enhance the toxicity of phenolic substances. Aspirin also enhances the uncoupling of oxidative phosphorylation.]
- Fluids, orally or intravenously (e.g. glucose in saline, 1000 ml) to correct dehydration and acidosis.
- Because dinitrophenol is actively transported by the renal organic acid transport processes in some species, a trial of forced diuresis with alkalization of the urine is warranted.
- Oxygen therapy. Artificial ventilation is needed. [Administer oxygen by mask to minimize anoxia].
- Prophylactic measures in anticipation of kidney and liver insufficiency

GOSSELIN, SMITH HODGE; Clinical Toxicology of Commercial Products 5th Ed. Diazepam may be used, if necessary, for the treatment of convulsions, to reduce body heat and control agitation. Be prepared to counter respirator depression and hypotension which may occur following administration of anticonvulsants.

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 concentrations 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.
- Correct dehydration and hypoglycemia (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 patients without hypoglycemia, infusions of glucose adequate to produce distinct hyperglycemia 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 hypokalemia. 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 hemorrhagic tendency calls for 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 hemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

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

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycemia, and potassium depletion. Salicylate poisoning is characterized 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 utilization of glucose. Direct stimulation of the respiratory center 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. Hypoglycemia 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. Hyperglycemia 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 ionization, 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 <http://www.ozemail.com.au/~ouad/SALI0001.HTA>.

The material may induce methemoglobinemia following exposure.

- Initial attention should be directed at oxygen delivery and assisted ventilation if necessary. Hyperbaric oxygen has not demonstrated substantial benefits.
- Hypotension should respond to Trendelenburg's position and intravenous fluids; otherwise dopamine may be needed.
- Symptomatic patients with methemoglobin levels over 30% should receive methylene blue. (Cyanosis, alone, is not an indication for treatment). The usual dose is 1-2 mg/kg of a 1% solution (10 mg/ml) IV over 50 minutes; repeat, using the same dose, if symptoms of hypoxia fail to subside within 1 hour.

BIOLOGICAL EXPOSURE INDEX - BEI These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comment
1. Methemoglobin in blood	1.5% of hemoglobin	During or end of shift	B, NS, SQ

B: Background levels occur in specimens collected from subjects NOT exposed

NS: Non-specific determinant; also observed after exposure to other materials

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

## Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG):	Negligible
Upper Explosive Limit (%):	Not available.
Specific Gravity (water=1):	>1.0
Lower Explosive Limit (%):	Not available.

### EXTINGUISHING MEDIA

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

### FIRE FIGHTING

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

### GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

- Combustible solid which burns but propagates flame with difficulty.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), other pyrolysis products typical of burning organic material.

May emit corrosive fumes.

### FIRE INCOMPATIBILITY

- Avoid contamination with oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result.

### PERSONAL PROTECTION

Glasses:

Full face- shield.

Gloves:

Respirator:

Particulate dust filter.

## Section 6 - ACCIDENTAL RELEASE MEASURES

## MINOR SPILLS

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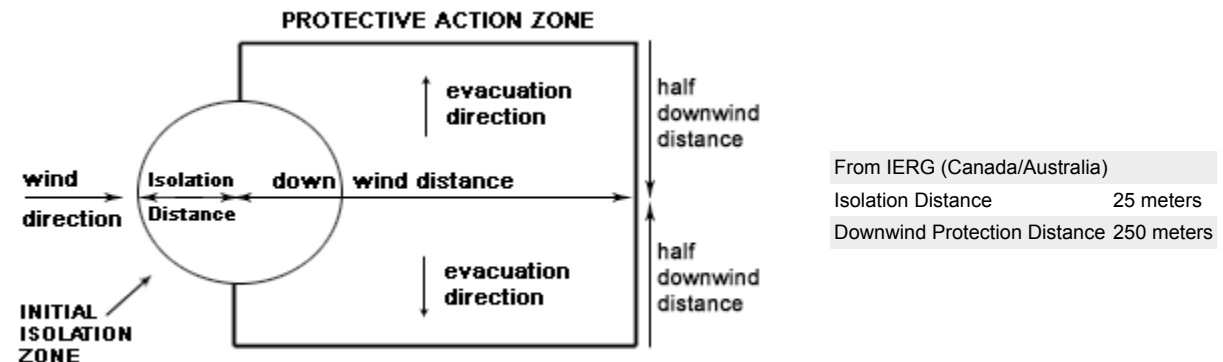
- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable, labelled container for waste disposal.
- Drains for storage or 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.

## MAJOR SPILLS

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- Clear area of personnel and move upwind.
- Alert Emergency Responders and tell them location and nature of hazard.
- May be violently or explosively reactive. Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labeled containers for recycling.
- Neutralize/decontaminate residue.
- Collect solid residues and seal in labeled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

## PROTECTIVE ACTIONS FOR SPILL



## FOOTNOTES

1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.

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

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

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

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

6 IERG information is derived from CANUTEC - Transport Canada.

## ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could

experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.  
AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

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- Avoid all personal contact, including inhalation.
  - Wear protective clothing when risk of exposure occurs.
  - Use in a well-ventilated area.
  - **WARNING:** To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
  - Avoid smoking, naked lights or ignition sources.
  - Avoid contact with incompatible materials.
  - When handling, DO NOT eat, drink or smoke.
  - Keep containers securely sealed when not in use.
  - Avoid physical damage to containers.
  - Always wash hands with soap and water after handling.
  - Work clothes should be laundered separately.
  - Launder contaminated clothing before re-use.
  - Use good occupational work practice.
  - Observe manufacturer's storing and handling recommendations.
  - Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
- Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.
- Do NOT cut, drill, grind or weld such containers.
  - In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

### RECOMMENDED STORAGE METHODS

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- Lined metal can, Lined metal pail/drum
- Plastic pail
- Polyliner drum
- Packing as recommended by manufacturer.
- Check all containers are clearly labeled and free from leaks.

For low viscosity materials

- 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.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- Cans with friction closures and
- low pressure tubes and cartridges may be used.

- Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting molded plastic box and the substances are not incompatible with the plastic.

### STORAGE REQUIREMENTS

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- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

### SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



- X: Must not be stored together
- O: May be stored together with specific preventions
- +: May be stored together

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- 3,5-dinitrosalicylic acid: CAS:609-99-4

### MATERIAL DATA

3,5-DINITROSALICYLIC ACID:

• Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

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

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

It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

Exposure limits with "skin" notation indicate that vapor and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapor inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

CEL TWA: 0.2 mg/m<sup>3</sup> (skin) (compare TLV-TWA dinitro-o-cresol)

### PERSONAL PROTECTION



Consult your EHS staff for recommendations

#### EYE

- 
- Chemical goggles.
- Full face shield.
- Contact lenses pose a special hazard; soft contact lenses may absorb irritants and all lenses concentrate them.

#### HANDS/FEET

- Elbow length PVC gloves.

NOTE: The material may produce skin sensitization in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).



- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
  - When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
  - Contaminated gloves should be replaced.
- 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.

**OTHER**

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

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

**ENGINEERING CONTROLS**

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
  - (a): particle dust respirators, if necessary, combined with an absorption cartridge;
  - (b): filter respirators with absorption cartridge or canister of the right type;
  - (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant:	Air Speed:
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	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.)
Within each range the appropriate value depends on:	
Lower end of the range	Upper end of the range
1: Room air currents minimal or favorable 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 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 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.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Does not mix with water.

Sinks in water.

Corrosive.

State	DIVIDED SOLID	Molecular Weight	228.12
Melting Range (°F)	336.2- 341.6	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Partly miscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available.	Vapour Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	>1.0
Lower Explosive Limit (%)	Not available.	Relative Vapor Density (air=1)	Not applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

### APPEARANCE

Light yellow powder; does not mix well with water.

## Section 10 - CHEMICAL STABILITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

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- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

### STORAGE INCOMPATIBILITY

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- Polynitro derivatives of mono- and poly- cyclic systems are often explosives liable to detonate on grinding or impact.
- The presence of two or more nitro groups (each with 2 oxygen atoms) on an aromatic nucleus often increase the reactivity of other substituents and the tendency towards explosive instability as oxygen balance is approached.
- Aromatic nitro compounds range from slight to strong oxidizing agents. If mixed with reducing agents, including hydrides, sulfides and nitrides, they may begin a vigorous reaction that culminates in a detonation. The explosive tendencies of aromatic nitro compounds are increased by the presence of multiple nitro groups.
- In view of the reports of previous violent or explosive reactions, heating of polynitroaryl (particularly di- and tri-nitroaryl) compounds with alkalies, ammonia, or O-ethylsulfuric acid salts, in autoclaves should be avoided.
- Nitroaromatic and in particular polynitroaromatic compounds may present a severe explosion risk if subjected to shock or heated rapidly and uncontrollably as in fire situations. In addition, when such compounds are heated more moderately with caustic alkalies, even when water or organic solvents are present, there is also a risk of violent decomposition or explosion. Several industrial accidents, which probably were due to such interactions, have occurred; this potential hazard often remains unacknowledged.
- A range of exothermic decomposition energies for nitro compounds is given as 220-410 kJ/mol. The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment. For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.

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Nitrophenols are:

- combustible solids which may form explosive mixtures with air when finely divided
- strong oxidisers which react violently with reducing agents
- reactive with combustible, organic and other easily oxidisable materials
- thermally unstable burning in the absence of air causing fast pressure rises; closed containers may explode
- able to form shock-sensitive explosive mixtures with chlorine trifluoride
- incompatible with strong acids, caustics, aliphatic amines, amides, diethylamine, potassium hydride, potassium hydroxide
- Phenols are incompatible with strong reducing substances such as hydrides, nitrides, alkali metals, and sulfides.
- Avoid use of aluminium, copper and brass alloys in storage and process equipment.

- Heat is generated by the acid-base reaction between phenols and bases.
- Phenols are sulfonated very readily (for example, by concentrated sulfuric acid at room temperature), these reactions generate heat.
- Phenols are nitrated very rapidly, even by dilute nitric acid.
- Nitrated phenols often explode when heated. Many of them form metal salts that tend toward detonation by rather mild shock.

Avoid strong acids.

Avoid reaction with oxidizing agents.

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

## Section 11 - TOXICOLOGICAL INFORMATION

3,5-dinitrosalicylic acid

### TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (rat) LD50: 860 mg/kg	Nil Reported
Oral (mouse) LD50: 270 mg/kg	

• Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's edema. 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. The significance of the contact allergen is not simply determined by its sensitization potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitizing substance which is widely distributed can be a more important allergen than one with stronger sensitizing potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

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.

## Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

3,5-DINITROSALICYLIC ACID:

- Harmful to aquatic organisms.
- May cause long-term adverse effects in the aquatic environment.
- Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

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

• Environmental toxicity is a function of the n-octanol/ water partition coefficient (log Pow, log Kow). Phenols with log Pow >7.4 are expected to exhibit low toxicity to aquatic organisms. However the toxicity of phenols with a lower log Pow is variable, ranging from low toxicity (LC50 values >100 mg/l) to highly toxic (LC50 values <1 mg/l) dependent on log Pow, molecular weight and substitutions on the aromatic ring. Dinitrophenols are more toxic than predicted from QSAR estimates. Hazard information for these groups is not generally available.

• The nitrates are of environmental concern because of their high water solubility and consequent leaching, diffusion, and environmental mobility in soil and water. Nitrate can contaminate groundwater to unacceptable levels. Nitrite is formed from nitrate or ammonium ion by micro-organisms in soil, water, sewage and the alimentary tract. The concern with nitrate in the environment is related to its conversion to nitrite.

Methemoglobinemia is caused following exposure to high levels of nitrite and produces difficulties in oxygen transport in the blood. Thousands of cases involving poisoning of infants, particularly in rural areas, have been reported as a result of drinking nitrate rich well-water.

Other concerns deriving from exposure to environmental nitrates relate to the production of nitrosamines following the reaction of food nitrites and secondary amines. Other nitroso-compounds may result following reaction with nitrites and amides, ureas, carbamates and other nitrogenous compounds. Nitrosamines produce liver damage, hemorrhagic lung lesions, convulsions and coma in rats, and teratogenic effects in experimental animals.

The N-nitroso class of compounds include potent carcinogens and mutagens: induction of tumors by single doses of N-nitroso compounds testify to this.

- Prevent, by any means available, spillage from entering drains or watercourses.
- DO NOT discharge into sewer or waterways.

### Ecotoxicity

Ingredient  
3,5-dinitrosalicylic acid

Persistence: Water/Soil Persistence: Air  
HIGH

Bioaccumulation  
LOW

Mobility  
HIGH

## Section 13 - DISPOSAL CONSIDERATIONS

### US EPA Waste Number & Descriptions

A. General Product Information

Corrosivity characteristic: use EPA hazardous waste number D002 (waste code C)

### Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

- Puncture containers to prevent re-use and bury at an authorized landfill.

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.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

DO NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

## Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	None	Hazard class or Division:	8
Identification Numbers:	UN2923	PG:	II
Label Codes:	8, 6.1	Special provisions:	IB8, IP2, IP4, T3, TP33
Packaging: Exceptions:	154	Packaging: Non-bulk:	212
Packaging: Exceptions:	154	Quantity limitations: Passenger aircraft/rail:	15 kg
Quantity Limitations: Cargo aircraft only:	50 kg	Vessel stowage: Location:	B
Vessel stowage: Other:	40		

Hazardous materials descriptions and proper shipping names:

Corrosive solids, toxic, n.o.s.

### Air Transport IATA:

ICAO/IATA Class:	8 (6.1)	ICAO/IATA Subrisk:	None
UN/ID Number:	2923	Packing Group:	II
Special provisions:	A3		

Shipping Name: CORROSIVE SOLID, TOXIC, N.O.S. \*(CONTAINS 3,5-DINITROSALICYLIC ACID)

### Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	6.1
UN Number:	2923	Packing Group:	II
EMS Number:	F-A,S-B	Special provisions:	274 944
Limited Quantities:	1 kg		

Shipping Name: CORROSIVE SOLID, TOXIC, N.O.S.(contains 3,5-dinitrosalicylic acid)

## Section 15 - REGULATORY INFORMATION

**3,5-dinitrosalicylic acid (CAS: 609-99-4) is found on the following regulatory lists;**

"Canada Domestic Substances List (DSL)", "US Postal Service (USPS) Hazardous Materials Table: Postal Service Mailability Guide", "US Toxic Substances Control Act (TSCA) - Inventory"

## Section 16 - OTHER INFORMATION

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• Classification of the mixture 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.

A list of reference resources used to assist the committee may be found at:

[www.chemwatch.net/references](http://www.chemwatch.net/references).

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

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