Tetracaine hydrochloride

sc-251166

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
Tetracaine hydrochloride

STATEMENT OF HAZARDOUS NATURE

NFPA

SUPPLIER
Santa Cruz Biotechnology, Inc.
2145 Delaware Avenue
Santa Cruz, California 95060
800.457.3801 or 831.457.3800

EMERGENCY
ChemWatch
Within the US & Canada: 877-715-9305
Outside the US & Canada: +800 2436 2255
(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

<table>
<thead>
<tr>
<th></th>
<th>Min</th>
<th>Max</th>
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</thead>
<tbody>
<tr>
<td>Flammability:</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Toxicity:</td>
<td>2</td>
<td></td>
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<tr>
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<td>2</td>
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<tr>
<td>Reactivity:</td>
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<td></td>
</tr>
<tr>
<td>Chronic:</td>
<td>2</td>
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</table>
EMERGENCY OVERVIEW

RISK
Harmful if swallowed.
Irritating to eyes.
May cause SENSITISATION by inhalation and skin contact.
Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Cumulative effects may result following exposure*.
Inhalation and/or skin contact may produce health damage*.
May produce discomfort of the respiratory system and skin*.
* (limited evidence).

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.
■ Systemic toxicity due to local anaesthetics may be manifested by yawning, restlessness, excitement, ringing sound in the ear, nausea and vomiting.
Early warning signs are numbness of the tongue and around the mouth region.

EYE
■ This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation.
Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.
■ Direct eye contact with local anaesthetics may reduce sensation in the eyes and increase the risk of injury due to foreign bodies.
There may be drying of the cornea, a burning sensation, excessive tears, sensitivity to light, swelling and redness of the conjunctiva and increased blinking.

SKIN
■ Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
■ There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.
■ When applied to the skin, local anaesthetics can cause burning, stinging, tenderness, redness, sloughing, blisters and tissue death.
There may be skin eruptions caused by simultaneous exposure to light.
■ 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 damaging to the health of the individual.
■ There is some evidence to suggest that the material can cause respiratory irritation in some persons.
The body's response to such irritation can cause further lung damage.
■ Inhalation of local anaesthetics may result in upper respiratory tract effects including burning sensation, stinging, tenderness, swelling, sloughing, tissue necrosis and irritation.
Systemic poisoning is characterised by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting and sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and respiratory depression and arrest.
■ 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.
If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

CHRONIC HEALTH EFFECTS
■ Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.
Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.
Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.
Repeated or prolonged exposure with local anaesthetics may result in sensitization of skin, with the development of lesions, hives and oedema. There may be anaphylactic reactions that may cause death. Prolonged eye contact may result in permanent clouding of the cornea with loss of vision, severe corneal inflammation and possible perforation.
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.
Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

<table>
<thead>
<tr>
<th>NAME</th>
<th>CAS RN</th>
<th>%</th>
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<tbody>
<tr>
<td>tetracaine hydrochloride</td>
<td>136-47-0</td>
<td>&gt;98</td>
</tr>
</tbody>
</table>

Section 4 - FIRST AID MEASURES

**SWALLOWED**
- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- For advice, contact a Poisons Information Centre or a doctor.
- Urgent hospital treatment is likely to be needed.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.

**EYE**
If this product comes in contact with the eyes:
- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Seek medical attention without delay; if pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

**SKIN**
If skin contact occurs:
- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

**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.

**NOTES TO PHYSICIAN**
- When systemic reaction to local anaesthetic occurs, steps should be taken to maintain circulation and respiration and control convulsions. A clear airway should be established and oxygen given together with assisted ventilation if necessary. Metabolism of amide-type anaesthetics occurs in the liver and in some cases in the kidney. Because these undergo extensive and rapid hepatic metabolism, only about 1/3 of an oral dose reaches the systemic circulation. Tetracaine is hydrolysed in the body to p-aminobenzoic acid and may inhibit the action of sulfonamides.

Section 5 - FIRE FIGHTING MEASURES

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<tr>
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</tr>
<tr>
<td>Lower Explosive Limit (%)</td>
<td>Not available</td>
</tr>
</tbody>
</table>

**EXTINGUISHING MEDIA**
- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).

**FIRE FIGHTING**
- 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.
- When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

**GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS**
- Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa
70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.

- 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 (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds.; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.

- In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC)

- A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO2), hydrogen chloride, phosgene, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.
May emit poisonous fumes.

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

### Section 6 - ACCIDENTAL RELEASE MEASURES

**MINOR SPILLS**
- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.

**MAJOR SPILLS**
- 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.

### Section 7 - HANDLING AND STORAGE

**PROCEDURE FOR HANDLING**
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.

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**
- Glass container is suitable for laboratory quantities
- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.

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.

### STORAGE REQUIREMENTS
- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.

### Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION
EXPOSURE CONTROLS

The following materials had no OELs on our records

- tetracaine hydrochloride: CAS:136-47-0

PERSONAL PROTECTION

RESPIRATOR


EYE

For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

- Chemical goggles
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

HANDS/FEET

NOTE:

- 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.

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

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity
- Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers. [AS/NZS 2210]

OTHER

- For quantities up to 500 grams a laboratory coat may be suitable.
- For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.

ENGINEERING CONTROLS

- Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.
- HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.
- Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.
- When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g.}

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**PHYSICAL PROPERTIES**

Solid.
Mixes with water.

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<th>State</th>
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<td>Volatile Component (%vol)</td>
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<td>Evaporation Rate</td>
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**APPEARANCE**
Odourless, hygroscopic, crystalline powder with a slightly bitter numbing taste; mixes with water (1:7.5), alcohol (1:40) and chloroform (1:30). Occurs also as either of two polymeric forms which melt at about 134 deg C and 139 deg C respectively. Mixtures of the forms may melt within the range 134-147.

**Section 10 - CHEMICAL STABILITY**

**CONDITIONS CONTRIBUTING TO INSTABILITY**
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

**STORAGE INCOMPATIBILITY**
- Avoid strong acids, bases.
- Avoid reaction with oxidising agents

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

**Section 11 - TOXICOLOGICAL INFORMATION**

tetracaine hydrochloride

**TOXICITY AND IRRITATION**
- 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. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising 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.

Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins.

Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema.

Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

Lower doses of dimethylethanolamine (DMAE) produce a gradual increase in muscle tone and perhaps an increased frequency of convulsions in susceptible individuals. Larger doses produced sleeplessness, spontaneous muscle twitches and elevated blood pressure. Increased nasal and oral secretions, difficulty in breathing, and respiratory failure have been observed. It can also cause cancers of the liver and respiratory tract. It is contraindicated in pregnancy and lactation because of its harmful effects to the foetus and growing baby. It is also contraindicated in people with symptoms of schizophrenia and seizure disorders.

**CARCINOGEN**

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<th>Agency</th>
<th>International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs</th>
<th>Group</th>
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**Section 12 - ECOLOGICAL INFORMATION**

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
This material and its container must be disposed of as hazardous waste. Avoid release to the environment. Refer to special instructions/safety data sheets.

**Ecotoxicity**

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<th>Ingredient</th>
<th>Persistence: Water/Soil</th>
<th>Persistence: Air</th>
<th>Bioaccumulation</th>
<th>Mobility</th>
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<td>No Data Available</td>
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**Section 13 - DISPOSAL CONSIDERATIONS**

**Disposal Instructions**

All waste must be handled in accordance with local, state and federal regulations.
- Containers may still present a chemical hazard/danger when empty.
- Return to supplier for reuse/recycling if possible.
- Otherwise:
  - If container cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorized landfill.
  - Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

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. In most instances the supplier of the material should be consulted.
- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: burial in a land-fill specifically licenced to accept chemical and/or pharmaceutical wastes or Incineration in a licenced 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:**

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Hazardous materials descriptions and proper shipping names:
Toxic solids, organic, n.o.s.

Air Transport IATA:

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Shipping name: TOXIC SOLID, ORGANIC, N.O.S. (contains tetracaine hydrochloride)

Maritime Transport IMDG:

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Shipping name: TOXIC SOLID, ORGANIC, N.O.S. (contains tetracaine hydrochloride)

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Section 15 - REGULATORY INFORMATION

tetracaine hydrochloride (CAS: 136-47-0) is found on the following regulatory lists;
"Canada Domestic Substances List (DSL)", "Canada List of Prohibited and Restricted Cosmetic Ingredients (The Cosmetic Ingredient "Hotlist")", "Canada Substances in Products Regulated Under the Food and Drugs Act (F&D) That Were In Commerce between January 1, 1987 and September 13, 2001 (English)", "International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs", "US - Massachusetts Drinking Water - Secondary Contaminants Maximum Contaminant Levels (MCLs)", "US - Utah Secondary Drinking Water Standards - Inorganic Contaminants", "US Toxic Substances Control Act (TSCA) - Premanufacture Notice (PMN) Chemicals", "WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

■ Inhalation and/or skin contact may produce health damage*.
■ Cumulative effects may result following exposure*.
■ May produce discomfort of the respiratory system and skin*.
■ Repeated exposure potentially causes skin dryness and cracking*.
* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

<table>
<thead>
<tr>
<th>Substance</th>
<th>CAS</th>
<th>Suggested codes</th>
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<td>136-47-0</td>
<td>Mut2; R68 T; R25 R43 N; R50/53</td>
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</table>

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

For detailed advice on Personal Protective Equipment, refer to the following U.S. Regulations and Standards:
- OSHA Standards - 29 CFR:
  - 1910.132 - Personal Protective Equipment - General requirements
  - 1910.133 - Eye and face protection
  - 1910.134 - Respiratory Protection
  - 1910.136 - Occupational foot protection
  - 1910.138 - Hand Protection
- Eye and face protection - ANSI Z87.1
- Foot protection - ANSI Z41
- Respirators must be NIOSH approved.

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