Material Safety Data Sheet

Carvedilol

sc-200157

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

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
Carvedilol

STATEMENT OF HAZARDOUS NATURE

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
Antihypertensive. beta-Adrenergic blocker with vasodilatory activity.

SYNONYMS

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW
RISK
May cause SENSITIZATION by skin contact. Very toxic 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 damaging to the health of the individual.
Side effects from beta-locking agents include nausea, vomiting, disturbance of the gastrointestinal tract, fatigue and dizziness. The nervous system may be involved, causing depression, delirium, stoppage of breathing, confusion, psychosis, motor abnormalities, coma, visual disturbance and insomnia. Cardiovascular effects include slowing of pulse, low blood pressure, and heart failure. Other adverse effects include blood disorders, and allergic reactions characterized by skin rash. Other effects include sexual dysfunction, allergic reactions, weight gain, hair loss, muscle disorders, dry eyes and inflammation of the mouth cavity. The signs of overdose usually appear rapidly (within 1-2 hours) and sometimes death occurs.

**EYE**
- Eye absorption of beta blockers can reduce the pressure in the eye and cause systemic toxicity.
- This material can cause eye irritation and damage in some persons.

**SKIN**
- Skin contact is not thought to have harmful health effects, however the material may still produce health damage following entry through wounds, lesions or abrasions.
- 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.
- This material can cause inflammation of the skin in contact in some persons.

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

**CHRONIC HEALTH EFFECTS**
- Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.
- Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

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. Prolonged use of beta blockers can result in dry mouth, taste distortion, heartburn, stomach pain, nausea, vomiting, loss of appetite, bloating, flatulence, and diarrhea or constipation. The nervous system may be affected by fatigue, headache, dizziness, lethargy, depression, "pins and needles", reduced or increased sensation, anxiety, nervousness, poor concentration, sleep loss and nightmares or bizarre dreams. Eye effects include irritation, discomfort, drying, burning sensation, inflammation of the conjunctiva, impaired vision and reduction in eye pressure. Cardiovascular effects include a tight chest pain, heart failure, heart block, claudication and stroke, with chest pain, pallor, shortness of breath, flushing and fainting. Respiratory system effects include blocked nose, cough, craking sounds, wheezing and lung scarring. Other effects recorded include renal and mesenteric arterial thrombosis, renal failure, ischaemic colitis, fibrosis in the lung, acute pancreatitis, enlarged liver, elevated liver enzymes, altered blood lipids, high blood glucose, impotence or diminished sex drive, painful urination, urination at night, and urinary retention or frequent urination. Allergic reactions include, fever, inflammation of the pharynx, sore throat, throat spasms and respiratory arrest. Effects on the skin include itchiness, pigmentation, necrosis and a purple color.

### Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>CAS RN</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carvedilol</td>
<td>72956-09-3</td>
<td>&gt;98</td>
</tr>
</tbody>
</table>

### Section 4 - FIRST AID MEASURES

**SWALLOWED**
- 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.
- Seek medical advice.

**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.
  - 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.
- Other measures are usually unnecessary.

**NOTES TO PHYSICIAN**
- Treat symptomatically.
- Following a recent overdosage with a beta-blocker the stomach should be emptied by gastric lavage. Emesis should not be used. Severe bradycardia and hypotension may respond to atropine 1 to 2 mg or more intravenously. Where response is inadequate, the treatment of choice is high-dose glucagon, initially as a bolus dose of 5 to 10 mg, followed if necessary by intravenous infusion of 1 to 5 mg per hour or more depending on response; the rate of infusion should be reduced as the patient improves. Debutamine or isoprenaline have been used for the management of hypotension; large doses of the latter may be required to overcome competitive blockade of beta-adrenoreceptors. The use of adrenalin has been suggested but precautions must be observed. Intravenous aminophylline or inhaled or intravenous salbutamol may be of benefit in bronchospasms. MARTINDALE: The Extra Pharmacopoeia, 29th Edition.

**Section 5 - FIRE FIGHTING MEASURES**

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<tr>
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<tr>
<td>Specific Gravity (water=1)</td>
<td>Not Available</td>
</tr>
<tr>
<td>Lower Explosive Limit (%)</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

**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 breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Use water delivered as a fine spray to control fire and cool adjacent 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 (CO2), hydrogen chloride, phosgene, nitrogen oxides (NOx), other pyrolysis products typical of burning organic material.

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

**PERSONAL PROTECTION**
- Chemical goggles.
- Gloves:
- Respirator:
- Particulate

**Section 6 - ACCIDENTAL RELEASE MEASURES**

**MINOR SPILLS**
- Environmental hazard - contain spillage.
- 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.
- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

**MAJOR SPILLS**
- Environmental hazard - contain spillage.
- Moderate hazard.
- CAUTION: Advise personnel in area.
- Alert Emergency Responders and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- 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.


6 IERG information is derived from CANUTEC - Transport Canada.

**ACUTE EXPOSURE GUIDELINE LEVELS (AEGGL) (in ppm)**

AEGGL 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.

AEGGL 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.

AEGGL 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**

- 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.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- 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
- Glass container.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE REQUIREMENTS
- Observe manufacturer’s storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS

+ X + X X +

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
- Carvedilol: CAS:72956-09-3

MATERIAL DATA
CARVEDILOL:
- 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.
- 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.
Airborne particulate or vapor must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).
- CEL TWA: 0.05 mg/m3 (Roche IOEL); 0.03 mg/m3; skin sensitiser (GSK OEL)

PERSONAL PROTECTION
Consult your EHS staff for recommendations

**EYE**
- When handling very small quantities of the material eye protection may not be required.
- 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 adsorption and desorption 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]

**HANDS/FEET**
- 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.
- 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.
- Protective shoe covers.
- Head covering.
- Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.
  - polychloroprene
  - nitrile rubber
  - butyl rubber
  - fluorocautchouc
  - polyvinyl chloride
- Gloves should be examined for wear and/or degradation constantly.

**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.
- Eye wash unit.
- Ensure there is ready access to an emergency shower.
- For Emergencies: Vinyl suit
- 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.

**RESPIRATOR**

<table>
<thead>
<tr>
<th>Protection Factor</th>
<th>Half-Face Respirator</th>
<th>Full-Face Respirator</th>
<th>Powered Air Respirator</th>
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<tr>
<td>10 x PEL</td>
<td>P1</td>
<td>-</td>
<td>PAPR-P1</td>
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<tr>
<td>50 x PEL</td>
<td>Air-line*</td>
<td>-</td>
<td>-</td>
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<tr>
<td>100 x PEL</td>
<td>Air-line**</td>
<td>P2</td>
<td>PAPR-P2</td>
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<tr>
<td>100+ x PEL</td>
<td>-</td>
<td>P3</td>
<td>Air-line*</td>
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* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:
Class 1 low to medium absorption capacity filters.
Class 2 medium absorption capacity filters.
Class 3 high absorption capacity filters. PAPR Powered Air Purifying Respirator (positive pressure) cartridge. 
Type A for use against certain organic gases and vapors. Type AX for use against low boiling point organic compounds (less than 65°C). Type B for use against certain inorganic gases and other acid gases and vapors. Type E for use against sulfur dioxide and other acid gases and vapors. Type K for use against ammonia and organic ammonia derivatives.
Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.
Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.
Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.
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
■ For potent pharmaceutical agents:
  Powders
To prevent contamination and overexposure, no open handling of powder should be allowed.
  • Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system.
  • In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used.
  • Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs.
  • An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.).
  • Powder should be put into solution or a closed or covered container after handling.
  • If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.

Solutions Handling:
• Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.
• Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.
• In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
• Ensure gloves are protective against solvents in use.

Unless written procedures, specific to the workplace are available, the following is intended as a guide:
• For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets *; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems. Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*.
• HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.
• The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Depending on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: Quantities of up to 25 grams are evaluated. When handling with HEPA filters or cartridges should be considered. Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular workplace, may replace these recommendations.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

<table>
<thead>
<tr>
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<tr>
<td>Volatile Component (%)</td>
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APPEARANCE
White to yellow, odourless solid; does not mix well with water (14.7 mg/l, 22 C, HPLC, 24 h). Solubilities: methanol 33,800
Section 10 - CHEMICAL STABILITY

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

STORAGE INCOMPATIBILITY
- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

Carvedilol

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

<table>
<thead>
<tr>
<th>TOXICITY</th>
<th>IRRITATION</th>
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<tbody>
<tr>
<td>Oral (Rat) LD50: &gt;8000 mg/kg *</td>
<td></td>
</tr>
<tr>
<td>Oral (Mouse) LD50: &gt;8000 mg/kg *</td>
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</table>

- 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-allergic 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.

- Not mutagenic in various in vivo and in vitro test systems *
- Not carcinogenic in rat or mouse *
- Not teratogenic - does not lower parental fertility *
- Not mutagenic in various in vivo and in vitro test systems *
- Not carcinogenic in rat or mouse *
- Not teratogenic - does not lower parental fertility *

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

CARVEDILOL:
- Very toxic 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.
- DO NOT discharge into sewer or waterways.

- log Kow 4.19
- log Kow* 1.98 (pH 5); 2.73 (pH 7); 3.03 (pH 9)
- log Koc >5.63 (measured) *
- Henry’s law Constant 3.93 E-07 atm m³/mol measured
- Half-life measured * (neutral) >1 year (pH 7 buffer solution); (acidic) >1 year (pH 4 buffered solution); (basic) >1 year (pH 9 buffered solution)
- Not readily biodegradable (28 d); 0% (Manometric Respirometry Test, OECD No. 301 F); 25% (OECD 301B, CO2 evolution, activated sludge*)
- Inherently biodegradable (28 d)*: 50% (Batch activated sludge (BAS), activated sludge)
- may be inherently biodegradable (OECD Test guideline) and is not expected to persist in the environment.
- Has limited solubility in water and will not readily enter into air from water. Is likely to adsorb to soil or sediment and may persist in soil or sediment if released directly to the environment. Is likely to adsorb to sludges and other biomass and may persist in these.
- Sludge biomass 3.74-4.31 (measured) *
- Chemically unstable in water when exposed to light; aqueous photolysis may be a significant depletion mechanism
- Half-life aqueous measured: 1.48 h
- Ecotoxicity:
  - Algal EC50 (72 h): Scenedesmus subspicatus <0.17 mg/l (highly toxic for algae); NOEC (72 h): <1 mg/l (OECD No. 201)
  - Algal IC50 (72 h): >1.6 mg/l; NOEC 0.46 mg/l
  - Daphnia magna EC50 (48 h): 1.8 mg/l *; 7.38 mg/l (strongly toxic for planktonic crustaceans);
NOEC (48 h): 0.35 mg/l; 0.81 mg/l OECD No. 203
Ceriodaphnia dubia chronic LOEC (8 d)*: 0.81 mg/l; NOEC: 0.25 mg/l
Acute toxicity in limit test is lower than daphnid or algal toxicity, hence not relevant for classification
Fish LC50 (96 h): guppy >1.34 mg/l; LC0 (96 h) 0.81 mg/l (OECD No. 203)
Fish LC50 (96 h)*: bluegill sunfish (Lepomis macrochirus) 0.99 mg/l; NOEC <0.43 mg/l (very toxic to fish); juvenile rainbow trout (Oncorhyncus mykiss) 0.29 mg/l; NOEC 0.025 mg/l
Activated sludge: no adverse influence on substrate biodegradation.
Strongly absorbs to activated sludge.
WGK 2 (hazardous for water Roche classification according to directive VwVwS of 17.05.1999)

* GSK

Ecotoxicity

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Persistence: Water/Soil</th>
<th>Persistence: Air</th>
<th>Bioaccumulation</th>
<th>Mobility</th>
</tr>
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<tbody>
<tr>
<td>Carvedilol</td>
<td>HIGH</td>
<td>LOW</td>
<td>LOW</td>
<td>LOW</td>
</tr>
</tbody>
</table>

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions
All waste must be handled in accordance with local, state and federal regulations.
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: G
Hazard class or Division: 9
Identification Numbers: UN3077
PG: III
Label Codes: 9
Special provisions: 8, 146, 335, B54, IB8, IP3, N20, T1, TP33
Packaging: Exceptions: 155
Packaging: Non-bulk: 213
Packaging: Exceptions: 155
Quantity limitations: No limit
Passenger aircraft/rail: Vessel stowage: Location: A
Quantity Limitations: Cargo aircraft only: Vessel stowage: Other: None
Vessel stowage: Other: None
Hazardous materials descriptions and proper shipping names:
Environmental hazardous substance, solid, n.o.s

Air Transport IATA:
ICAO/IATA Class: 9
UN/ID Number: 3077
Packing Group: III
ICAO/IATA Subrisk: None
Special provisions: A97

Shipping Name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. *(CONTAINS CARVEDILOL)

Maritime Transport IMDG:
IMDG Class: 9
IMDG Subrisk: None
UN Number: 3077
Packing Group: III
EMS Number: F-A,S-F
Special provisions: 274 909 944
Limited Quantities: 5 kg
Section 15 - REGULATORY INFORMATION

Carvedilol (CAS: 72956-09-3) is found on the following regulatory lists:
"US - California Proposition 65 - Reproductive Toxicity","US - Maine Chemicals of High Concern List"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE
■ Ingestion may produce health damage*.
■ Cumulative effects may result following exposure*.
■ May produce discomfort of the eyes respiratory tract and skin*.
* (limited evidence).

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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.
■ 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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