# **Dibenzepine HCI**



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# SYNONYMS

C18-H21-N3-O.HCl, "5, 10-dihydro-10-(2-(dimethylamino)ethyl)-5-methyl-11H-dibenzo[b, e][1, ", "4]diazepin-11-one monohydrochloride", "10(2-dimethylamino)ethyl)-5-methyl-5H-dibenzo[b, e][1, 4]diazepin-11(10H)-", "one monohydrochloride", "5methyl-10betadimethylaminoethyl-10, 11-dihydro-11-dibenz[b, e][1, ", "4]diazepine monohydrochloride", "dibenzepine hydrochloride", HF-1927, Hydrofluoride-1927, Wander, Neodalit, Noveril, Noveryl, "tricyclic antidepressant"





# EMERGENCY OVERVIEW

#### RISK

Harmful if swallowed. Possible risk of harm to the unborn child. Possible risk of irreversible effects. Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment. Inhalation and/or skin contact may produce health damage\*. \* (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.

• Side effects of tricyclic antidepressants include dry mouth, sour or metallic taste, constipation, retention of urine, blurred vision and changes in focusing, palpitations, and fast heart beat. Gastrointestinal disturbances (including nausea and vomiting), drowsiness, tremor, low blood pressure when standing, dizziness, sweating, weakness and fatigue, inco-ordination, epilepsy-like seizures, and speech difficulties may occur. Allergic skin reactions and sensitivity to light have been reported, as well as jaundice and blood disorders. Effects on the heart muscle may produce conduction defects and irregularities in heart beat. Endocrine effects may produce changes in sex drive, impotence, enlarged breasts and copious milk production. Changes in blood sugar levels and reduced levels of antidiuretic hormone may also occur. Overdose may produce excitement and restlessness with dry mouth, dilated pupils, increased heart rate, retention of urine and absence of bowel sounds. More severe poisoning may produce convulsions and muscle spasms, low blood pressure and depression of breathing and the heart. There may be life-threatening heartbeat irregularities occurring some days after apparent recovery.

■ Patients with Major Depressive Disorder may experience worsening of their depression and suicidal ideation even on medication until significant remission occurs. The association between the antidepressant drugs and worsening of symptoms are yet inconclusive. As such, patients (adults and children) should be closely monitored both at the beginning of therapy and its withdrawal to avoid symptoms such as anxiety, agitation, panic attacks, sleeplessness, irritability, hostility, impulsivity, psychomotor restlessness, hypomania and mania. In any case, medication should be tapered not administered or withdrawn abruptly. Because of the possibility of co-morbidity between major depressive disorder, bipolar disorder, other psychiatric and non-psychiatric disorders, it is advised that similar precautions be applied in their management also.

#### EYE

■ Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterised by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

#### SKIN

• The material is not thought to be a skin irritant (as classified by EC Directives using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

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

■ The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of dusts, or fumes, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

■ Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

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

Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure.

Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother.

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			
NAME	CAS RN	%	
dibenzepin hydrochloride	315-80-0	>98	

## 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.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

• INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

#### 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.
- Transport to hospital, or doctor.

#### NOTES TO PHYSICIAN

For tricyclic antidepressant poisonings:

The stomach should be emptied by aspiration and lavage.

Activated charcoal as an adjunct to gastric lavage may also be used.

Supportive therapy alone may then suffice for patients who are not severely poisoned.

In particular monitor for cardiac arrhythmias and institute anti-arrhythmic measures necessary (digoxin and physostigmine salicylate are NOT recommended).

Convulsions may be managed by intravenous diazepam.

Physostigmine (not neostigmine) may also be used to control convulsions but caution must be exercised. Barbiturates are generally not advocated since they exacerbate respiratory depression.

Some workers claim promising results with charcoal haemoperfusion in severely poisoned patients.

MARTINDALE: The Extra Pharmacopoeia, 28th Edition.

Critical manifestations of overdose include: cardiac dysrhythmias, severe hypotension, convulsions, and CNS depression, including coma. Changes in the electrocardiogram, particularly in QRS axis or width, are clinically significant indicators of tricyclic anti-depressant toxicity.

Other signs of overdose may include: confusion, disturbed concentration, transient visual hallucinations, dilated pupils, agitation, hyperactive reflexes, stupor, drowsiness, muscle rigidity, vomiting, hypothermia, hyperpyrexia Management:

- Obtain an ECG and immediately initiate cardiac monitoring.
- Protect the patient's airway, establish an intravenous line and initiate gastric decontamination.
- A minimum of six hours of observation with cardiac monitoring and observation for signs of CNS or respiratory depression, hypotension, cardiac dysrhythmias and/or conduction blocks, and seizures is necessary.
- If signs of toxicity occur at any time during this period, extended monitoring is required.

- There are case reports of patients succumbing to fatal dysrhythmias late after overdose; these patients had clinical evidence of significant poisoning prior to death and most received inadequate gastrointestinal decontamination.
- Plasma drug levels may not reflect the severity of the poisoning. Therefore, monitoring of plasma drug levels alone should not guide management of the patient.

#### RxList.

Readily absorbed from the gastrointestinal tract.

Slows gastrointestinal transit time; absorption may be delayed especially in overdose.

Excreted in the urine mainly in the form of free or conjugated metabolites. Appreciable quantities are also excreted in faeces.

Section 5 - FIRE FIGHTING MEASURES			
Vapour Pressure (mmHG):	Negligible		
Upper Explosive Limit (%):	Not available		
Specific Gravity (water=1):	Not available		
Lower Explosive Limit (%):	Not available		

## EXTINGUISHING MEDIA

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

#### 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.
- 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.

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.
- Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary 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)
- When processed with flammable liquids/vapors/mists,ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable
  mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required
  to ignite dust clouds MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture
  will be lower than the individual LELs for the vapors/mists or dusts
- 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.
- Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.
- 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.
- All movable parts coming in contact with this material should have a speed of less than 1-meter/sec
- A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source

- One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).
- Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.

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.
- 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

- 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.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue (see Section 13 for specific agent).
- Collect solid residues and seal in labelled 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.

# 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.
- Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)
- Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
- Establish good housekeeping practices.
- Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
- Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.
- Do not use air hoses for cleaning.

- Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used.
- Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.
- Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.
- Do not empty directly into flammable solvents or in the presence of flammable vapors.
- The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.

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.
- Check all containers are clearly labelled 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, there must be sufficient inert cushioning material in contact with inner and outer packages \*.

In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage \*.

\* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

- 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.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

## **EXPOSURE CONTROLS**

The following materials had no OELs on our records

• dibenzepin hydrochloride: CAS:315-80-0

## PERSONAL PROTECTION



## RESPIRATOR

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)
 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

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

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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, AS/NZS 2161.10.1 or national equivalent) 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, AS/NZS 2161.10.1 or national equivalent) 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, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Change gloves frequently and when contaminated, punctured or torn.
- Wash hands immediately after removing gloves.
- Protective shoe covers. [AS/NZS 2210]
- Head covering.

#### 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

#### **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. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:	
solvent, vapours, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)	
aerosols, fumes from pouring operations, intermittent		
container filling, low speed conveyer transfers (released 0.5-1 m/s (100-200 f/min.)		
at low velocity into zone of active generation)		

direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of 1-2.5 m/s (200-500 f/min.) rapid air motion) Within each range the appropriate value depends on: Lower end of the range Upper end of the range 1: Room air currents minimal or favourable to capture 1: Disturbing room air currents 2: Contaminants of low toxicity or of nuisance value 2: Contaminants of high toxicity only. 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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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.

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:

10; high efficiency particulate (HEPA) filters or cartridges

10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.

25-50; a full face-piece negative pressure respirator with HEPA filters

50-100; tight-fitting, full face-piece HEPA PAPR

100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

# Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

## PHYSICAL PROPERTIES

Solid.

Mixes with water.			
State	Divided solid	Molecular Weight	331.8
Melting Range (°F)	460	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	4-5
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)	Not available
Lower Explosive Limit (%)	Not available	Relative Vapour Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not Applicable

## APPEARANCE

Crystalline powder with bitter taste; mixes with water (1:16), alcohol, chloroform. pKa 8.25.

# Section 10 - CHEMICAL STABILITY

## CONDITIONS CONTRIBUTING TO INSTABILITY

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

#### STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents

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

## Section 11 - TOXICOLOGICAL INFORMATION

dibenzepin hydrochloride

# TOXICITY AND IRRITATION

DIBENZEPIN HYDROCHLORIDE:

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

ΤΟΧΙΟΙΤΥ	IRRITATION
Oral (woman) LDLo: 66 mg/kg	Nil Reported
Oral (man) LDLo: 72 mg/kg	
Oral (rat) LD50: 220 mg/kg	
Intraperitoneal (rat) LD50: 70 mg/kg	
Subcutaneous (rat) LD50: 520 mg/kg	
Intravenous (rat) LD50: 174 mg/kg	
Oral (mouse) LD50: 194 mg/kg	
Intraperitoneal (mouse) LD50: 64 mg/kg	
Intravenous (mouse) LD50: 22 mg/kg	

#### 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

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
dibenzepin hydrochloride	HIGH	No Data Available	LOW	MED

## 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 can not 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 authorised 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:

Symbols:	None	Hazard class or Division:	6.1
Identification Numbers:	UN3249	PG:	111
Label Codes:	6.1	Special provisions:	T1, TP33
Packaging: Exceptions:	153	Packaging: Non-bulk:	213
Packaging: Exceptions:	153	Quantity limitations: Passenger aircraft/rail:	5 kg
Quantity Limitations: Cargo aircraft only:	5 kg	Vessel stowage: Location:	С
Vessel stowage: Other:	40		
Hazardous materials descriptions Medicine, solid, toxic, n.o.s. <b>Air Transport IATA:</b>	and proper shipping names:		
ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	3249	Packing Group:	111
Special provisions:	A3		
Cargo Only			
Packing Instructions:	677	Maximum Qty/Pack:	200 kg
Passenger and Cargo		Passenger and Cargo	
Packing Instructions:	670	Maximum Qty/Pack:	100 kg
Passenger and Cargo Limited Quantity		Passenger and Cargo Limited Quantity	
Packing Instructions:	Y645	Maximum Qty/Pack:	5 kg
Shipping name:MEDICINE, SOLID, TOXIC, N.O.S.(contains dibenzepin hydrochloride) Maritime Transport IMDG:			
IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	3249	Packing Group:	III
EMS Number:	F-A,S-A	Special provisions:	221 223
Limited Quantities: Shipping name:MEDICINE, SOLII	5 kg D, TOXIC, N.O.S.(contains dibenze	Marine Pollutant: epin hydrochloride)	Yes

# Section 15 - REGULATORY INFORMATION



#### dibenzepin hydrochloride (CAS: 315-80-0) is found on the following regulatory lists;

"Canada - Alberta Ambient Air Quality Guidelines", "Canada - Alberta Ambient Air Quality Objectives", "Canada - British Columbia Occupational Exposure Limits", "Canada - Ontario Occupational Exposure Limits", "Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)", "Canada List of Prohibited and Restricted Cosmetic Ingredients (The Cosmetic Ingredient ""Hotlist"")", "Canada National Pollutant Release Inventory (NPRI)", "Canada Substances in Products Regulated Under the Food and Drugs Act (F&DA) That Were In Commerce between January 1, 1987 and September 13, 2001 (English)", "US - California Permissible Exposure Limits for Chemical Contaminants", "US - Massachusetts Drinking Water - Secondary Contaminants Maximum Contaminant Levels (MCLs)", "US - Michigan Exposure Limits for Air Contaminants", "US - Oregon Permissible Exposure Limits (Z-1)", "US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants", "US - Oregon Permissible Exposure Limits (Z-1)", "US - Tennessee Occupational Exposure Limits,", "US - Massachusetts Drinking Water - Secondary Drinking Water Standards - Inorganic Contaminants", "US - Wassachusetts Drinking Secondary Drinking Water Standards - Inorganic Contaminants", "US - Wayoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants", "US Clean Air Act (CAA) National Ambient Air Quality Standards (NAAQS)", "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\*.

\* (limited evidence).

#### Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
dibenzepin hydrochloride	315- 80- 0	Mut3; R68 Rep3;
		R63 Xn; R22 N;

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:

R51/53

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.

■ 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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