

Nicergoline

sc-203643

Material Safety Data Sheet



The Power is Question

Hazard Alert Code Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Nicergoline

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

Address:

2145 Delaware Ave
Santa Cruz, CA 95060

Telephone: 800.457.3801 or 831.457.3800

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

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

SYNONYMS

C24-H26-Br-N3-O3, "ergoline-8-beta-methanol, 10-methoxy-1, 6-dimethyl-, 5-bromonicotinate", (ester), "8-beta-(5-bromonicotinoyloxy)methyl)-1, 6-dimethyl-10-alpha-", methoxyergoline, "ergoline-8-beta-methanol, 10-methoxy-1, 6-dimethyl-, ", "5-bromo-3-pyridinecarboxylate (ester)", FI-6714, "10-methoxy-1, 6-dimethyl-ergolin-8-beta-methanol-(5-bromonicotinate)", "(+)-10-methoxy-1, 6-dimethylergoline-8-beta-methanol 5-bromonicotinate", "10-methoxy-1, 6-dimethylergoline-8-methanol 5-bromo-3-", pyridinecarboxylate, "1-methyl-lumilysergol 8-(5-bromonicotinate) 10-methyl ester", MNE, nargoline, nigergoline, nicotergoline, nimerergoline, sermion, vasodilator, "ergot derivative"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

		Min	Max
Flammability:	1		
Toxicity:	2		
Body Contact:	2		
Reactivity:	1		
Chronic:	3		

Min/Nil=0
Low=1
Moderate=2
High=3
Extreme=4



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.
May cause harm to the unborn child.
Possible risk of impaired fertility.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

■ The ergot alkaloids are a group of biogenic amines which act as agonists on alpha-type adrenergic receptors. Symptoms of acute poisoning due to ergot are attributable to central system stimulation and include nausea, vomiting, diarrhoea, thirst, coldness of the skin, pruritus, weak pulse, numbness and tingling of the extremities, tachycardia, mydriasis, confusion and unconsciousness. Certain factors may predispose individuals to ergotism - these may include Vitamin A and/or C deficiency, malnutrition, hepatic and renal disease and sepsis. Consumption of contaminated grain and grain products, containing ergot alkaloids, has produced poisoning of epidemic proportions and still occurs. Intense peripheral vasoconstriction of the extremities may produce gangrene and has inspired the name "St. Anthony's fire". Two forms of epidemic toxicity have been described - these rarely occur together.

- A gangrenous form is characterised by agonising pain in the extremities followed by dry gangrene of the peripheral parts. Initial signs and symptoms include calf pain, cool extremities and paraesthesias (especially of the extremities). Anginal pain may be elicited in those with coronary insufficiency. Foot drop and transient monocular blindness may also occur.
- A rarer nervous type of epidemic toxicity described as "convulsive syndrome" gives rise to paroxysmal epileptiform convulsions. Other symptoms include vertigo, headache, tinnitus, sensual disturbances, hallucinations, muscle spasm, gastrointestinal upset and convulsions. Ergotamine, a member of the group, is a potent oxytocic, producing abortion or foetal harm in pregnant women. In large repeated doses ergotamine produces all the symptoms of ergot poisoning; fatalities have occurred. Different ergot alkaloids and their derivatives have varying degrees of alpha-adrenergic blocking activity; dihydrogenated alkaloids are potent blocking agents while compounds which lack a polypeptide side-chain in their structure possess little activity.

However, it is now accepted that the varied and complex pharmacology of these alkaloids derives from their actions as partial agonists and antagonists at dopamine and serotonin receptors as well as alpha-adrenoreceptors. The most important effects are due to actions on the central nervous system and direct stimulation of the smooth muscle of the uterus and blood vessels. Differences between individual compounds may be, in part, due to varying effects at different receptors whilst the range of effects may also be dose-dependent; the physiological state of the individual may also be a factor in the expression of these effects.

NOTE: The levo-isomer of the ergot alkaloids (names ending in "ine" versus "inine") is generally the highly active form.

■ When given by mouth or by injection, in therapeutic doses, vasodilators may produce transient flushing of the face, a sensation of heat, a pounding in the head, peripheral oedema, headache, hypotension, palpitations, dizziness and fatigue. Most reactions are dose dependent and transient. High doses may cause flushing and dryness of the skin, skin lesions, abdominal cramps, diarrhoea, nausea, vomiting, malaise, anorexia, activation of peptic ulcer, jaundice and impairment of liver function, decrease in glucose tolerance, mild diabetes and hyperuricaemia. Most of these effects subside with withdrawal of the drug.

EYE

■ Although the material is not thought to be an irritant, direct contact with the eye may cause transient discomfort characterized 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 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 using animal models). Nevertheless inhalation of dusts, or fume, 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.

CHRONIC HEALTH EFFECTS

■ Ample evidence exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material.

Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility.

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.

Chronic "ergotism" (resulting from therapeutic overdose) produces circulatory disturbances due to vasoconstriction and formation of thrombi. Initial symptoms include coldness of the skin, severe muscle pain, and vascular stasis resulting in dry peripheral gangrene. Anginal pain, bradycardia and hypotension or hypertension, may also occur. Other signs include headache, nausea, vomiting, diarrhoea, dizziness, weakness of the legs, miosis, confusion, drowsiness, paralysis of one side of the body (hemiplegia) and convulsions.

Interaction with the 5-HT_{2B} serotonin receptors of cardiac myocytes, may cause proliferative heart valve disease.

Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn from therapeutic use due to their toxicity. Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
nicergoline	27848-84-6	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

-
- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:
- For advice, contact a Poisons Information Center or a doctor.
- Urgent hospital treatment is likely to be needed.
- If conscious, give water to drink.
- 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.

- 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.

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.
- 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

- Ergot alkaloids are incompletely absorbed from the gastrointestinal tract and are probably metabolised in the liver. They are mainly excreted in the bile with small amounts appearing in the urine. For acute ergot intoxication:
- the stomach should be emptied by aspiration and lavage.
- amyl nitrate inhalations may be given.
- nausea and vomiting may be controlled by intramuscular injections of 25-50 mg chlorpromazine or a comparable dose of a related phenothiazine.

MARTINDALE: The Extra Pharmacopoeia, 27th Ed.

Peripheral and coronary vasoconstriction due to ergot alkaloids may be antagonised by nitrites or papaverine and short acting barbiturates are indicated. Administration of sodium nitroprusside, anti-coagulants and dextran, with continuous monitoring of blood pressure, proved beneficial in one case of overdose due to misuse of ergotamine. GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products, 5th Ed.

Caffeine increase the rate and completeness of intestinal absorption of ergot alkaloids, perhaps by increasing the dissolution rate in the alkaline pH of the intestine. ELLENHORN, M.J., and Barceloux D.G.; Medical Toxicology - Diagnosis and Treatment of Human Poisoning. 1988.

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

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

FIRE FIGHTING

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

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

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

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

FIRE INCOMPATIBILITY

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

PERSONAL PROTECTION

Glasses:

Gloves:

Respirator:

Particulate

Section 6 - ACCIDENTAL RELEASE MEASURES

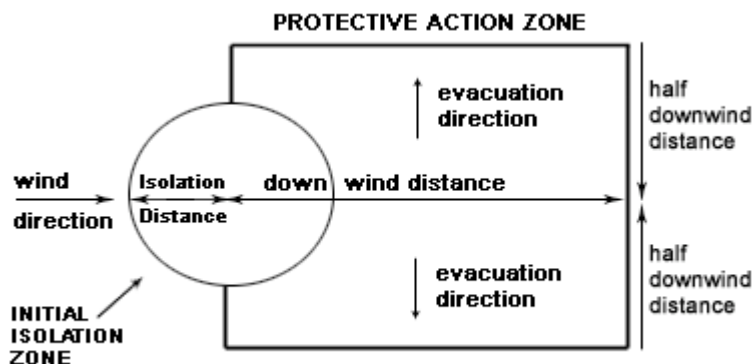
MINOR SPILLS

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

PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance 25 meters

Downwind Protection Distance 250 meters

From US Emergency Response Guide 2000 Guide 151

FOOTNOTES

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

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

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

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

5 Guide 151 is taken from the US DOT emergency response guide book.

6 IERG information is derived from CANUTEC - Transport Canada.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

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

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- 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.

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

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

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

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

- Where combination packages are used, and the inner packages are of glass, 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 molded 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.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- nicergoline: CAS:27848-84-6

MATERIAL DATA

NICERGOLINE:

- 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).

PERSONAL PROTECTION



Consult your EHS staff for recommendations

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].

HANDS/FEET

- 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.
- PVC gloves.
- Protective shoe covers.
- 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

RESPIRATOR

- - 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

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
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10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
		Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

* - 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

■ Enclosed local exhaust ventilation is required at points of dust, fume or vapor generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

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.

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, vapors, 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 at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)

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 only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

State	Divided solid	Molecular Weight	484.4
Melting Range (°F)	276.8- 280.4	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Immiscible
Flash Point (°F)	Not available	pH (1% solution)	Not applicable

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 Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not Applicable

APPEARANCE

Yellowish-white crystalline powder; does not mix with water. Soluble in alcohol, acetone, chloroform and dilute acetic acid.

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

NICERGOLINE

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (rat) LD50: 1193 mg/kg	Nil Reported
Intraperitoneal (rat) LD50: 1571 mg/kg	
Subcutaneous (rat) LD50: 776 mg/kg	
Intravenous (rat) LD50: 42 mg/kg	
Oral (mouse) LD50: 633 mg/kg	
Intraperitoneal (mouse) LD50: 198 mg/kg	
Subcutaneous (mouse) LD50: 1025 mg/kg	

CARCINOGEN

BROMINE COMPOUNDS (ORGANIC OR INORGANIC)	US Environmental Defense Scorecard Suspected Carcinogens	Reference(s) P65-MC
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Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

NICERGOLINE:

- Bromide ion may be introduced to the environment after the dissociation of various salts and complexes or the degradation of organobromide compounds.

Although not a significant toxin in mammalian or avian systems it is highly toxic to rainbow trout and *Daphnia magna*. Bromides may also affect the growth of micro-organisms and have been used for this purpose in industry.

Bromides in drinking water are occasionally subject to disinfection processes involving ozone or chlorine. Bromide may be oxidised to produce hypobromous acid which in turn may react with natural organic matter to form brominated compounds. The formation of bromoform has been well documented, as has the formation of bromoacetic acids, bromopicrin, cyanogen bromide, and bromoacetone. Bromates may also be formed following ozonation or chlorination if pH is relatively high. Bromates may be animal carcinogens.

- DO NOT discharge into sewer or waterways.

Ecotoxicity

Ingredient nicergoline	Persistence: Water/Soil HIGH	Persistence: Air	Bioaccumulation LOW	Mobility LOW
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Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

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

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

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

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

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

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

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

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

Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	None	Hazard class or Division:	6.1
Identification Numbers:	UN1544	PG:	III
Label Codes:	6.1	Special provisions:	IB8, IP3, T1, TP33
Packaging: Exceptions:	153	Packaging: Non-bulk:	213
Packaging: Exceptions:	153	Quantity limitations: Passenger aircraft/rail:	100 kg
Quantity Limitations: Cargo aircraft only:	200 kg	Vessel stowage: Location:	A
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:

Alkaloids, solid, n.o.s. or Alkaloid salts, solid, n.o.s. poisonous

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	1544	Packing Group:	III
Special provisions:	A3		

Shipping Name: ALKALOID SALTS, SOLID, N.O.S. *(CONTAINS NICERGOLINE)

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	1544	Packing Group:	III
EMS Number:	F-A, S-A	Special provisions:	43 223 274

Limited Quantities: 5 kg

Shipping Name: ALKALOIDS, SOLID, N.O.S. or ALKALOIDS SALTS, SOLID, N.O.S.(contains nicergoline)

Section 15 - REGULATORY INFORMATION



REGULATIONS

No data for nicergoline (CAS: , 27848-84-6)

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation and/or skin contact may produce health damage*.
- Cumulative effects may result following exposure*.

* (limited evidence).

Reasonable care has been taken in the preparation of this information, but the author makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The author makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use. For additional technical information please call our toxicology department on +800 CHEMCALL.

- 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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Issue Date: Feb-19-2009

Print Date: Sep-1-2010