5-Chloro-8-quinolinol

sc-233335

Material Safety Data Sheet

Hazard Alert Code Key:	EXTREME	HIGH	MODERATE	LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
5-Chloro-8-quinolinol

STATEMENT OF HAZARDOUS NATURE
CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA

SUPPLIER
Santa Cruz Biotechnology, Inc.
2145 Delaware Avenue
Santa Cruz, California 95060
800.457.3801 or 831.457.3800
EMERGENCY:
ChemWatch
Within the US & Canada: 877-715-9305
Outside the US & Canada: +800 2436 2255
(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS
C9-H6-Cl-N-O, chloroxyquinoline, 5-chloro-8-hydroxyquinoline, 5-chloro-8-oxychinolin, 5-chloro-8-quinolinol, cloxiquine, "antibacterial/ antifungal"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

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

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

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Harmful if swallowed.
May cause SENSITISATION by skin contact.
Irritating to eyes, respiratory system and skin.

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.

EYE

■ This material can cause eye irritation and damage in some persons.

SKIN

■ This material can cause inflammation of the skin oncontact in some persons.
■ The material may accentuate any pre-existing dermatitis condition.
■ 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 can cause respiratory irritation in some persons.
The body's response to such irritation can cause further lung damage.
■ 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.
■ Clinical signs of quinoline intoxication include lethargy, respiratory distress and prostration leading to coma.

CHRONIC HEALTH EFFECTS

■ Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.
Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.
There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.
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.
Quinoline is a metabolite of this material and in mammals has been shown to cause cancers of the liver and blood vessels. Adequate data in humans is not available.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
cloxyquin	130-16-5	>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:

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.

SKIN

■ If skin contact occurs: · Immediately remove all contaminated clothing, including footwear · Flush skin and hair with running water (and soap if available).

INHALED

· If fumes or combustion products are inhaled remove from contaminated area. · Lay patient down. Keep warm and rested.

NOTES TO PHYSICIAN

■ for poisons (where specific treatment regime is absent):

----------BASIC TREATMENT

· Establish a patent airway with suction where necessary.
· Watch for signs of respiratory insufficiency and assist ventilation as necessary.
Treat symptomatically.

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.

FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.
· Wear breathing apparatus plus protective gloves.

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.
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.
May emit corrosive fumes.

FIRE INCOMPATIBILITY

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

PERSONAL PROTECTION

Glasses:
Chemical goggles.
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
■ Moderate hazard.
· CAUTION: Advise personnel in area.
· Alert Emergency Responders and tell them location and nature of hazard.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

· Avoid all personal contact, including inhalation.
· Wear protective clothing when risk of exposure occurs.
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

· Store in original containers.
· Store at room temperature.
· Keep containers securely sealed.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

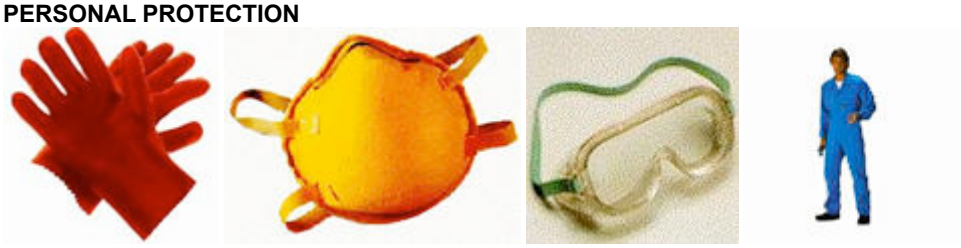
EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m³	STEL ppm	STEL mg/m³	Peak ppm	Peak mg/m³	TWA F/CC	Notes
Canada - Ontario Occupational Exposure Limits	cloxyquin (Particles (Insoluble or Poorly Soluble) Not Otherwise)		10 (I)						
Canada - British Columbia Occupational Exposure Limits	cloxyquin (Particles (Insoluble or Poorly Soluble) Not Otherwise Classified (PNOC))		10 (N)						
Canada - Ontario Occupational Exposure Limits	cloxyquin (Specified (PNOS) / Particules (insolubles ou peu solubles) non précisées par ailleurs)		3 (R)						
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	cloxyquin (Particulates not otherwise regulated Respirable fraction)		5						
US - California Permissible Exposure Limits for Chemical Contaminants	cloxyquin (Particulates not otherwise regulated Respirable fraction)		5						(n)
US - Oregon Permissible Exposure Limits (Z-1)	cloxyquin (Particulates not otherwise regulated (PNOR) (f) Total Dust)	-	10						Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means

					“particles not otherwise regulated.”
US - Michigan Exposure Limits for Air Contaminants	cloxyquin (Particulates not otherwise regulated, Respirable dust)		5		
US - Oregon Permissible Exposure Limits (Z-1)	cloxyquin (Particulates not otherwise regulated (PNOR) (f) Respirable Fraction)	-	5		Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means “particles not otherwise regulated.”
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	cloxyquin (Particulates not otherwise regulated (PNOR)(f)-Respirable fraction)		5		
Canada - Prince Edward Island Occupational Exposure Limits	cloxyquin (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)		10		See Appendix B current TLV/BEI Book

ENDOELTABLE

PERSONAL PROTECTION



RESPIRATOR

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

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 absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent].

HANDS/FEET

■ NOTE: The material may produce skin 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, 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). Employees allergic to latex gloves should use nitrile gloves in preference.
· Double gloving should be considered.
· PVC gloves.
· Protective shoe covers. [AS/NZS 2210]
· 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
· fluorocaoutchouc
· 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.

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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.
Does not mix with water.

State	Divided solid	Molecular Weight	179.61
Melting Range (°F)	252- 255	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Partly miscible
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

Off-white powder; does not mix well with water.

log Kow 2.03

Material	Value

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

· Presence of incompatible materials.

· Product is considered stable.

STORAGE INCOMPATIBILITY

■ Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

cloxyquin

TOXICITY AND IRRITATION

CLOXYQUIN:

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

■ 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.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

In rabbits and dogs, quinoline and its metabolites are excreted in the urine. Urinary excretion of quinoline and its metabolites was nearly complete 24 hours after i.v. dosing of dogs with 20 or 25 mg/kg . Less than 0.5% of the administered quinoline was excreted unchanged. Approximately 29%-32% of the administered quinoline was recovered from the urine as 3-hydroxyquinoline (free and conjugated forms). Approximately 0.4%-0.8% of free quinoline was detected in rabbit urine collected 24 hours after administration of an oral dose of 250 mg/kg . Approximately 6.7%-11.0 % of the quinoline was determined to be excreted as a labile compound that yields quinoline on heating with acid. About 3%-4% of quinoline was excreted as the metabolite 5,6-dihydroxyquinoline.

Repeat dose toxicity: Groups of 20 male Sprague-Dawley rats were fed a diet containing 0.05% (low-dose), 0.10% (mid-dose), or 0.25% (high-dose) quinoline for approximately 16-40 weeks. Absolute and relative liver weights were significantly increased in all treatment groups, and the difference between initial and final mean body weights decreased with increasing dose. Histological examination of the liver revealed fatty change, bile duct proliferation, and oval cells in treated animals. Also, nodular hyperplasia was seen in the mid- and high-dose animals.

Carcinogenicity: No reliable human epidemiological studies are available that address the potential carcinogenicity of quinoline. However, laboratory studies have shown that quinoline is mitogenic and mutagenic in vitro and in vivo , and that humans and rats share a common quinoline-metabolizing P450 enzyme. Liver tumors have been observed in rats and mice exposed to quinoline via oral and i.p. routes of exposure, but not in rats exposed subcutaneously, despite the fact that the s.c. injections resulted in maximally tolerated doses more than 40 times higher than i.p. doses given to mice . The observation of skin tumors on mice dermally exposed to quinoline and tumor promoter tetradecanoyl phorbol acetate suggests that quinoline can initiate skin tumors (no other tumor types were reported) without first-pass metabolism in the liver, but the question of whether inhaled quinoline would have such effects without promotion remains.

Several animal studies report hepatocarcinogenicity (hepatocellular carcinomas and haemangioendotheliomas or haemangiosarcomas, a vascular tumor) in rats and mice following oral dosing with quinoline. Quinoline has also been reported to be a hepatocarcinogen in newborn mice following intraperitoneal exposure . Metastatic changes, arising from these tumors, were detected in the lungs of some of the rats. Hepatic tumours (carcinomas, adenomas, and basophilic altered foci) were observed in male newborn mice, but not male or female newborn rats. No tumors, but basophilic altered foci, were observed in female newborn mice.

Quinoline initiated skin tumors in female SENCAR mice following dermal application

Important aspects of the hepatocarcinogenicity of quinoline are the relatively short latency period (as low as 12 weeks) for tumor formation, and the fact that one of the tumor types observed, haemangioendotheliomas, is uncommon in rats and mice.

Other studies indicate species differences in regard to liver tumorigenesis by quinoline; mice and rats are most susceptible and hamsters and guinea pigs appear to be resistant.

Quinoline is considered likely to be carcinogenic in humans in accordance with proposed EPA carcinogen risk assessment guidelines (U.S. EPA, 1996) on the basis of observations of exposure-related increased incidence of an unusual malignant tumor in multiple strains of rats and mice, in multiple experiments using oral, dermal, i.p., and s.c. dosing, and at an early age. This determination is supported by studies that demonstrate that quinoline is genotoxic.

Quinoline can apparently act as a promoter of liver carcinogenicity as well. Quinoline, 3-fluoroquinone (3-FQ), or 5-fluoroquinone (5-FQ) were fed to F344 male rats in their diet (0.1% and 0.05%) for a period of 6 weeks following a single, 200 mg/kg i.p. injection of the liver carcinogen diethylnitrosamine (DEN). The number and areas of GST-P (placental glutathione S10 transferase)-positive foci induced in the liver increased significantly as a result of treatment with 0.1% but not 0.05% quinoline

Genotoxicity: Quinoline is a mutagen in Salmonella typhimurium in the presence of metabolic activation . Quinoline has also been shown to induce chromosome aberrations and sister chromatid exchanges in the rat liver and micronucleus formation in the bone marrow of CD1 male mice. Although a predominance of data suggest that quinoline is genotoxic, the results of at least one study indicate that a nongenotoxic (i.e., mitogenic) mechanism of action may play a role in its hepatocarcinogenicity (Quinoline was found to have significant activity in the Salmonella typhimurium strain TA100, but generally not in strains TA1537 and TA1538 , nor TA98 , suggesting that it may be acting via base-pair substitution).

3-Fluoro- and 2- and 3-chloroquinolines were less mutagenic than all other fluoro- and chloro-substituted derivatives of quinoline . The

3-fluoro derivative of quinoline completely blocks the mutagenic activity of quinoline. Substitutions at other locations do not reduce quinoline's mutagenicity, and in some cases enhance it (presumably by inhibiting detoxification pathways).
Studies suggest that the 2,3-epoxide is the active metabolic mutagen based on the fact that the 4-chloro isomer is weakly mutagenic (presumably no mutagenicity would be observed if a 3,4-epoxide were necessary), the 4-methyl isomer is strongly mutagenic (suggested to be because of suppression of detoxification of the 2,3-epoxide), and the 2-methyl isomer is weakly mutagenic (the authors report that methyl substitution at the site of epoxide formation is known to partially reduce mutagenicity).
No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

No data

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
cloxyquin	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.
¦ 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.

Section 14 - TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

Section 15 - REGULATORY INFORMATION

cloxyquin (CAS: 130-16-5) is found on the following regulatory lists;
"Canada Non-Domestic Substances List (NDSL)","US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE
■ Inhalation may produce health damage*.
■ Cumulative effects may result following exposure*.
■ Limited evidence of a carcinogenic effect*.
* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances
Substance CAS Suggested codes cloxyquin 130- 16- 5 Xn; R22 R43 N; R51/53

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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 preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. 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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