Procaine hydrochloride

sc-250776

Material Safety Data Sheet

Hazard Alert Code Key:	EXTREME	HIGH	MODERATE	LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
Procaine hydrochloride

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
C13-H20-N2-O2.HCl, "benzoic acid, p-amino-, 2-(diethylamino)ethyl ester, monohydrochloride", "p-aminobenzoic acid 2-diethylaminoethyl ester hydrochloride", "4-aminobenzoic acid 2-(diethylamino)ethyl ester hydrochloride", "p-aminobenzoyldiethylaminoethanol hydrochloride", "diethylaminoethanol 4-aminobenzoate hydrochloride", "2-diethylaminoethyl p-aminobenzoate hydrochloride", "benzoic acid, 4-amino-, 2-(diethylamino)ethyl ester, hydrochloride", "novocaine hydrochloride", Allocaine, Alocaine, Aminocaine, Anadolor, Anesthesol, Anestil, Atoxicocaine, Bernocaine, Cetain, Chlorocaine, Etocaine, Eugerase, Irocaine, Isocaine-Asid, Jenacain, Juvocaine, Kerocaine, Lactocaine, Paracain, Planocaine, Scurocaine, Sevicaine, Synocaine, Topocaine, Westocaine, "local anaesthetic (ester type)"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

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

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

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Toxic if swallowed.
May cause SENSITISATION by skin contact.
Irritating to eyes and skin.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.
■ Systemic toxicity due to local anesthetics may be manifested by yawning, restlessness, excitement, ringing sound in the ear, nausea and vomiting. Early warning signs are numbness of the tongue and around the mouth region.
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EYE

■ This material can cause eye irritation and damage in some persons.
■ Direct eye contact with local anesthetics may reduce sensation in the eyes and increase the risk of injury due to foreign bodies. There may be drying of the cornea, a burning sensation, excessive tears, sensitivity to light, swelling and redness of the conjunctiva and increased blinking.
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SKIN

■ This material can cause inflammation of the skin oncontact in some persons.
■ The material may accentuate any pre-existing dermatitis condition.
■ Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.
■ Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
■ When applied to the skin, local anesthetics can cause burning, stinging, tenderness, redness, sloughing, blisters and tissue death. There may be skin eruptions caused by simultaneous exposure to light.
■ Open cuts, abraded or irritated skin should not be exposed to this material.
■ Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

■ Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.
■ There is some evidence to suggest that the material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
■ Inhalation of local anesthetics may result in upper respiratory tract effects including burning sensation, stinging, tenderness, swelling, sloughing, tissue necrosis and irritation. Systemic poisoning is characterized by lightheadedness, nervousness, apprehension, euphoria, confusion, dizziness, drowsiness, tinnitus, blurred or double vision, vomiting and sensations of heat, cold or numbness, twitching, tremors, convulsions, unconsciousness and respiratory depression and arrest.
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■ 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

■ Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
Repeated or prolonged exposure with local anesthetics may result in sensitization of skin, with the development of lesions, hives and edema. There may be anaphylactic reactions that may cause death.
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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.
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Exposure to small quantities may induce hypersensitivity reactions characterized by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic edema), running nose (rhinitis) and blurred vision . Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur.
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Although procaine is one of the least toxic local anaesthetics as little as 10 mg has provoked fatal reaction in hypersensitive patients.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
procaine hydrochloride	51-05-8	100

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: · Immediately hold eyelids apart and flush the eye continuously with 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
■ When systemic reaction to local anesthetic occurs, steps should be taken to maintain circulation and respiration and control convulsions. Airway should be established and oxygen given together with assisted ventilation if necessary.
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Metabolism of amide-type anesthetics occurs in the liver and in some cases in the kidney. Because these undergo extensive and rapid hepatic metabolism, only about 1/3 of an oral dose reaches the systemic circulation.
After absorption procaine is rapidly hydrolysed by plasma cholinesterase to p-aminobenzoic acid and diethylaminoethanol which are excreted in the urine.

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.

FIRE FIGHTING
· Alert Emergency Responders and tell them location and nature of hazard.
· Wear full body protective clothing with breathing apparatus.
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.
· 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.

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.

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.
· Lined metal can, Lined metal pail/drum
· Plastic pail.
For low viscosity materials
· Drums and jerricans must be of the non-removable head type.
· Where a can is to be used as an inner package, the can must have a screwed enclosure.

STORAGE REQUIREMENTS
· Store in original containers.
· Keep containers securely sealed.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS
The following materials had no OELs on our records
• procaine hydrochloride: CAS:51-05-8

PERSONAL PROTECTION



RESPIRATOR
Particulate
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
■ NOTE: The material may produce skin sensitization in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
· frequency and duration of contact,
· chemical resistance of glove material,
· glove thickness and
· dexterity
Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).
· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
· Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
· Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
· Double gloving should be considered.
· 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.

ENGINEERING CONTROLS

■ For potent pharmacological agents:
Powders
To prevent contamination and overexposure, no open handling of powder should be allowed.
· Powder handling operations are to be done in a powders weighing hood, a glove box, or other equivalent ventilated containment system.
· In situations where these ventilated containment hoods have not been installed, a non-ventilated enclosed containment hood should be used.
· Pending changes resulting from additional air monitoring data, up to 300 mg can be handled outside of an enclosure provided that no grinding, crushing or other dust-generating process occurs.
· An air-purifying respirator should be worn by all personnel in the immediate area in cases where non-ventilated containment is used, where significant amounts of material (e.g., more than 2 grams) are used, or where the material may become airborne (as through grinding, etc.).
· Powder should be put into solution or a closed or covered container after handling.
· If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
Solutions Handling:
· Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no potential for aerosolisation. If the procedures have a potential for aerosolisation, an air-purifying respirator is to be worn by all personnel in the immediate area.
· Solutions used for procedures where aerosolisation may occur (e.g., vortexing, pumping) are to be handled within a containment system or with local exhaust ventilation.
· In situations where this is not feasible (may include animal dosing), an air-purifying respirator is to be worn by all personnel in the immediate area. If using a ventilated enclosure that has not been validated, wear a half-mask respirator equipped with HEPA cartridges until the enclosure is validated for use.
· Ensure gloves are protective against solvents in use.
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.
Mixes with water.

State	Divided solid	Molecular Weight	Not Available
Melting Range (°F)	307.4- 316.4	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	Not Available
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

White crystalline odourless powder or colourless crystals with a slight bitter saline numbing taste; mixes with water (1:1), alcohol (1:25).

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

· Presence of incompatible materials.

· Product is considered stable.

STORAGE INCOMPATIBILITY

■ Avoid reaction with oxidizing agents.
Incompatible with alkalis, benzyl penicillin, iodine, mercury salts, potassium dichromate, potassium permanganate, silver salts and tannic acid.
Decomposes mainly by hydrolysis with reaction being catalysed by hydroxyl ion. Hydrolysis produces p-aminobenzoic acid and decarboxylation follows with the formation of aniline.
Oxidation may occur after prolonged heating.

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

Section 11 - TOXICOLOGICAL INFORMATION

PROCAINE HYDROCHLORIDE

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (rat) LD50: 200 mg/kg	Nil Reported
Intraperitoneal (rat) LD50: 160 mg/kg	
Intravenous (mouse) LD50: 38 mg/kg	
Oral (mouse) LD50: 175 mg/kg	
Intraperitoneal (mouse) LD50: 165 mg/kg	
Subcutaneous (mouse) LD50: 339 mg/kg	
Intravenous (mouse) LD50: 45 mg/kg	
Intramuscular (mouse) LD50: 500 mg/kg	
Intracerebral (mouse) LD50: 33 mg/kg	
Intravenous (dog) LD50: 63 mg/kg	

■ 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.
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for p-aminobenzoates (PABA and its derivatives):

PABA (p-aminobenzoic acid; syn: 4-aminobenzoic acid) is a chemical found in the folic acid vitamin and also in several foods including grains, eggs, milk, and meat.
PABA is taken by mouth for skin conditions including vitiligo, pemphigus, dermatomyositis, morphea, lymphoblastoma cutis, Peyronie's disease, and scleroderma. PABA is also used to treat infertility in women, arthritis, anaemia), rheumatic fever, constipation, systemic lupus erythematosus (SLE), and headache. It is also used to darken gray hair, prevent hair loss, make skin look younger, and prevent sunburn. PABA and its derivatives is best known as a sunscreen that is applied to the skin. Local anesthetics used in temporary pain relief are often derivatives of PABA (e.g. benzocaine).
PABA reportedly enhances the effects of cortisone, oestrogen, and other hormones It prevents accumulation of abnormal fibrous tissue. PABA enables intestinal bacteria to produce folic acid. It functions in the breakdown and utilisation of proteins and in the formation of blood cells.
Human overdose data on PABA or its esters are rare. Most toxicology data are derived from animal experimentation or chronic, large dose therapeutic use. Nausea, vomiting, and abdominal cramps as well as metallic taste are often seen with oral therapy. Ingestions of more than 10 grams per day for days have been necessary to induce symptoms other than local gastrointestinal irritation. Clinical use of PABA at doses of 10 grams per day or more have produced nausea, vomiting, acidosis, pruritus, rash, fever, methaemoglobinaemia and, possibly, hepatitis. This regime tended to produce a decrease in white cell count (leucopenia) while higher doses produced delirium.
Chronic feeding studies indicate rats are resistant to p-aminobenzoic acid with acute gastroenteritis and haemorrhage of the small intestine capillaries being involved in any toxic effect. Acute necrosis of the liver occurred in some dogs during feeding trials.
PABA is an essential nutrient for some bacteria and is sometimes called Vitamin B x . However, PABA is not essential for humans and it varies in its activity from other B vitamins. Although humans lack the ability to synthesise folate from PABA, it is often sold, misleadingly, as an essential nutrient. PABA is sometimes included in multi-vitamin preparations; adverse effects from oral doses have not been reported at lower doses.
Derivatives of PABA, have been associated with acute allergic reactions. As sunscreens PABA derivatives have reportedly produced allergic contact dermatitis; although transient this effect may be severe compounding the phototoxicity for which it is applied. PABA or other related substances are also capable of inducing photoallergic reactions or systemic lupus erythematous. In the past, PABA has been widely used as UV filter in sunscreen formulations. However, it has been determined that it increases the risk of DNA damage and risk of skin cancer. Other derivatives of PABA, such as octyl dimethyl PABA (padimate(s) A and O) are more commonly used so their safety has been brought into question as well.
In bioassays designed to examine the potential for PABA contact sensitisation there have been mixed results. One researcher was not able to produce delayed contact hypersensitivities in guinea pigs in the Magnussen Kligman maximisation test, in a modified Draize test or in a single injection adjuvant test. Another, however, produced sensitisation responses in 33% of animals in the maximisation test (5 responders in 15 test animals).
Mixed results have been produced in bioassays for photoallergic potential. One study with guinea pigs could not produce evidence supporting this proposition whilst another showed photoallergic and persistent light reactions
Aminobenzoic acid is chemically similar to other drugs that cause photosensitivity reactions in susceptible individuals including thiazides,

sulfonamides, sulfonylureas, furosemide, and carbonic anhydrase inhibitors. Cross-reactivity may also occur with benzocaine and p-phenylenediamine. Individuals who have had photosensitivity reactions while taking any of these drugs should not use a sunscreen containing aminobenzoic acid or one of its derivatives (aminobenzoate, menthyl anthranilate, or padimate A or O).
A nitrosamine known as NPABAO (2-ethylhexyl-4-(N-methyl-N-nitrosoamino)benzoate has been found in certain sunscreens containing padimate-O as the active ingredient. Nitrosamines themselves can be carcinogenic; however, at this time it is uncertain whether this nitrosamine is present in sufficient quantities in sunscreens to be of concern.
Padimate O absorbs ultraviolet rays, thereby preventing direct DNA damage by UV-B. However, the thus excited padimate O molecule can then react with DNA and produce indirect DNA damage, similar to the effects of ionizing radiation. A study in 1993 demonstrated the sunlight-induced mutagenicity of Padimate O The photobiological properties of padimate O resemble those of Michler's ketone which is considered photocarcinogenic in rats and mice. These findings suggest that padimate O might also be photocarcinogenic
Sulfonamides (sulfa drugs) are chemically similar to PABA, and their antibacterial activity is due to their ability to interfere with PABA utilization by bacteria. The chemically related 4-aminosalicylic acid, used as as an antibacterial has produced, allergic reactions are recorded in over 5% of adults treated with the sodium salt. Fever, athralgia, lymphadenopathy, and more rarely a syndrome resembling mononucleosis may also occur. Other (apparently) allergic reactions to aminosalicylate include jaundice, liver necrosis, pancreatitis, pulmonary infiltration, encephalitis, nephritis, and renal failure. Skin rashes often occurs after treatment Exfoliative dermatitis is common. The p-aminophenyl group formed during metabolism of aminosalicylate may provoke reaction in hypersensitive individuals (cross-sensitive) to sulfonamides, phenacetin, sulfones and to certain hair-dyes containing related compounds.
Convulsions, spasticity, cardiac changes, lowered blood pressure,
respiratory depression recorded.

Section 12 - ECOLOGICAL INFORMATION

This material and its container must be disposed of as hazardous waste.

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

DOT:
Symbols: None Hazard class or Division: 6.1
Identification Numbers: UN3249 PG: III
Label Codes: 6.1 Special provisions: T1, TP33
Packaging: Exceptions: 153 Packaging: Non- bulk: 213
Packaging: Exceptions: 153 Quantity limitations: 5 kg
Passenger aircraft/rail:
Quantity Limitations: Cargo 5 kg Vessel stowage: Location: C
aircraft only:
Vessel stowage: Other: 40
Hazardous materials descriptions and proper shipping names:
Medicine, solid, toxic, n.o.s.

Air Transport IATA:

ICAO/IATA Class: 6.1 ICAO/IATA Subrisk: None
UN/ID Number: 3249 Packing Group: III
Special provisions: A3
Cargo Only
Packing Instructions: 615 Maximum Qty/Pack: 5 kg
Passenger and Cargo Passenger and Cargo
Packing Instructions: 613 Maximum Qty/Pack: 5 kg
Passenger and Cargo Limited Quantity Passenger and Cargo Limited Quantity
Packing Instructions: Y613 Maximum Qty/Pack: 5 kg
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(CONTAINS

PROCAINE 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: 5 kg
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.

Section 15 - REGULATORY INFORMATION

procaine hydrochloride (CAS: 51-05-8) is found on the following regulatory lists;

"Canada Domestic Substances List (DSL)","US Toxic Substances Control Act (TSCA) - Inventory"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

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

ND

Substance CAS Suggested codes procaine hydrochloride 51- 05- 8

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■ 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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