AC Repeal 900 SL Growth Regulator

AXICHEM Pty Ltd

Chemwatch Hazard Alert Code: **3**

Chemwatch: **5473-09**
Version No: **3.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **10/12/2021**
Print Date: **13/10/2022**
L.GHS.AUS.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	AC Repeal 900 SL Growth Regulator
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S. (contains ethephon)
Chemical formula	Not Applicable
Other means of identification	Not Available

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Plant growth regulator for use as described on the product label. Use according to manufacturer's directions.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**AXICHEM Pty Ltd**
Address	9 Palings Court Nerang QLD 4211 Australia
Telephone	07 5596 1736
Fax	Not Available
Website	www.axichem.com.au
Email	msds@axichem.com.au

Emergency telephone number

Association / Organisation	**CHEMWATCH EMERGENCY RESPONSE**
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 3 9573 3188

Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S6
Classification [1]	Corrosive to Metals Category 1, Acute Toxicity (Dermal) Category 4, Skin Corrosion/Irritation Category 1A, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 4, Hazardous to the Aquatic Environment Long-Term Hazard Category 2
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	

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Signal word	**Danger**

Hazard statement(s)

AUH018	In use, may form flammable/explosive vapour/air mixture.
H290	May be corrosive to metals.
H312	Harmful in contact with skin.
H314	Causes severe skin burns and eye damage.
H332	Harmful if inhaled.
H411	Toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P234	Keep only in original packaging.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P363	Wash contaminated clothing before reuse.
P390	Absorb spillage to prevent material damage.
P391	Collect spillage.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
16672-87-0	>60	ethephon
Not Available	balance	Ingredients determined not to be hazardous

Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Immediately hold eyelids apart and flush the eye continuously with running water.

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	▸ 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. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If product comes in contact with skin: ▸ Contact a Poisons Information Centre or a doctor. ▸ **DO NOT** allow clothing wet with product to remain in contact with skin, strip all contaminated clothing including boots. ▸ Quickly wash affected areas vigorously with soap and water. ▸ **DO NOT** give anything by mouth to a patient showing signs of narcosis, i.e. losing consciousness. ▸ Give atropine if instructed. ▸ **DO NOT** delay, get to a doctor or hospital quickly.
Inhalation	▸ If spray mist, vapour are inhaled, remove from contaminated area. ▸ Contact a Poisons Information Centre or a doctor at once. ▸ Lay patient down in a clean area and strip any clothing wet with spray. ▸ 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. ▸ **DO NOT** give anything by mouth to a patient showing signs of narcosis, i.e. losing consciousness. ▸ Give atropine if instructed. ▸ Get to doctor or hospital quickly. ▸ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. ▸ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▸ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▸ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. **This must definitely be left to a doctor or person authorised by him/her.** (ICSC13719)
Ingestion	If swallowed: ▸ Contact a Poisons Information Centre or a doctor at once. ▸ If swallowed, activated charcoal may be advised. ▸ Give atropine if instructed. ▸ **REFER FOR MEDICAL ATTENTION WITHOUT DELAY.** ▸ 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 SDS 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 SDS.

Indication of any immediate medical attention and special treatment needed

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- **DO NOT** attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival cul-de-sacs. Irrigation should last at least 20-30 minutes. **DO NOT** use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology]

- Most organophosphate compounds are rapidly well absorbed from the skin, conjunctiva, gastro-intestinal tract and lungs.
- They are detoxified by Cytochrome P450-mediated monoxygenases in the liver but some metabolites are more toxic than parent compounds.

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- Metabolites are usually detected 12-48 hours postexposure.
- Organophosphates phosphorylate acetylcholinesterase with resultant accumulation of large amounts of acetylcholine causing initial stimulation, then exhaustion of cholinergic synapse.
- gamma-aminobutyric acid (GABA)-ergic and dopaminergic pathways provide compensatory inhibition.
- The clinical manifestation of organophosphate toxicity results from muscarinic, nicotinic and CNS symptoms.
- A garlic-like odour emanating from the patient or involved container may aid the diagnosis.
- Immediate life-threatening symptoms usually are respiratory problems.
- Frequent suction and, if necessary, endotracheal intubation and assisted ventilation may be necessary to maintain adequate oxygenation.
- Theophylline compounds, to treat bronchospasm, should be used cautiously as they may lower the seizure threshold.
- Excessive secretions and bronchospasm should respond to adequate doses of atropine.
- Diazepam is the drug of choice for convulsions.
- Usual methods of decontamination, (activated charcoal and cathartics) should be used when patients present within 4-6 hours postexposure.
- The administration of atropine, as an antidote, does not require confirmation by acetylcholinesterase levels. Severely poisoned patients develop marked resistance to the usual doses of atropine. [Atropine should not be given to a cyanosed patient - ICI] **NOTE:** Hypoxia must be corrected before atropine is given. For adult: 2 mg repeatedly SC or IV until atropinization is achieved and maintained (atropinization is characterised by decreased bronchial secretions, heart rate >100 bpm, dry mouth, diluted pupils).
- Pralidoxime (2-PAM, Protopam) is a specific antidote when given within 24 hours and perhaps up to 36-48 hours postexposure. Although it ameliorates muscle weakness, fasciculations and alterations of consciousness, it does not relieve bronchospasm or bronchorrhea and must be given concurrently with atropine. **NOTE:** Pralidoxime should be given as an adjunct to, **NOT** a replacement for atropine and should be given in every case where atropine therapy is deemed necessary. Traditional dose: 1 g (or 2 g in severe cases) by slow IV injection over 5-10 minutes. 1-2 g, 4 hourly (maximum dose 12 g in 24 hours) until clinical and analytical recovery is achieved and maintained.
- Avoid parasympathomimetic agents. Phenothiazines and antihistamines may potentiate organophosphate activity. [Ellenhorn and Barceloux: Medical Toxicology]

NOTE: Acute pancreatitis in organophosphate intoxication may be more common than reported. The possible pathogenesis of pancreatic insult are excessive cholinergic stimulation of the pancreas and ductular hypertension. Early recognition and appropriate therapy for acute pancreatitis may lead to an improved prognosis.

Cheng-Tin Hsiao, et al; Clinical Toxicology 34(3), 343-347 (1996)

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
1. Cholinesterase activity in red cells	70% of individual's baseline	Discretionary	NS

B: Background levels occur in specimens collected from subjects **NOT** exposed

NS:Non-specific determinant; Also observed after exposure to other materials

SQ:Semi-quantitative determinant; Interpretation may be ambiguous. Should be used as a screening test or confirmatory test.

Some jurisdictions require that health surveillance be conducted on occupationally exposed workers. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- physical examination
- baseline estimation of red cell and plasma cholinesterase activity levels by the Ellman method. Estimation of red cell and plasma cholinesterase activity towards the end of the working day

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	▸ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use fire fighting procedures suitable for surrounding area.

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	▸ **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.
Fire/Explosion Hazard	**WARNING:** In use may form flammable/ explosive vapour-air mixtures. ▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Acids may react with metals to produce hydrogen, a highly flammable and explosive gas. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ May emit acrid smoke and corrosive fumes. Combustion products include: carbon monoxide (CO) carbon dioxide (CO2) hydrogen chloride phosgene phosphorus oxides (POx) other pyrolysis products typical of burning organic material.
HAZCHEM	2X

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	▸ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▸ Check regularly for spills and leaks. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Neutralise/decontaminate residue (see Section 13 for specific agent). ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▸ If contamination of drains or waterways occurs, advise emergency services.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Avoid contact with moisture. ▸ 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.

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	‣ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ‣ Use good occupational work practice. ‣ Observe manufacturer's storage and handling recommendations contained within this SDS. ‣ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	‣ Store in original containers. ‣ Keep containers securely sealed. ‣ No smoking, naked lights or ignition sources. ‣ 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 storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	‣ Glass container is suitable for laboratory quantities ‣ **DO NOT** use aluminium or galvanised containers ‣ Check regularly for spills and 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, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic. ‣ Polyethylene or polypropylene container. ‣ Packing as recommended by manufacturer. ‣ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Zinc, tin, alumnium and their alloys. ‣ Avoid reaction with oxidising agents, bases and strong reducing agents. ‣ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
AC Repeal 900 SL Growth Regulator	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
ethephon	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
ethephon	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m³)
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

MATERIAL DATA

Exposure controls

Appropriate engineering controls	**For potent pharmacological agents:** **Solutions Handling:** ‣ Solutions can be handled outside a containment system or without local exhaust ventilation during procedures with no

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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 vapour generation.
HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.
Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.
A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.
When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.
Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.
Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.
Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

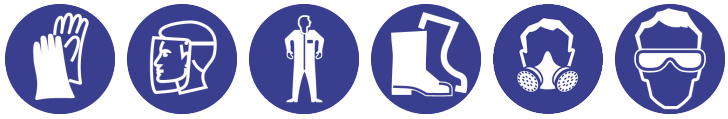
Type of Contaminant:	Air Speed:
solvent, vapours, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
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.
The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.
The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:
10; high efficiency particulate (HEPA) filters or cartridges
10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.
25-50; a full face-piece negative pressure respirator with HEPA filters
50-100; tight-fitting, full face-piece HEPA PAPR
100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

Personal protection



Eye and face protection

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses 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.

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	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]
Skin protection	See Hand protection below
Hands/feet protection	‣ Elbow length PVC gloves ‣ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. 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. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential 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.
Body protection	See Other protection below
Other protection	‣ Overalls. ‣ PVC Apron. ‣ PVC protective suit may be required if exposure severe. ‣ Eyewash unit. ‣ Ensure there is ready access to a safety shower.

Respiratory protection

Type AB-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AB-AUS / Class1 P2	-
up to 50	1000	-	AB-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	AB-2 P2
up to 100	10000	-	AB-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

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A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

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· 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 protection. 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.
· Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
· Use approved positive flow mask if significant quantities of dust becomes airborne.
· Try to avoid creating dust conditions.
Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.
P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles
Suitable for:
· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
· Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
· Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear, straw coloured liquid with a characteristic mild odour; mixes with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.38
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	<2	**Decomposition temperature (°C)**	170
Melting point / freezing point (°C)	<0	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Available	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Available	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (Not Available%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7

Continued...

Chemical stability	▸ Contact with alkaline material liberates heat ▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema. Symptoms of acute exposure to cholinesterase-inhibiting compounds may include the following: numbness, tingling sensations, incoordination, headache, dizziness, tremor, nausea, abdominal cramps, sweating, blurred vision, difficulty breathing or respiratory depression, slow heartbeat. Very high doses may result in unconsciousness, incontinence, and convulsions or fatality. Some cholinesterase-inhibitors may cause delayed symptoms beginning 1 to 4 weeks after an acute exposure that may or may not have produced immediate symptoms. In such cases, numbness, tingling, weakness, and cramping may appear in the lower limbs and progress to incoordination and paralysis. Improvement may occur over months or years, but some residual impairment may remain The early warnings of poisonings associated with cholinesterase inhibition include nasal hyperaemia (localised engorgement with blood), watery discharge, chest discomfort, dyspnoea and wheezing due to increased bronchial secretions and bronchioconstriction. Other effects may include tearing, urination, chest pains, breathing difficulties, low blood pressure, irregular heartbeat, loss of reflexes, twitching, visual disturbances, dilated or pin-point pupils, convulsion, lung congestion, coma and heart-include ataxia, slurred speech, tremors of the tongue and eyelids, and eventual paralysis of the extremities and respiratory muscles. Fatalities in man are generally due to respiratory failure on the basis of central nervous system paralysis although cardiac arrest may also occur. Where cholinesterase inhibitors have been used as miotic eyedrops there has occasional evidence of toxic effects on the crystalline lens and obstruction of the nasolachrymal canals. Hydrogen chloride (HCl) vapour or fumes present a hazard from a single acute exposure. Exposures of 1300 to 2000 ppm have been lethal to humans in a few minutes. Inhalation of HCl may cause choking, coughing, burning sensation and may cause ulceration of the nose, throat and larynx. Fluid on the lungs followed by generalised lung damage may follow. Breathing of HCl vapour may aggravate asthma and inflammatory or fibrotic pulmonary disease. High concentrations cause necrosis of the tracheal and bronchial epithelium, pulmonary oedema, atelectasis and emphysema and damage to the pulmonary blood vessels and liver. Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.
Ingestion	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. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. Ingestion may produce nausea, vomiting, anorexia, abdominal cramps, and diarrhoea. Generalised symptoms produced by cholinesterase inhibitors may ensue following appreciable absorption. Some organophosphates may cause delayed symptoms beginning 1 to 4 weeks after an acute exposure which may or may not have produced immediate symptoms. In such cases, numbness, tingling, weakness, and cramping may appear in the lower limbs and progress to incoordination and paralysis. Improvement may occur over months or years, and in some cases residual impairment will remain

Continued...

Skin Contact	Skin contact with the material may produce toxic effects; systemic effects may result following absorption. Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue. Localised sweating and fasciculation (small localised muscular contractions visible through the skin) may occur at sites of contact. Absorption may produce cholinesterase inhibition effects following delays of up to 2-3 hours (but generally not more than 12 hours). Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.
Eye	Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Irritation of the eyes may produce a heavy secretion of tears (lachrymation). Direct contact with the eyes may produce lachrymation (tears), twitching of the eyelids, miosis (contraction of the pupils) and ciliary muscle spasm mydriasis (dilation of the pupils). Absorption may produce generalised cholinesterase inhibition.
Chronic	Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particIes with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). AsthmatIcs appear to be at particular risk for pulmonary effects. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Repeated or prolonged exposures to cholinesterase inhibitors produce symptoms similar to acute effects. In addition workers exposed repeatedly to these substances may exhibit impaired memory and loss of concentration, severe depression and acute psychosis, irritability, confusion, apathy, emotional lability, speech difficulties, headache, spatial disorientation, delayed reaction times, sleepwalking, drowsiness or insomnia. An influenza-like condition with nausea, weakness, anorexia and malaise has been described. There is a growing body of evidence from epidemiological studies and from experimental laboratory studies that short-term exposure to some cholinesterase-inhibiting insecticides may produce behavioural or neuro-chemical changes lasting for days or months, presumably outlasting the cholinesterase inhibition. Although the number of adverse effects following humans poisonings subsides, there are still effects in some workers months after cholinesterase activity returns to normal. These long-lasting effects include blurred vision, headache, weakness, and anorexia. The neurochemistry of animals exposed to chlorpyrifos or fenthion is reported to be altered permanently after a single exposure. These effects may be more severe in developing animals where both acetyl- and butyrylcholinesterase may play an integral part in the development of the nervous system. *Padilla S., The Neurotoxicity of Cholinesterase-Inhibiting Insecticides: Past and Present Evidence Demonstrating Persistent Effects. Inhalation Toxicology 7:903-907, 1995* Chronic minor exposure to hydrogen chloride (HCl) vapour or fume may cause discolouration or erosion of the teeth, bleeding of the nose and gums; and ulceration of the nasal mucous membranes. Repeated exposures of animals to concentrations of about 34 ppm HCl produced no immediate toxic effects. Workers exposed to hydrochloric acid suffered from gastritis and a number of cases of chronic bronchitis have also been reported. Repeated or prolonged exposure to dilute solutions of HCl may cause dermatitis.

AC Repeal 900 SL Growth Regulator	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

ethephon	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: 5730 mg/kg[2]	Eye: irritating *
	Inhalation(Rat) LC50; 0.09 mg/L4h[2]	Skin: irritating *
	Oral (Mouse) LD50; 2850 mg/kg[2]	

Legend:	*1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*

ETHEPHON	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic

Continued...

individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
For ethephon:
Two studies using ethephon were conducted in humans. In the first study, some symptoms characteristic of anticholinesterase activity were observed. Five humans of each sex were dosed with ethephon at an average dose level of 1.8 mg/kg/day. Subjects receiving the test compound reported the following symptoms and/or signs; sudden onset of diarrhea or an urgency of bowel movements, stomach cramps or gas and increased urgency or frequency of urination, and either an increase or decrease in appetite. None of the control subjects had complaints similar to the test group. Plasma cholinesterase and RBC cholinesterase activities were similar to or higher than initial values in test subjects . In the second human study, 10 humans of each sex were administered ethephon at 0.5 mg/kg/day for 16 days, followed by a 2-week recovery period. Dose related effects occurred in plasma cholinesterase activity, but not in red blood cell cholinesterase activity. The effect was reversible within 15 days. When the control group and test groups were compared, the decreased plasma cholinesterase activity was statistically significant. No dose-related effects were seen in hematology, blood chemistry, or urine analysis. Based on this study, the NOEL for plasma cholinesterase inhibition in humans is less than 0.5 mg/kg/day . Ethephon usage has resulted in four cases of skin injury (irritation)
Acute Toxicity: The acute oral toxicity of ethephon in rats ranged from 3400 mg/kg to 4229 mg/kg . Acute animal toxicity studies in a few species show that via the oral and dermal routes, ethephon is relatively non-toxic except in hens. An acute dermal study using rabbits showed a dermal LD50 of greater than 5 g/kg . The inhalation LC50 for rats was greater than 5 mg/l of air and the acute dermal LD50 for rabbits to be greater than 5 g/kg;
In a rat study, ethephon was administered by gavage for 13 weeks to 20 rats per sex per dose level at 0, 50, 100, and 200 mg/kg/day. Plasma cholinesterase and brain cholinesterase activity were found to be different from the controls at all dose levels. However, red blood cell cholinesterase activity did not differ from the controls in either sex of any dose group . In a dog study, ethephon was administered in the food to 4 dogs per sex per dose level at 0, 5.0, 25.0, or 187.5 mg/kg/day for 13 weeks. Plasma cholinesterase activity was depressed in both males and females at all dose levels. Red blood cell activity was depressed in the males (at all dose levels except 5.0 mg/kg/day at 8 weeks) and at the 25.0 and 187.5 mg/kg/day dose levels in the females. Brain cholinesterase activity was significant only in females dosed at 187.5 mg/kg/day
Irritation of mucous membranes in rabbits has been reported. The primary skin irritation score for rabbits to be 6.75 (corrosive) ..
Chronic Toxicity: A chronic toxicity/oncogenicity study using Swiss albino mice included 85 mice fed diets containing 0, 4.5, 45, or 150 mg/kg/day of ethephon for 78 weeks. Inhibition of plasma cholinesterase activity was significant at the 45 and 150 mg/kg/day dose levels in males and females. The No Observable Effect Level (NOEL) for plasma cholinesterase activity is 4.5 mg/kg/day for both sexes and the Lowest Effect Level (LEL) for this effect was 45 mg/kg/day for both sexes . There appeared to be a dose-related decrease in red blood cell cholinesterase activity in females. There was significant depression in RBC cholinesterase activity at the 45 and 150 mg/kg/day dose levels, while females in the 4.5 mg/kg/day dose groups exhibited depression in RBC cholinesterase activity at 52 weeks and 78 weeks, which was not considered statistically significant. Because of the apparent dose-related decrease in RBC cholinesterase activity in females in the 4.5 mg/kg/day dose group, the NOEL for this effect in females is considered to be below 4.5 mg/kg/day, the lowest dose tested . RBC cholinesterase activity was nominally decreased in males at the mid- and high-dose groups. Brain cholinesterase activity was not different from control values at any dose level in males or females. In two-year feeding studies, rats receiving greater than or equal to 12,500 mg/kg diet showed no ill-effect except at top dose levels toward the end of the trial . The highest dose without adverse effects reported in rats was 375 mg/kg/day for 90 days
Reproductive Effects: A developmental toxicity study was conducted on New Zealand white rabbits. The doses tested were 50, 100, or 150 mg/kg. The teratogenic NOEL was greater than 50 mg/kg/day (LDT or lowest dose tested). The number of litters at termination of the study were insufficient to determine teratogenic effects at the 100 and 150 mg/kg/day levels. The embryotoxic NOEL was 50 mg/kg/day (LDT); an increased average number of resorptions occurred. The maternal toxic NOEL was 100 mg/kg, while the maternal LEL was 250 mg/kg (HDT or highest dose tested); decreased body weight, food consumption and increased mortality occurred at this dose level. The fetal toxic NOEL was reported to be 50 mg/kg/day. The foetotoxic LEL was 100 mg/kg/day, at which decreased fetal viability was reported . In another study, doses of 0, 200, 750, and 1,500 ppm of 39% ethephon were tested in a multigeneration rat reproduction study. The NOEL was reported to be greater than 1500 ppm (highest dose tested) .
Teratogenic Effects: The NOEL for rat teratogenic effects is 600 mg/kg/day, while in the rabbit, the NOEL was reported to be 50 mg/kg/day based on fetal resorptions at higher dose levels tested .
Mutagenic Effects: Ethephon studies in Salmonella typhimurium indicated no mutagenic effect up to 1,000 micrograms/100 microliters, without enzyme activation .
Carcinogenic Effects: A carcinogenicity study was conducted in mice using 70.6-72.1% ethephon. The doses were administered in feed at 0, 15.5, 156 or 1630 mg/kg/day to CD-1 mice for 78 weeks. No dose-related evidence of carcinogenicity/oncogenicity was reported

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.
Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.
[* The Pesticides Manual, Incorporating The Agrochemicals Handbook, 10th Edition, Editor Clive Tomlin, 1994, British Crop Protection Council]
Toxicity Class WHO table 5; EPA III * ADI: 0.02 mg/kg/day NOEL: 0.17 mg/kg/day (H) NOEL in a 2-year feeding study with rats <3000 mg/kd diet produced no increase in carcinomas. *

Continued...

Acute Toxicity	✔	**Carcinogenicity**	✘
Skin Irritation/Corrosion	✔	**Reproductivity**	✘
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✘
Respiratory or Skin sensitisation	✘	**STOT - Repeated Exposure**	✘
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

AC Repeal 900 SL Growth Regulator	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	Not Available	Not Available	Not Available	Not Available	Not Available
ethephon	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	EC50	48h	Crustacea	17-58mg/L	4
	EC50(ECx)	120h	Algae or other aquatic plants	>1.4mg/L	4
	LC50	96h	Fish	88.2-127mg/L	4
	EC50	96h	Algae or other aquatic plants	23.458mg/l	4
Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*				

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
Ecotoxicity:
The tolerance of water organisms towards pH margin and variation is diverse. Recommended pH values for test species listed in OECD guidelines are between 6.0 and almost 9. Acute testing with fish showed 96h-LC50 at about pH 3.5
For ethephon:
log Kow <-2.2 (25 C)
Environmental fate:
Breakdown of Chemical in Soil and Groundwater: Binds fast to soil and remains substantially bound during a 24-hour incubation period. Binding levels correlate to soil organic content; may leach in sandy soils. Ethephon was found to have low to moderate mobility in soils ranging in texture from loamy sand to peat and silt loam based on soil thin layer chromatography tests. Therefore, the potential for contamination of groundwater appears to be low to moderate. In soil, rapid degradation to phosphoric acid, ethylene, and chloride ions was reported .
Breakdown of Chemical in Vegetation: In plants, ethephon rapidly degrades to phosphoric acid, ethylene, phosphate and chloride Ethephon and the ethylene gas it produces are the major metabolites in plants . Residues of monochloroacetic acid may be found in ethephon-treated commodities. Monochloroacetic acid is a potential degradation product of an impurity in ethephon, monochloroethyl ester of (2-chloroethyl)-phosphonic acid
Ecotoxicity:
Bird Acute oral LC50: bobwhite quail 596-1000 mg/kg, mallard duck 3750 ppm
Bird Eight-day dietary LC50 for mallard ducks >10000 mg/kg diet
Fish LC50 rainbow trout 170 mg/l, bluegill sunfish 180 mg/l
Fish LC50 (96 h): rainbow trout 240-350 mg/l, bluegill sunfish 222-300 mg/l
Daphnia EC50 (48 h) >500 mg/l
Bees: non-toxic: LD50 (oral and contact): >0.1 mg/bee
Other beneficial spp. Not toxic to earthworms
Technical-grade ethephon is slightly toxic on an acute oral basis to bobwhite quail, and slightly toxic on a subacute dietary basis to bobwhite quail and mallard ducks. Laboratory and field studies indicate that ethephon is slightly toxic to fish
For organophosphorus compounds:
Environmental fate:
Organophosphorus compounds and pesticides are relatively non-persistent in the environment with half-lives ranging from hours to several weeks or months. Only rarely are pesticides found in crops beyond the growing season during which they are applied. Chemical or photochemical mechanisms may produce a leaving group which is easily degraded. As a rule these compounds do not represent a serious problem as contaminants of soil and water. Breakdown products are usually non-toxic being composed of low-molecular weight, volatile molecules that are easily degraded and utilised by micro-organisms.
Being esters they are also susceptible to hydrolysis. Most organophosphorus pesticides are stable to acid pHs but under alkaline conditions hydrolysis is rapid with the breakdown rate increasing 10-fold for each pH unit above 7. An increase of 10 deg. C of temperature will increase the hydrolysis rate approximately 4-fold. When these compounds are present in the soil their disappearance is affected by their interaction with the physical characteristics and water content of the soil, and the microflora present.

Continued...

In certain types of soil strong binding may make them unavailable for biological decomposition. In such soils even running water produces little movement and thus minimal contamination of water supplies. Less tightly bound substances are similarly unlikely to produce substantial contamination because of rapid breakdown. Metallic ions in the soil interact with organophosphorus esters through hydrogen linkage whilst increased organic matter facilitates further binding. In general only minute amounts of residue and their breakdown products are found in natural water systems. In soil however there is a greater likelihood of the presence and buildup of toxic residues.
Prevent, by any means available, spillage from entering drains or water courses.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethephon	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
ethephon	LOW (LogKOW = -0.22)

Mobility in soil

Ingredient	Mobility
ethephon	MEDIUM (KOC = 3.572)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: ▸ Reduction ▸ Reuse ▸ Recycling ▸ Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. 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 or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible. ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Treat and neutralise at an approved treatment plant. Treatment should involve: Neutralisation with soda-ash or soda-lime followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus ▸ Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required

	

Continued...

Marine Pollutant	
HAZCHEM	2X

Land transport (ADG)

UN number	3265
UN proper shipping name	CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S. (contains ethephon)
Transport hazard class(es)	Class: 8 Subrisk: Not Applicable
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: 223 274 Limited quantity: 5 L

Air transport (ICAO-IATA / DGR)

UN number	3265
UN proper shipping name	Corrosive liquid, acidic, organic, n.o.s. * (contains ethephon)
Transport hazard class(es)	ICAO/IATA Class: 8 ICAO / IATA Subrisk: Not Applicable ERG Code: 8L
Packing group	III
Environmental hazard	Environmentally hazardous
Special precautions for user	Special provisions: A3 A803 Cargo Only Packing Instructions: 856 Cargo Only Maximum Qty / Pack: 60 L Passenger and Cargo Packing Instructions: 852 Passenger and Cargo Maximum Qty / Pack: 5 L Passenger and Cargo Limited Quantity Packing Instructions: Y841 Passenger and Cargo Limited Maximum Qty / Pack: 1 L

Sea transport (IMDG-Code / GGVSee)

UN number	3265
UN proper shipping name	CORROSIVE LIQUID, ACIDIC, ORGANIC, N.O.S. (contains ethephon)
Transport hazard class(es)	IMDG Class: 8 IMDG Subrisk: Not Applicable
Packing group	III
Environmental hazard	Marine Pollutant
Special precautions for user	EMS Number: F-A, S-B Special provisions: 223 274 Limited Quantities: 5 L

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
ethephon	Not Available

Continued...

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
ethephon	Not Available

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture

ethephon is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (ethephon)
Canada - NDSL	No (ethephon)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (ethephon)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*

SECTION 16 Other information

Revision Date	10/12/2021
Initial Date	15/06/2021

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	15/06/2021	Name
3.1	10/12/2021	Classification change due to full database hazard calculation/update.

Other information

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.

The 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.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit

Continued...

IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
ES: Exposure Standard
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances