



# POTASSIUM FLUOBORATE

ALPHA CHEMICALS PTY LTD

Chemwatch Hazard Alert Code: 4

Chemwatch: 29924  
Version No: 4.1.1.1  
Safety Data Sheet according to WHS and ADG requirements

Issue Date: 27/06/2017  
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S.GHS.AUS.EN

## SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

### Product Identifier

Product name	POTASSIUM FLUOBORATE
Chemical Name	potassium fluoborate
Synonyms	KBF <sub>4</sub> ; potassium fluoroborate; potassium borofluoride; avogadrite; borate(1-), tetrafluoro-, potassium; potassium tetrafluoro borate; potassium tetrafluoroborate; potassium fluoborate
Proper shipping name	CORROSIVE SOLID, N.O.S. (contains Potassium Fluoborate)
Chemical formula	B-F <sub>4</sub> .K
Other means of identification	Not Available
CAS number	14075-53-7

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

Relevant identified uses	Component of brazing fluxes and soldering fluxes. Used in the sand casting of aluminium and magnesium. As a grinding aid in grinding wheels. In electrochemical and plating processes.
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### Details of the supplier of the safety data sheet

Registered company name	ALPHA CHEMICALS PTY LTD
Address	4 ALLEN PLACE WETHERILL PARK NSW 2099 Australia
Telephone	61 (0)2 9982 4622
Fax	Not Available
Website	~
Email	shane@alphachem.com.au

### Emergency telephone number

Association / Organisation	ALPHA CHEMICALS PTY LTD	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	61 (0)418 237 771	+61 1800 951 288
Other emergency telephone numbers	Not Available	+61 2 9186 1132

## SECTION 2 HAZARDS IDENTIFICATION

### Classification of the substance or mixture

**HAZARDOUS CHEMICAL. DANGEROUS GOODS.** According to the WHS Regulations and the ADG Code.

### CHEMWATCH HAZARD RATINGS

	Min	Max	
Flammability	0		
Toxicity	1		
Body Contact	4		
Reactivity	0		
Chronic	0		


0 = Minimum  
1 = Low  
2 = Moderate  
3 = High  
4 = Extreme

Poisons Schedule	S6
Classification [1]	Metal Corrosion Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Serious Eye Damage Category 1, Skin Corrosion/Irritation Category 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

### Label elements

Continued...

POTASSIUM FLUOBORATE

Hazard pictogram(s)	
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SIGNAL WORD	<b>DANGER</b>
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**Hazard statement(s)**

H290	May be corrosive to metals.
H335	May cause respiratory irritation.
H314	Causes severe skin burns and eye damage.

**Precautionary statement(s) Prevention**

P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original container.

**Precautionary statement(s) Response**

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/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 or doctor/physician.
P363	Wash contaminated clothing before reuse.
P390	Absorb spillage to prevent material damage.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

**Precautionary statement(s) Storage**

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

**Precautionary statement(s) Disposal**

P501	Dispose of contents/container in accordance with local regulations.
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**SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**

**Substances**

CAS No	%[weight]	Name
14075-53-7	>=99	<u>Potassium Fluoborate</u>

**Mixtures**

See section above for composition of Substances

**SECTION 4 FIRST AID MEASURES**

**Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If there is evidence of severe skin irritation or skin burns:</p> <ul style="list-style-type: none"> <li>▶ Avoid further contact. Immediately remove contaminated clothing, including footwear.</li> <li>▶ Flush skin under running water for 15 minutes.</li> <li>▶ Avoiding contamination of the hands, massage <b>calcium gluconate gel</b> into affected areas, pay particular attention to creases in skin.</li> <li>▶ Contact the Poisons Information Centre.</li> <li>▶ Continue gel application for at least 15 minutes after burning sensation ceases.</li> <li>▶ If pain recurs, repeat application of <b>calcium gluconate gel</b> or apply every 20 minutes.</li> <li>▶ If no gel is available, continue washing for at least 15 minutes, using soap if available. If patient is conscious, give six <b>calcium gluconate or calcium carbonate</b> tablets in water by mouth.</li> <li>▶ Transport to hospital, or doctor, urgently.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>

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	<p>For massive exposures:</p> <ul style="list-style-type: none"> <li>▶ If dusts, vapours, aerosols, fumes or combustion products are inhaled, remove from contaminated area.</li> <li>▶ Lay patient down.</li> <li>▶ Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ If victim is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth.</li> <li>▶ Transport to hospital, or doctor, urgently.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

### Indication of any immediate medical attention and special treatment needed

For acute or repeated short term exposures to boron and its compounds:

- ▶ Nausea, vomiting, diarrhoea and epigastric pain, haematemesis and blue-green discolouration of both faeces and vomitus characterise adult boron intoxication.
- ▶ Access and correct any abnormalities found in airway and circulation.
- ▶ A tidal volume of 10-15 ml/kg should be maintained.
- ▶ Emesis should be induced unless the patient is in coma, is experiencing seizures or has lost the gag reflex. If any of these are present, gastric lavage should be performed with a large-bore tube after endotracheal intubation or in the presence of continuous respiratory action.
- ▶ Activated charcoal is probably not of value though its use might be indicated following gastric evacuation. Catharsis might be useful to eliminate any borates remaining in the gastro-intestinal tract (magnesium sulfate: adults, 30 gms: children 250 mg/kg).
- ▶ Peritoneal dialysis and haemodialysis remove some borates.

[Ellenhorn and Barceloux: Medical Toxicology]

for corrosives:

#### BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Monitor and treat, where necessary, for shock.
- ▶ Anticipate seizures.
- ▶ Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- ▶ **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Skin burns should be covered with dry, sterile bandages, following decontamination.
- ▶ **DO NOT attempt neutralisation as exothermic reaction may occur.**

#### ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

#### EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consider endoscopy to evaluate oral injury.
- ▶ Consult a toxicologist as necessary.

BRONSTEIN, A.C. and CURRANCE, P.L. *EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994*

For acute or short term repeated exposures to fluorides:

- ▶ Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- ▶ Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- ▶ Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- ▶ For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.
- ▶ Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

#### 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
Fluorides in urine	3 mg/gm creatinine	Prior to shift	B, NS
	10mg/gm creatinine	End of shift	B, NS

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

NS: Non-specific determinant; also observed after exposure to other exposures.

Treat symptomatically. Ingestion - intravenous injection of 10% calcium gluconate repeated hourly is a routine treatment for systemic poisoning. Inhalation - continue observation for 48 hours due to danger of pulmonary oedema.

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## 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

<b>Fire Incompatibility</b>	None known.  Avoid contact with oxidizing agents and acids.
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### Advice for firefighters

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>Do not approach containers suspected to be hot.</b></li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> Decomposition may produce toxic fumes of: hydrogen fluoride metal oxides May emit corrosive fumes.
<b>HAZCHEM</b>	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

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> <li>▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.</li> <li>▶ Check regularly for spills and leaks.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Contain spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> </ul>

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

## SECTION 7 HANDLING AND STORAGE

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ <b>WARNING: To avoid violent reaction. ALWAYS add material to water and NEVER water to material.</b></li> <li>▶ Avoid smoking, naked lights or ignition sources.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Material is hygroscopic, i.e. absorbs moisture from the air. Keep containers well sealed in storage.</li> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>

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**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Lined metal can, lined metal pail/ can.</li> <li>▶ Plastic pail.</li> <li>▶ Polyliner drum.</li> <li>▶ Packing as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul> <p>For low viscosity materials</p> <ul style="list-style-type: none"> <li>▶ Drums and jerricans must be of the non-removable head type.</li> <li>▶ Where a can is to be used as an inner package, the can must have a screwed enclosure.</li> </ul> <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> <li>▶ Removable head packaging;</li> <li>▶ Cans with friction closures and</li> <li>▶ low pressure tubes and cartridges</li> </ul> <p>may be used.</p> <p>-</p> <p>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.</p>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.</li> <li>▶ These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition.</li> <li>▶ The state of subdivision may affect the results.</li> <li>▶ Dangerous goods of other classes.</li> <li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>▶ Avoid reaction with oxidising agents</li> </ul>

**SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**

**Control parameters**

**OCCUPATIONAL EXPOSURE LIMITS (OEL)**

**INGREDIENT DATA**

Not Available

**EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
Potassium Fluoborate	Potassium tetrafluoroborate(1-)	12 mg/m3	140 mg/m3	830 mg/m3

Ingredient	Original IDLH	Revised IDLH
Potassium Fluoborate	Not Available	Not Available

**Exposure controls**

<b>Appropriate engineering controls</b>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required.</p>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> <li>▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.</li> <li>▶ Alternatively a gas mask may replace splash goggles and face shields.</li> <li>▶ 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. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> </ul> <p>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.</p> <p>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.</p> <p>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.</p> <p>Suitability and durability of glove type is dependent on usage.</p>
<b>Body protection</b>	See Other protection below

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### 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

- ▶ 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.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

### Information on basic physical and chemical properties

<b>Appearance</b>	Material is hygroscopic, absorbs moisture from surrounding air. [White or colourless crystals. Soluble in water. No odour. Insoluble in alcohol, ether, alkalis.]Decomposes above 350 C and releases highly irritating and toxic hydrogen fluoride gas, and fumes of boron trifluoride and potassium fluoride.]Solutions in water should not be handled in glass.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	2.498 @ 20 C.
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature</b>	350-530
<b>Melting point / freezing point (°C)</b>	Not available.	<b>Viscosity (cSt)</b>	Not Applicable
<b>Initial boiling point and boiling range (°C)</b>	Not available.	<b>Molecular weight (g/mol)</b>	125.91
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Applicable	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Applicable
<b>Vapour pressure (kPa)</b>	Not Applicable	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Partly miscible	<b>pH as a solution (1%)</b>	3
<b>Vapour density (Air = 1)</b>	Not Applicable	<b>VOC g/L</b>	Not Available

## SECTION 10 STABILITY AND REACTIVITY

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 TOXICOLOGICAL INFORMATION

### Information on toxicological effects

<b>Inhaled</b>	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. 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.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Borates may act as simple airway irritants. Dryness of the mouth, nose or throat, dry cough, nose bleeds, sore throat, productive cough, shortness of breath, chest tightness and difficulty breathing were related to higher dose long term exposures.</p> <p>Not normally a hazard due to non-volatile nature of product</p> <p>Acute effects of fluoride inhalation include irritation of nose and throat, coughing and chest discomfort. A single acute over-exposure may even cause nose bleed.</p>
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<b>Ingestion</b>	The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be damaging to the health of the individual.
<b>Skin Contact</b>	The material can produce severe chemical burns following direct contact with the skin. Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. Dermatitis can arise from direct contact with the material or even by contact with brazing fumes. Immediate irritation will occur on contact with cuts and abrasions. Fluorides and borates are absorbed through intact skin and rapidly through broken skin. Onset of symptoms may be delayed and burns may be severe.
<b>Eye</b>	The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage.
<b>Chronic</b>	Repeated or prolonged exposure to corrosives 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. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. 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. Borate can accumulate in the testes and deplete germ cells and cause withering of the testicles, according to animal testing. Hair loss, skin inflammation, stomach ulcer and anaemia can all occur. Extended exposure to inorganic fluorides causes fluorosis, which includes signs of joint pain and stiffness, tooth discolouration, nausea and vomiting, loss of appetite, diarrhoea or constipation, weight loss, anaemia, weakness and general unwellness. There may also be frequent urination and thirst. Fluoroborates, unlike other inorganic fluorides, are not stored in the bone. Much of it is rather excreted in the urine, leaving little opportunity for fluoride ion storage. However, fluoroborates do accumulate in the thyroid gland, preventing uptake of iodine. Animal testing shows that chronic exposure to boron trifluoride may cause elevated levels of bone fluoride and fluorosis of the teeth.

<b>Potassium Fluoborate</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

**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

<b>POTASSIUM FLUOBORATE</b>	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 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. Extended exposure to inorganic fluorides causes fluorosis, which includes signs of joint pain and stiffness, tooth discolouration, nausea and vomiting, loss of appetite, diarrhoea or constipation, weight loss, anaemia, weakness and general unwellness. There may also be frequent urination and thirst. Oral (man) LDLo: 240-590 mg/kg No data Estimated adult fatal dose: 6 gram. [Allied Chemical Estimate]
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<b>Acute Toxicity</b>	✗	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	✗
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✓
<b>Respiratory or Skin sensitisation</b>	✗	<b>STOT - Repeated Exposure</b>	✗
<b>Mutagenicity</b>	✗	<b>Aspiration Hazard</b>	✗

**Legend:** ✗ - Data either not available or does not fill the criteria for classification  
✓ - Data available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
<b>Potassium Fluoborate</b>	LC50	96	Fish	293.726mg/L	3
	EC50	48	Crustacea	>100mg/L	2
	EC50	96	Algae or other aquatic plants	=95mg/L	1
	NOEC	72	Algae or other aquatic plants	100mg/L	2

**Legend:** Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 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

For Fluorides: Small amounts of fluoride have beneficial effects however; excessive intake over long periods may cause dental and/or skeletal fluorosis. Fluorides are absorbed by humans following inhalation of workplace and ambient air that has been contaminated, ingestion of drinking water and foods and dermal contact. Populations living in areas with high fluoride levels in groundwater may be exposed to higher levels of fluorides in their drinking water or in beverages prepared with the water. Among these populations, outdoor labourers, people living in hot climates, and people with excessive thirst will generally have the greatest daily intake of fluorides because they consume greater amounts of water. Atmospheric Fate: Both hydrogen fluoride and particulate fluorides will be transported in the atmosphere and deposited on land or water by wet and dry deposition. Non-volatile inorganic fluoride particulates are removed from the atmosphere via condensation or nucleation processes. Fluorides adsorbed on particulate matter in the atmosphere are generally stable and are not readily hydrolyzed, although they may be degraded by radiation if they persist in the atmosphere. Fluorine and the silicon fluorides (fluosilicates, silicofluorides) are hydrolyzed in the atmosphere to form hydrogen fluoride.

for Boron and Borates:

Environmental Fate - Boron is generally found in nature bound to oxygen and is never found as the free element. As an element, boron itself cannot be degraded in the environment, however; it may undergo various reactions that change the form of boron (e.g., precipitation, polymerization, and acid-base reactions) depending on conditions such as its concentration in water and pH. As boron is a natural component of the environment, individuals will have some exposure from foods and drinking water.

Atmospheric Fate: Atmospheric boron may be in the form of particulate matter or aerosols as borides, boron oxides, borates, borates, organoboron compounds, trihalide boron compounds, or borazines. Boron and borates will probably be removed from the atmosphere by precipitation and dry deposition. The half-life of airborne particles is usually on the order of days, depending on the size of the particle and atmospheric conditions.

Aquatic Fate: Borates are relatively soluble in water. Boron readily hydrolyses in water and, in concentrated solutions, may polymerize.

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
Potassium Fluoborate	LOW	LOW

#### Bioaccumulative potential

Ingredient	Bioaccumulation
Potassium Fluoborate	LOW (LogKOW = 0.2166)

#### Mobility in soil

Ingredient	Mobility
Potassium Fluoborate	LOW (KOC = 48.64)

## SECTION 13 DISPOSAL CONSIDERATIONS

#### Waste treatment methods

<p><b>Product / Packaging disposal</b></p>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <p>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.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> </ul> <p>For small quantities:</p> <ul style="list-style-type: none"> <li>▶ Cautiously dissolve in water</li> <li>▶ Neutralise with sodium carbonate or if product does not dissolve completely add a small quantity of hydrochloric acid followed by sodium carbonate</li> <li>▶ Add excess calcium chloride to precipitate the fluoride and/ or carbonate</li> <li>▶ Remove solids to site approved for hazardous waste</li> <li>▶ Recycle wherever possible.</li> <li>▶ 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.</li> <li>▶ Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurring in water; Neutralisation followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material)</li> <li>▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.</li> </ul>
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## SECTION 14 TRANSPORT INFORMATION

#### Labels Required

	
<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	2X

#### Land transport (ADG)

<b>UN number</b>	1759
<b>UN proper shipping name</b>	CORROSIVE SOLID, N.O.S. (contains Potassium Fluoborate)



**POTASSIUM FLUOBORATE**

<b>Transport hazard class(es)</b>	Class	8
	Subrisk	Not Applicable
<b>Packing group</b>	II	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	Special provisions	274
	Limited quantity	1 kg

**Air transport (ICAO-IATA / DGR)**

<b>UN number</b>	1759	
<b>UN proper shipping name</b>	Corrosive solid, n.o.s. * (contains Potassium Fluoborate)	
<b>Transport hazard class(es)</b>	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
<b>Packing group</b>	II	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	Special provisions	A3 A803
	Cargo Only Packing Instructions	863
	Cargo Only Maximum Qty / Pack	50 kg
	Passenger and Cargo Packing Instructions	859
	Passenger and Cargo Maximum Qty / Pack	15 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Y844
	Passenger and Cargo Limited Maximum Qty / Pack	5 kg

**Sea transport (IMDG-Code / GGVSee)**

<b>UN number</b>	1759	
<b>UN proper shipping name</b>	CORROSIVE SOLID, N.O.S. (contains Potassium Fluoborate)	
<b>Transport hazard class(es)</b>	IMDG Class	8
	IMDG Subrisk	Not Applicable
<b>Packing group</b>	II	
<b>Environmental hazard</b>	Not Applicable	
<b>Special precautions for user</b>	EMS Number	F-A , S-B
	Special provisions	274
	Limited Quantities	1 kg

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

Not Applicable

**SECTION 15 REGULATORY INFORMATION**

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

**POTASSIUM FLUOBORATE(14075-53-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List	International Air Transport Association (IATA) Dangerous Goods Regulations
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes	International Maritime Dangerous Goods Requirements (IMDG Code)
Australia Inventory of Chemical Substances (AICS)	United Nations Recommendations on the Transport of Dangerous Goods Model Regulations
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4	

**National Inventory Status**

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (Potassium Fluoborate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Continued...

## POTASSIUM FLUOBORATE

Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
Thailand - TECI	Yes
<b>Legend:</b>	<i>Yes = All declared ingredients are on the inventory</i> <i>No = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)</i>

### SECTION 16 OTHER INFORMATION

<b>Revision Date</b>	27/06/2017
<b>Initial Date</b>	Not Available

#### 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  
 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  
 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

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