SULPHOSALICYLIC ACID
ALPHA CHEMICALS PTY LTD

Chemwatch Hazard Alert Code: 3

Chemwatch: **21898**
Version No: **5.1.15.10**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **27/06/2017**
Print Date: **30/08/2021**
S.GHS.AUS.EN

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

Product Identifier

Product name	SULPHOSALICYLIC ACID
Chemical Name	sulfosalicylic acid
Synonyms	C7-H6-O6-S.2H2O; C6H3OH(SO2OH)COOH.2H2O; salicylic acid, 5-sulfo-; benzoic acid, 2-hydroxy-5-sulpho-, dihydrate; 3-carboxy-4-hydroxybenzenesulfonic acid; 3-carboxy-4-hydroxybenzenesulphonic acid; 2-hydroxybenzoic-5-sulfonic acid; 2-hydroxybenzoic-5-sulphonic acid; salicylsulfonic acid; sulfosalicylic acid; sulphosalicylic acid dihydrate (CAS RN: 5965-83-3); 5-sulfosalicylic acid dihydrate; 5-sulphosalicylic acid dihydrate; A-597; C7-H6-O6-S.H2-O (CAS RN 304851-84-1); benzoic acid, 2-hydroxy-5-sulfo-, monohydrate; benzoic acid, 2-hydroxy-5-sulfo-, hydrate (1:1); sulphosalicylic acid; 5-Sulphosalicylic acid AnalaR 10346
Proper shipping name	ALKYLSULPHONIC ACIDS, SOLID or ARYLSULPHONIC ACIDS, SOLID with not more than 5% free sulphuric acid (contains Sulphosalicylic Acid)
Chemical formula	C7H6O6S.2H2O|C7-H6-O6-S|C7H6O6S
Other means of identification	Not Available
CAS number	97-05-2

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

Relevant identified uses	Reagent for albumin, colourimetric reagent for ferric ion, intermediate for dyes, surfactants, catalysts, grease additives.

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**
Emergency telephone numbers	61 (0)418 237 771
Other emergency telephone numbers	Not Available

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	1	
Toxicity	2	
Body Contact	3	
Reactivity	1	
Chronic	2	

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

Poisons Schedule	Not Applicable
Classification [1]	Corrosive to Metals Category 1, Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1, Sensitisation (Skin) Category 1
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

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Hazard pictogram(s)	 
Signal word	**Danger**

Hazard statement(s)

H290	May be corrosive to metals.
H302	Harmful if swallowed.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P234	Keep only in original packaging.
P270	Do not eat, drink or smoke when using this product.
P272	Contaminated work clothing should not be allowed out of the workplace.

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.
P302+P352	IF ON SKIN: Wash with plenty of water.
P363	Wash contaminated clothing before reuse.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
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

CAS No	%[weight]	Name
97-05-2	>=99	Sulphosalicylic Acid

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*

Mixtures

See section above for composition of Substances

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. ▸ 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 skin or hair contact occurs: ▸ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▸ Quickly remove all contaminated clothing, including footwear. ▸ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▸ Transport to hospital, or doctor.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained.

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	Perform CPR if necessary. Transport to hospital, or doctor. 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	For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. If swallowed do **NOT** induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

for salicylate intoxication:

- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[*GOSSELIN, et.al.: Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

HyperTox 3.0 http://www.ozemail.com.au/-ouad/SALI0001.HTA

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]

SECTION 5 Firefighting measures

Extinguishing media

- Water spray or fog.

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- 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. ▸ **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	▸ 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 (CO_2) sulfur oxides (SO_x) other pyrolysis products typical of burning organic material. Decomposes on heating to produce toxic fumes of phenol and salicylic acid.
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	▸ Remove all ignition sources. ▸ Clean up all spills immediately. ▸ Avoid contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Use dry clean up procedures and avoid generating dust. ▸ Place in a suitable, labelled container for waste disposal. ▸ 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.
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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ 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. ▸ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) ▸ Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. ▸ Establish good housekeeping practices. ▸ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. ▸ Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area. ▸ Do not use air hoses for cleaning.

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Other information	‣ Store in original containers. ‣ Keep containers securely sealed. ‣ Store in a cool, dry, well-ventilated area. ‣ Store away from incompatible materials and foodstuff containers. ‣ Protect containers against physical damage and check regularly for leaks. ‣ Observe manufacturer's storage and handling recommendations contained within this SDS. May discolour on exposure to light.

Conditions for safe storage, including any incompatibilities

Suitable container	‣ **DO NOT** use aluminium or galvanised containers ‣ Check regularly for spills and leaks ‣ Glass container is suitable for laboratory quantities ‣ Lined metal can, lined metal pail/ can. ‣ Plastic pail. ‣ Polyliner drum. ‣ Packing as recommended by manufacturer. ‣ Check all containers are clearly labelled and free from leaks. For low viscosity materials ‣ Drums and jerricans must be of the non-removable head type. ‣ Where a can is to be used as an inner package, the can must have a screwed enclosure. For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.): ‣ Removable head packaging; ‣ Cans with friction closures and ‣ low pressure tubes and cartridges may be used. - Where combination packages are used, and the inner packages are of glass, 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.
Storage incompatibility	‣ Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. ‣ Segregate from alkalies, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates. ‣ Avoid strong acids, bases.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

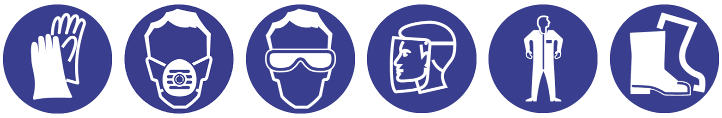
Ingredient	**TEEL-1**	**TEEL-2**	**TEEL-3**
Sulphosalicylic Acid	12 mg/m3	130 mg/m3	790 mg/m3
Sulphosalicylic Acid	7.4 mg/m3	81 mg/m3	490 mg/m3

Ingredient	**Original IDLH**	**Revised IDLH**
Sulphosalicylic Acid	Not Available	Not Available

Occupational Exposure Banding

Ingredient	**Occupational Exposure Band Rating**	**Occupational Exposure Band Limit**
Sulphosalicylic Acid	E	≤ 0.01 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.*	

Exposure controls

Appropriate engineering controls	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. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. 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. Employers may need to use multiple types of controls to prevent employee overexposure. ‣ Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
Personal protection	
Eye and face protection	‣ Chemical goggles. ‣ Full face shield may be required for supplementary but never for primary protection of eyes. ‣ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of 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. In the event of chemical exposure, begin eye irrigation immediately and

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	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.
Skin protection	See Hand protection below
Hands/feet protection	‣ Wear chemical protective gloves, e.g. PVC. ‣ Wear safety footwear or safety gumboots, e.g. Rubber **NOTE:** ‣ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ‣ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. 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.
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

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow
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)

· 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.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Colourless to white crystals or white crystalline powder; coloured pink by traces of iron; no odour. May discolour on exposure to light. Very soluble in water and alcohol, soluble in ether. Generally soluble in polar solvents. Anhydrous form melts at approximately 120 deg. C.

Physical state	Divided Solid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Applicable	**Decomposition temperature**	>120
Melting point / freezing point (°C)	110-113	**Viscosity (cSt)**	Not Applicable
Initial boiling point and boiling range (°C)	> 120 decomposes	**Molecular weight (g/mol)**	254.22 (.2H2O)
Flash point (°C)	150 ~	**Taste**	Not Available
Evaporation rate	Not Applicable	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Applicable
Vapour pressure (kPa)	Not Applicable	**Gas group**	Not Available

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Solubility in water	Miscible	**pH as a solution (%)**	0.5 (20%)
Vapour density (Air = 1)	Not Applicable	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ Contact with alkaline material liberates heat
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	The material is not thought to produce adverse health effects following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. 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. 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. Corrosive acids can cause irritation of the respiratory tract, with coughing, choking and mucous membrane damage. There may be dizziness, headache, nausea and weakness. Symptoms of exposure include sore throat, coughing, burning sensation, wheezing, laryngitis, shortness of breath and headache.
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. The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. High oral doses of salicylates, such as aspirin, may cause a mild burning pain in the throat and stomach, causing vomiting. This is followed (within hours) by deep, rapid breathing, tiredness, nausea and further vomiting, thirst and diarrhoea. Ingestion of acidic corrosives may produce burns around and in the mouth, the throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Ingestion may result in nausea, vomiting and diarrhoea.
Skin Contact	The material can produce chemical burns following direct contact with the skin. Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Open cuts, abraded or irritated skin should not be exposed to this material 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. Solution of material in moisture on the skin, or perspiration, may markedly increase skin corrosion and accelerate tissue destruction 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.
Eye	The material can produce 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. Direct eye contact with acid corrosives may produce pain, tears, sensitivity to light and burns. Mild burns of the epithelia generally recover rapidly and completely.
Chronic	Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Repeated or prolonged exposure to acids may result in the erosion of teeth, swelling and/or ulceration of mouth lining. Irritation of airways to lung, with cough, and inflammation of lung tissue often occurs. 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. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.

	TOXICITY	IRRITATION
Sulphosalicylic Acid	Oral(Rat) LD50; 1850 mg/kg[2]	Eye: adverse effect observed (irreversible damage)[1]

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*

SULPHOSALICYLIC ACID	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. For acid mists, aerosols, vapours Test results suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airway from direct exposure to inhaled acidic mists (which also protects the stomach lining from the hydrochloric acid secreted there). The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce

Continued...

	conjunctivitis. 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. The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

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

	Endpoint	Test Duration (hr)	Species	Value	Source
Sulphosalicylic Acid	EC50(ECx)	72h	Algae or other aquatic plants	>100mg/l	2
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	EC50	48h	Crustacea	>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*				

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
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
Sulphosalicylic Acid	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
Sulphosalicylic Acid	LOW (LogKOW = -0.9133)

Mobility in soil

Ingredient	Mobility
Sulphosalicylic Acid	LOW (KOC = 10)

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. 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.

- **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.

Continued...

	‣ 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: Mixing or slurrying in water; Neutralisation with soda-lime or soda-ash 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) ‣ 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

	
Marine Pollutant	NO
HAZCHEM	2X

Land transport (ADG)

UN number	2585
UN proper shipping name	ALKYLSULPHONIC ACIDS, SOLID or ARYLSULPHONIC ACIDS, SOLID with not more than 5% free sulphuric acid (contains Sulphosalicylic Acid)
Transport hazard class(es)	Class: 8 Subrisk: Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: Not Applicable Limited quantity: 5 kg

Air transport (ICAO-IATA / DGR)

UN number	2585
UN proper shipping name	Arylsulphonic acids, solid with 5% or less free sulphuric acid (contains Sulphosalicylic Acid); Alkylsulphonic acids, solid with 5% or less free sulphuric acid (contains Sulphosalicylic Acid)
Transport hazard class(es)	ICAO/IATA Class: 8 ICAO / IATA Subrisk: Not Applicable ERG Code: 8L
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: A803 Cargo Only Packing Instructions: 864 Cargo Only Maximum Qty / Pack: 100 kg Passenger and Cargo Packing Instructions: 860 Passenger and Cargo Maximum Qty / Pack: 25 kg Passenger and Cargo Limited Quantity Packing Instructions: Y845 Passenger and Cargo Limited Maximum Qty / Pack: 5 kg

Sea transport (IMDG-Code / GGVSee)

UN number	2585
UN proper shipping name	ALKYLSULPHONIC ACIDS, SOLID or ARYLSULPHONIC ACIDS, SOLID with not more than 5% free sulphuric acid (contains Sulphosalicylic Acid)
Transport hazard class(es)	IMDG Class: 8 IMDG Subrisk: Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-A , S-B Special provisions: Not Applicable Limited Quantities: 5 kg

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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
Sulphosalicylic Acid	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
Sulphosalicylic Acid	Not Available

SECTION 15 Regulatory information

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

Sulphosalicylic Acid is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3	Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (Sulphosalicylic Acid)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
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	27/06/2017
Initial Date	05/04/2005

SDS Version Summary

Version	Date of Update	Sections Updated
4.1.1.1	01/04/2009	Acute Health (eye), Acute Health (inhaled), Acute Health (skin), Acute Health (swallowed), CAS Number, Chronic Health, Classification, Disposal, Fire Fighter (fire/explosion hazard), First Aid (inhaled), Handling Procedure, Instability Condition, Personal Protection (Respirator), Physical Properties, Spills (minor), Storage (storage incompatibility), Storage (suitable container), Supplier Information, Transport
4.1.2.1	26/04/2021	Regulation Change
4.1.3.1	03/05/2021	Regulation Change
4.1.4.1	06/05/2021	Regulation Change
4.1.5.1	10/05/2021	Regulation Change
4.1.5.2	30/05/2021	Template Change
4.1.5.3	04/06/2021	Template Change
4.1.5.4	05/06/2021	Template Change
4.1.6.4	07/06/2021	Regulation Change
4.1.6.5	09/06/2021	Template Change
4.1.6.6	11/06/2021	Template Change
4.1.6.7	15/06/2021	Template Change
4.1.7.7	17/06/2021	Regulation Change
4.1.8.7	21/06/2021	Regulation Change
4.1.8.8	05/07/2021	Template Change

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Version	Date of Update	Sections Updated
4.1.9.8	14/07/2021	Regulation Change
4.1.10.8	19/07/2021	Regulation Change
4.1.10.9	01/08/2021	Template Change
4.1.11.9	02/08/2021	Regulation Change
4.1.12.9	05/08/2021	Regulation Change
4.1.13.9	09/08/2021	Regulation Change
4.1.14.9	23/08/2021	Regulation Change
4.1.15.9	26/08/2021	Regulation Change
4.1.15.10	29/08/2021	Template Change

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
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

end of SDS