Methylene Blue 1% Solution

ALPHA CHEMICALS PTY LTD

Chemwatch Hazard Alert Code: **1**

Chemwatch: **5057-07**
Version No: **6.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **10/03/2023**
Print Date: **27/10/2023**
S.GHS.AUS.EN

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

Product Identifier

Product name	Methylene Blue 1% Solution
Chemical Name	Not Applicable
Synonyms	laboratory reagent RMH
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	Laboratory reagent.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**ALPHA CHEMICALS PTY LTD**
Address	4 ALLEN PLACE WETHERILL PARK NSW 2164 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 (24/7)**
Emergency telephone numbers	61 (0)418 237 771	+61 1800 951 288
Other emergency telephone numbers	Not Available	+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

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

Chemwatch Hazard Ratings

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

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

Poisons Schedule	Not Applicable
Classification [1]	Reproductive Toxicity Category 1B
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)

H360Fd	May damage fertility. Suspected of damaging the unborn child.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves and protective clothing.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.

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
61-73-4	1	methylene blue
7732-18-5	99	Distilled Water
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: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
Ingestion	If poisoning occurs, contact a doctor or Poisons Information Centre.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.
The material may induce methaemoglobinaemia following exposure.
- Initial attention should be directed at oxygen delivery and assisted ventilation if necessary. Hyperbaric oxygen has not demonstrated substantial benefits.
- Hypotension should respond to Trendelenburg's position and intravenous fluids; otherwise dopamine may be needed.
- Symptomatic patients with methaemoglobin levels over 30% should receive methylene blue. (Cyanosis, alone, is not an indication for treatment). The usual dose is 1-2 mg/kg of a 1% solution (10 mg/ml) IV over 50 minutes; repeat, using the same dose, if symptoms of hypoxia fail to subside within 1 hour.
- Thorough cleansing of the entire contaminated area of the body, including the scalp and nails, is of utmost importance.

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	Comment
1. Methaemoglobin in blood	1.5% of haemoglobin	During or end of shift	B, NS, SQ

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.

SECTION 5 Firefighting measures

Extinguishing media

- There is no restriction on the type of extinguisher which may be used.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known

Advice for firefighters

Continued...

Fire Fighting	▸ Use water delivered as a fine spray to control fire and cool adjacent 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	▸ Non combustible. ▸ Not considered to be a significant fire risk. ▸ Expansion or decomposition on heating may lead to violent rupture of containers. ▸ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke.
HAZCHEM	Not Applicable

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	▸ 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	Minor hazard. ▸ Clear area of personnel. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Control personal contact with the substance, by using protective equipment as required. ▸ Prevent spillage from entering drains or water ways. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite and place in appropriate containers for disposal.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ Limit all unnecessary personal contact. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ When handling **DO NOT** eat, drink or smoke. ▸ Always wash hands with soap and water after handling. ▸ Avoid physical damage to containers. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.
Other information	▸ Protect from light. ▸ 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.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Glass container is suitable for laboratory quantities
Storage incompatibility	None known

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
Methylene Blue 1% Solution	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
methylene blue	Not Available	Not Available
Distilled Water	Not Available	Not Available

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Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
methylene blue	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	None under normal operating conditions. Provide adequate ventilation in warehouse or closed storage areas.
Individual protection measures, such as personal protective equipment	
Eye and face protection	▸ Safety glasses with side shields; or as required, ▸ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▸ 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 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].
Skin protection	See Hand protection below
Hands/feet protection	Wear general protective gloves, eg. light weight rubber gloves.
Body protection	See Other protection below
Other protection	No special equipment needed when handling small quantities. **OTHERWISE:** ▸ Overalls. ▸ Barrier cream. ▸ Eyewash unit.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:
"Forsberg Clothing Performance Index".
The effect(s) of the following substance(s) are taken into account in the ***computer-generated*** selection:
Methylene Blue 1% Solution

Material	CPI
BUTYL	A
NEOPRENE	A
VITON	A
NATURAL RUBBER	C
PVA	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Ansell Glove Selection

Glove *— In order of recommendation*
AlphaTec 02-100
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® Solvex® 37-675
DermaShield™ 73-711

Respiratory protection

Type -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	-AUS / Class1 P2	-
up to 50	1000	-	-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	-2 P2
up to 100	10000	-	-3 P2
100+			Airline**

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

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SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear blue liquid; mixes with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.00
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Applicable
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	Product is considered stable and 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	Not normally a hazard due to non-volatile nature of product
Ingestion	Considered an unlikely route of entry in commercial/industrial environments The liquid may be discomforting to the gastro-intestinal tract
Skin Contact	The liquid may be slightly discomforting to the skin if exposure is prolonged
Eye	The liquid may be slightly discomforting to the eyes
Chronic	Primary route of exposure is usually by skin contact As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.

Methylene Blue 1% Solution	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
methylene blue	**TOXICITY**	**IRRITATION**
	Oral (Rat) LD50: 1180 mg/kg[2]	Not Available
Distilled Water	**TOXICITY**	**IRRITATION**
	Oral (Rat) LD50: >90000 mg/kg[2]	Not Available
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*	

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METHYLENE BLUE	After i.v. administration Methylene Blue may cause nausea, vomiting, abdominal and chest pain, headache, dizziness, mental confusion, profuse sweating, and hypertension; with very high doses methaemoglobinemia and ahemolysis may occur. Methylene Blue activates a normally dormant reductase enzyme system which reduces the methylene blue to leucomethylene blue, which in turn is able to reduce methaemoglobin to haemoglobin. Methylene Blue is absorbed from the gastrointestinal tract. It is believed to be reduced in the tissues to the leuco form which is slowly excreted, mainly in the urine together with some unchanged drug. Methylene Blue imparts a blue color to urine and faeces. In large doses Methylene Blue can produce methaemoglobinaemia. Although intra-amniotic injection of Methylene Blue has been used to diagnose premature rupture of fetal membranes or to identify separate amniotic sacs in twin pregnancies, there have been several reports of hemolytic anemia (Heinz-body anemia) and hyperbilirubinemia in neonates exposed to Methylene Blue in the amniotic cavity. In most cases, exchange transfusions and/or phototherapy are required to control the jaundice. Methylene Blue should be used with caution in the treatment of toxic methemoglobinemia; high doses can cause hemolytic anemias and patients with glucose-6-phosphate dehydrogenase (G6PD) deficiencies are particularly susceptible. A rapid disappearance of cyanosis in response to Methylene Blue would be expected within one hour but might not occur if the patient has erythrocyte G6PD or NADPH-diaphorase deficiency or if methemoglobinemia is due to the ingestion of compounds such as aniline or dapsone. A second dose has been recommended if cyanosis does not disappear within 1 hour of Methylene Blue administration but results of a study in animals and of a patient with aniline poisoning indicated that an increased dosage of Methylene Blue might be of no additional benefit and could be potentially dangerous in that it could enhance Heinz body formation. Methylene Blue should not be injected s.c. as it may cause necrotic abscesses. It should not be given by intrathecal injection as neural damage has occurred. Methylene Blue should be used with caution in patients with glucose-6-phosphate dehydrogenase deficiency. For nitric oxide synthase (NOS) inhibitors: Nitric oxide provokes many cellular responses and modulates physiological functions differently depending on the organ system. Systemic nitric oxide inhibition may be limited by the widespread involvement of nitric oxide in most body systems. To further complicate matters, depending on the disease studied, changes in nitric oxide may either ameliorate or exacerbate the pathophysiology of the disease. This proves to be a particular challenge in patients with co-morbidities Nitric oxide inhibition could be detrimental to patients with cardiovascular and renal diseases. Nitric oxide is cardio-protective during ischemic events by causing coronary vasodilation and improving oxygen delivery. Nitric oxide inhibition also suppresses statin-induced oxygen delivery to myocardium. Nitric oxide inhibition could contribute to endothelial dysfunction and inflammatory syndrome in patients with autoimmune disease, leading to an escalation of cardiovascular morbidity and mortality. One animal study shows that chronic NOS inhibition may also produce long-term biological effects by enhancing early atherogenesis in animals In patients with chronic kidney disease, nitric oxide inhibition aggravates endothelial dysfunction, vasoconstriction, blood pressure elevation and atherosclerosis, thereby worsening kidney disease progression, particularly in the setting of diabetic nephropathy. Phenothiazine derivatives are classic examples of the fact that few drugs have just one effect. Although it is common to think of these agents as clinically useful in the treatment of emotional disorders, especially schizophrenic reactions, Phenothiazines also have medical importance as antiemetic agents and as adjuncts to anesthetic or analgesic drugs. In addition to these useful therapeutic effects, various phenothiazine derivatives may exhibit antihistaminic, adrenergic blocking, anticholinergic, or metabolic-endocrine actions. Such an array of pharmacodynamic actions contributes to the wide variety of adverse effects that these drugs may evoke. Because phenothiazines may interfere with thermoregulatory mechanisms, use with caution in persons who will be exposed to extreme heat. Phenothiazines can produce alpha-adrenergic blockade. As with all drugs which exert an anticholinergic effect, and/or cause mydriasis, trifluoperazine should be used with caution in patients with glaucoma. t has been suggested in regard to phenothiazines in general, that people who have demonstrated a hypersensitivity reaction (e.g., blood dyscrasias, jaundice) to one may be more prone to demonstrate a reaction to others. Attention should be paid to the fact that phenothiazines are capable of potentiating central nervous system depressants (e.g., anesthetics, opiates, alcohol, etc.) as well as atropine and phosphorus insecticides. Not all of the following adverse reactions have been observed with every phenothiazine derivative, but they have been reported with one or more and should be borne in mind when drugs of this class are administered: extrapyramidal symptoms (opisthotonus, oculogyric crisis, hyperreflexia, dystonia, akathisia, dyskinesia, parkinsonism) some of which have lasted months and even years-particularly in elderly patients with previous brain damage; grand mal and petit mal convulsions, particularly in patients with EEG abnormalities or history of such disorders; altered cerebrospinal fluid proteins; cerebral edema; intensification and prolongation of the action of central nervous system depressants (opiates, analgesics, antihistamines, barbiturates, alcohol), atropine, heat, organophosphorus insecticides; autonomic reactions (dryness of mouth, nasal congestion, headache, nausea, constipation, obstipation, adynamic ileus, ejaculatory disorders/impotence, priapism, atonic colon, urinary retention, miosis and mydriasis); reactivation of psychotic processes, catatonic-like states; hypotension (sometimes fatal); cardiac arrest; blood dyscrasias (pancytopenia, thrombocytopenic purpura, leukopenia, agranulocytosis, eosinophilia, hemolytic anemia, aplastic anemia); liver damage (jaundice, biliary stasis); endocrine disturbances (hyperglycemia, hypoglycemia, glycosuria, lactation, galactorrhea, gynecomastia, menstrual irregularities, false-positive pregnancy tests); skin disorders (photosensitivity, itching, erythema, urticaria, eczema up to exfoliative dermatitis); other allergic reactions (asthma, laryngeal edema, angioneurotic edema, anaphylactoid reactions); peripheral edema; reversed epinephrine effect; hyperpyrexia; mild fever after large I.M. doses; increased appetite; increased weight; a systemic lupus erythematosus-like syndrome; pigmentary retinopathy; with prolonged administration of substantial doses, skin pigmentation, epithelial keratopathy, and lenticular and corneal deposits. EKG changes-particularly nonspecific, usually reversible Q and T wave distortions-have been observed in some patients receiving phenothiazine antipsychotics. Nitric oxide (NO) is now known to play important functional roles in a variety of physiological systems. Within the vasculature, NO induces vasodilation, inhibits platelet aggregation, prevents neutrophil/platelet adhesion to endothelial cells, inhibits smooth muscle cell proliferation and migration, regulates programmed cell death (apoptosis) and maintains endothelial cell barrier function. NO generated by neurons acts as a neurotransmitter, whereas NO generated by macrophages in response to invading microbes acts as an antimicrobial agent. Because neurons, blood vessels and cells of the immune system are integral parts of the reproductive organs, and in view of the important functional role that NO plays in those systems, it is likely that NO is an important regulator of the biology and physiology of the reproductive system. NO has established itself as a polyvalent molecule which plays a decisive role in regulating multiple functions within the female as well as the male reproductive system. There is evidence that mouse and human spermatozoa contain constitutive nitric oxide synthase (cNOS) and can synthesise nitric oxide. Nitric oxide is also a potent regulator of embryonic differentiation, specifically in pre- and post-implantation mouse embryos - low levels may produce developmental toxicity. Nitric oxide synthase inhibitors, which suppress all forms of nitric oxide synthase increased the level of mortality of pre- and post-implantation embryos in females mated to intact males soon after the administration of inhibitors. Studies of the morphology of embryos have shown that there was a delay in embryogenesis at the stages of cleavage and gastrulation Nitric oxide (NO) is produced locally in the bovine corpus luteum (CL) and appears to mediate prostaglandin F2a (PGF2a)-induced regression of the bovine CL in vivo and as a result luteal steroidogenesis; it may be one of the components of an autocrine/ paracrine luteolytic cascade induced by PGF2a. As cationic polymers possess unique physical structures and surface properties, various kinds of cationic polymers have been developed over the past few decades for a wide spectrum of nanomedical applications in the central nervous system (CNS). Although cationic polymers could be successfully used for gene transfer, drug delivery, and diagnostic imaging, after entering into the CNS, they may cause neurotoxicity and induce CNS damage, which seriously limits their applications. The neurotoxic effects of cationic polymers on CNS are mostly studied in mice, and have not been examined in detail. While evaluating the neurotoxicity of cationic polymers, the surface charge, surface area, coating, size, shape, and the basic materials that cationic polymers are made up of are expected to show important roles, and should be carefully considered. Apoptosis, necrosis, autophagy, oxidative stress, inflammation, and inflammasome; which are expected to be the most important problems in the evaluation of cationic polymers-induced neurotoxicity. The substance is classified by IARC as Group 3: **NOT** classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.
DISTILLED WATER	No significant acute toxicological data identified in literature search.

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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

Methylene Blue 1% Solution

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

methylene blue

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	48h	Crustacea	2260mg/l	4
LC50	96h	Fish	1mg/l	4
NOEC(ECx)	96.5h	Fish	0.026mg/L	4

Distilled Water

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

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*

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
Distilled Water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

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

Product name	Group
methylene blue	Not Available

Continued...

Product name	Group
Distilled Water	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
methylene blue	Not Available
Distilled Water	Not Available

SECTION 15 Regulatory information

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

methylene blue is found on the following regulatory lists

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 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

Distilled Water is found on the following regulatory lists

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 (methylene blue; Distilled Water)
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	10/03/2023
Initial Date	06/12/2001

SDS Version Summary

Version	Date of Update	Sections Updated
5.1	23/12/2022	Classification review due to GHS Revision change.
6.1	10/03/2023	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
- 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

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- 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
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration

- 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