



Bulk Blendz Alum Bright

A.B.W Online

Chemwatch: 28-2124

Version No: 5.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 23/12/2022

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L.GHS.AUS.EN.E

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

Product Identifier

Product name	Bulk Blendz Alum Bright
Chemical Name	Not Applicable
Synonyms	Aluminium Cleaner
Proper shipping name	CORROSIVE LIQUID, TOXIC, N.O.S. (contains hydrofluoric acid)
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	Cleans and brightens aluminium surfaces.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	A.B.W Online
Address	24 Lisa Place Coolaroo VIC 3048 Australia
Telephone	+1300 096 435
Fax	+61 3 9351 1077
Website	http://www.bulkwholesale.com.au
Email	orders@bulkwholesale.com.au

Emergency telephone number

Association / Organisation	A.B.W Online
Emergency telephone numbers	0411 387 097
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	0		
Toxicity	4		0 = Minimum
Body Contact	4		1 = Low
Reactivity	2		2 = Moderate
Chronic	2		3 = High
			4 = Extreme

Poisons Schedule	S7
Classification ^[1]	Acute Toxicity (Oral) Category 1, Acute Toxicity (Dermal) Category 1, Skin Corrosion/Irritation Category 1A, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Acute Toxicity (Inhalation) Category 1, Germ Cell Mutagenicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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

H300	Fatal if swallowed.
H310	Fatal in contact with skin.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H330	Fatal if inhaled.
H341	Suspected of causing genetic defects.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P262	Do not get in eyes, on skin, or on clothing.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. If more than 15 mins from Doctor, INDUCE VOMITING (if conscious).
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P361+P364	Take off immediately all contaminated clothing and wash it before reuse.
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.

Precautionary statement(s) Storage

P403+P233	Store in a well-ventilated place. Keep container tightly closed.
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.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7664-38-2	1-10	<u>phosphoric acid</u>
7664-39-3	1-10	<u>hydrofluoric acid</u>
Not Available	Not Spec	surfactants
7732-18-5	>60	<u>water</u>

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	DO NOT delay. If this product or its vapours come in contact with the eyes, ► DO NOT DELAY: Immediately irrigate continuously by holding the eyelids apart and washing with fresh running water.
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	▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital, eye clinic or eye specialist, ophthalmologist without delay.
Skin Contact	DO NOT delay. If there is evidence of severe skin irritation or skin burns: ▶ Avoid further contact. Immediately remove contaminated clothing, including footwear. ▶ Flush skin under running water for 15 minutes. ▶ Avoiding contamination of the hands, massage calcium gluconate gel into affected areas, pay particular attention to creases in skin. ▶ Contact the Poisons Information Centre. ▶ Continue gel application for at least 15 minutes after burning sensation ceases. ▶ If pain recurs, repeat application of calcium gluconate gel or apply every 20 minutes. ▶ If no gel is available, continue washing for at least 15 minutes, using soap if available. If patient is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth. ▶ Transport to hospital, or doctor, urgently.
Inhalation	For massive exposures: ▶ If dusts, vapours, aerosols, 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. Perform CPR if necessary. ▶ If victim is conscious, give six calcium gluconate or calcium carbonate tablets in water by mouth. ▶ Transport to hospital, or doctor, urgently.
Ingestion	DO NOT delay. Rinse mouth out with plenty of water. Transport to hospital or doctor and seek immediate medical attention. DO NOT INDUCE vomiting. If patient is conscious, give six calcium gluconate or calcium carbonate tablets dissolved in water, by mouth.

Indication of any immediate medical attention and special treatment needed

Following acute or short term repeated exposure to hydrofluoric acid:

- ▶ Subcutaneous injections of Calcium Gluconate may be necessary around the burnt area. Continued application of Calcium Gluconate Gel or subcutaneous Calcium Gluconate should then continue for 3-4 days at a frequency of 4-6 times per day. If a "burning" sensation recurs, apply more frequently.
- ▶ Systemic effects of extensive hydrofluoric acid burns include renal damage, hypocalcaemia and consequent cardiac arrhythmias. Monitor haematological, respiratory, renal, cardiac and electrolyte status at least daily. Tests should include FBE, blood gases, chest X-ray, creatinine and electrolytes, urine output, Ca ions, Mg ions and phosphate ions. Continuous ECG monitoring may be required.
- ▶ Where serum calcium is low, or clinical, or ECG signs of hypocalcaemia develop, infusions of calcium gluconate, or if less serious, oral Sandocal, should be given. Hydrocortisone 500 mg in a four to six hourly infusion may help.
- ▶ Antibiotics should not be given as a routine, but only when indicated.
- ▶ Eye contact pain may be excruciating and 2-3 drops of 0.05% pentocaine hydrochloride may be instilled, followed by further irrigation

BIOLOGICAL EXPOSURE INDEX - BEI

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

Determinant	Index	Sampling Time	Comments
1. 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 seen 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

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous Avoid storage with glass, cement, concrete and other silicon materials; reaction produces toxic silicon tetrafluoride gas; which may pressurise and/or rupture containers. Avoid reaction with organic materials / compounds powdered metals reducing agents and hydrogen sulfide (H₂S) as ignition may result ▶ Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.
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Advice for firefighters

Fire Fighting	▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Consider evacuation (or protect in place). ▶ 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.
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Fire/Explosion Hazard	▶ Non combustible. ▶ Not considered to be a significant fire risk. ▶ 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. ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▶ May emit acid smoke. May emit corrosive fumes. Other decomposition products include: carbon dioxide (CO₂) hydrogen fluoride phosphorus oxides (PO_x)
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	▶ DO NOT touch the spill material Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Wear impervious gloves and safety glasses. Use soda ash or slaked lime to neutralise. Trowel up/scrape up. Place spilled material in clean, dry, sealable, labelled container. Flush spill area with water.
Major Spills	▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Neutralise/decontaminate residue (see Section 13 for specific agent). ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▶ DO NOT allow clothing wet with material to stay in contact with skin Use good occupational work practice. Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. Avoid all personal contact, including inhalation Wear protective clothing when risk of exposure occurs. Avoid contact with incompatible materials. WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material. ▶ Handle and open container with care When handling, DO NOT eat, drink or smoke. Keep containers securely sealed when not in use Avoid physical damage to containers. Wash hands with soap and water after handling. Work clothes should be laundered separately: NOT at home.
Other information	▶ Keep containers securely sealed Store in a cool, dry and well-ventilated area. ▶ Store away from incompatible materials. Floors should be covered or coated with acid resistant material. DO NOT stack on wooden pallets. ▶ DO NOT store in pits, depressions, basements or areas where vapours may be trapped Protect containers against physical damage ▶ Check regularly for spills and leaks

Conditions for safe storage, including any incompatibilities

Suitable container	▶ Polyethylene or polypropylene container. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Avoid storage with glass, cement, concrete and other silicon materials; reaction produces toxic silicon tetrafluoride gas; which may pressurise and/or rupture containers. ▶ DO NOT use unlined steel containers ▶ DO NOT use aluminium, galvanised or tin-plated containers ▶ Segregate from alkalis, oxidising agents and chemicals readily decomposed by acids, i.e. cyanides, sulfides, carbonates. ▶ combustible materials and metal oxides

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	phosphoric acid	Phosphoric acid	1 mg/m3	3 mg/m3	Not Available	Not Available
Australia Exposure Standards	hydrofluoric acid	Hydrogen fluoride (as F)	Not Available	Not Available	3 ppm / 2.6 mg/m3	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
phosphoric acid	Not Available	Not Available	Not Available
hydrofluoric acid	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
phosphoric acid	1,000 mg/m3	Not Available
hydrofluoric acid	30 ppm	Not Available
water	Not Available	Not Available

MATERIAL DATA

None assigned. Refer to individual constituents.

Exposure controls

Appropriate engineering controls	Use in a well-ventilated area 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.	
	General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in specific circumstances. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.	
	Type of Contaminant:	Air Speed:
	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)
	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)	
Within each range the appropriate value depends on:		
Lower end of the range		Upper end of the range
1: Room air currents minimal or favourable to capture		1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.		2: Contaminants of high toxicity
3: Intermittent, low production.		3: High production, heavy use
4: Large hood or large air mass in motion		4: Small hood-local control only
Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.		
Individual protection measures, such as personal protective equipment	   	
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 remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]	
Skin protection	See Hand protection below	
Hands/feet protection	▶ Barrier cream and ▶ Neoprene rubber gloves	

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	or · Nitrile rubber gloves (Note: Nitric acid penetrates nitrile gloves in a few minutes.) ▶ Elbow length PVC gloves ▶ Rubber boots ▶ PVC safety gumboots
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. Always ensure that a supply, is on hand, of calcium gluconate gel for treatment of burns and calcium carbonate tablets for accidental ingestion.

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:

Alum Bright

Material	CPI
NEOPRENE	A
BUTYL	C
BUTYL/NEOPRENE	C
NAT+NEOPR+NITRILE	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
NITRILE+PVC	C
PE	C
PVA	C
PVC	C
SARANEX-23	C
VITON	C
VITON/NEOPRENE	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 — <i>In order of recommendation</i>
AlphaTec® Solvex® 37-675
AlphaTec 02-100
AlphaTec® Solvex® 37-185
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® 38-612
DermaShield™ 73-711

The suggested gloves for use should be confirmed with the glove supplier.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	B-AUS P2	-	B-PAPR-AUS / Class 1 P2
up to 50 x ES	-	B-AUS / Class 1 P2	-
up to 100 x ES	-	B-2 P2	B-PAPR-2 P2 ^

^ - Full-face

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)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear green acidic liquid; mixes with water to form a foaming solution.		
Physical state	Liquid	Relative density (Water = 1)	1.14
Odour	Not Available	Partition coefficient n-octanol / water	Not Available

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Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	~1	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%)	~2
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema. Inhalation hazard is increased at higher temperatures. Acute effects of fluoride inhalation include irritation of nose and throat, coughing, chest discomfort, chills, fever and cyanosis (blue lips and skin). Even brief exposure to high concentrations of inorganic fluoride may cause sore throat, chest pains, pulmonary oedema, and in rare cases irreparable damage to the lungs, and death A single acute over-exposure may cause nose bleed. Pre-existing respiratory conditions such as emphysema, bronchitis may be aggravated by exposure. Occupational asthma may result from exposure. Acute inhalation exposures to hydrogen fluoride (hydrofluoric acid) vapours produce severe eye, nose, and throat irritation; delayed fever, cyanosis, and pulmonary edema; and may cause death. All individuals suspected of having inhaled hydrogen fluoride should seek medical attention and observation for pulmonary effects. This includes any individuals with hydrogen fluoride exposure to the head, chest or neck areas. If there is no initial upper respiratory irritation, significant inhalation exposure can generally be ruled out. Moderately concentrated solutions of hydrofluoric acid (>40%) tend to fume and emanate hydrogen fluoride gas when exposed to air, producing yet another exposure risk through inhalation. Even fairly low airborne concentrations of hydrogen fluoride produce rapid onset of eye, nose, and throat irritation. Hydrogen fluoride has a strong irritating odor that is discernible at concentrations of about 0.04 ppm. Higher concentrations of the vapour/ mist may cause corrosion of the throat, nose and lungs, leading to severe inflammation, pulmonary oedema or possible hypocalcaemia. Vapour concentration of 10 ppm is regarded as intolerable but a vapour concentration of 30 ppm. is considered by NIOSH as: Immediately Dangerous to Life and Health (IDLH). In humans, inhalation of hydrogen fluoride gas may cause immediate or delayed-onset pulmonary oedema after a 1-hour exposure. In addition, exposure to high concentrations of the vapours of hydrofluoric acid characteristically results in ulcerative tracheobronchitis and haemorrhagic pulmonary edema; this local reaction is equivalent to that caused by gaseous hydrogen chloride. From accidental, occupational, and volunteer exposures, it is estimated that the lowest lethal concentration for a 5-minute human exposure to hydrogen fluoride is in the range of 50 to 250 ppm. Significant exposures by dermal or inhalation route may cause hypocalcaemia and hypomagnesaemia; cardiac arrhythmias may follow. Acute renal failure has also been documented after an ultimately fatal inhalation exposure Fluorides are not bound to any extent to plasma proteins. In human serum the fluoride occurs equally as nonionic and ionic forms. when fluoride intake is high the ionic form predominates. Repeated sublethal exposures to hydrogen fluoride produce liver and kidney damage. Rats, rabbits, guinea pigs, and dogs subject to hydrogen fluoride inhalation experienced significant irritation of the conjunctivae, nasal tissues, and respiratory system after acute inhalation exposures at near-lethal levels. Pathological lesions were observed in the kidney and liver, and the severity of the lesions was dose related. The external nares and nasal vestibules were black, and, at dosages causing considerable mortality, those areas showed zones of mucosal and submucosal necrosis.
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	Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severely toxic effects. Relatively small amounts absorbed from the lungs may prove fatal.		
Ingestion	Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. Fluoride is a general protoplasmic poison which appears to produce at least four major functional derangements; (1) enzyme inhibition, (2) hypocalcaemia, (3) cardiovascular collapse and (4) specific organ damage. Hypocalcaemia which leads to severe reductions in plasma levels of both total calcium and ionic calcium, may appear several hours after exposure producing painful and involuntary muscular contractions (tetany) initially of the extremities (carpopedal spasm, twitching of limb muscles, laryngo-spasm, cardiospasm etc). Cardiovascular collapse is probably the principal cause of death in acute fluoride poisoning with sinus tachycardia the commonest cardiac finding and serious cardiac arrhythmias also common. Poisonings also cause major adverse effects on the brain and kidneys. Toxic effects may include headache, excessive salivation, rapid movements of the eyeball (nystagmus) and dilated pupils. Convulsions may occur but lethargy, stupor and coma are more common. Renal pathology (acute congestion) has been described in human casualties.		
Skin Contact	Skin contact with the material may produce severely toxic effects; systemic effects may result following absorption and these may be fatal. 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. The skin is readily penetrated by the fluoride ion causing liquefaction necrosis of the soft tissues and decalcification and corrosion of bone. Healing is delayed and necrotic changes may continue to occur and spread beneath a layer of tough coagulated skin. Percutaneous absorption of pure liquefied hydrogen fluoride gas produced severe hypocalcaemia, multiple attacks of ventricular fibrillation, and death 9.5 hours after exposure. Skin contact with hydrogen fluoride or solutions containing more than 30 percent hydrogen fluoride produces immediate pain; reactions to more dilute solutions may be delayed for many hours. The accompanying pain is excruciating and persistent due to delayed healing. Open cuts, abraded or irritated skin should not be exposed to this material Contact of the skin with liquid hydrofluoric acid (hydrogen fluoride) may cause severe burns, erythema, and swelling, vesiculation, and serious crusting. With more serious burns, ulceration, blue-gray discoloration, and necrosis may occur. Solutions of hydrofluoric acid, as dilute as 2%, may cause severe skin burns. Dermal burns may not be readily noticed or painful, unlike the warning properties of other acids. Skin contact with HF concentrations in the 20% to 50% range may not produce symptoms for one to eight hours. With concentrations less than 20%, the latency period may be up to twenty-four hours. A solution of only 1-2% HF exposed to greater than 10% of the body is fatal without medical attention; however dermal burns are not likely immediate. Fluoride ions form insoluble salts with calcium and magnesium in bodily tissue. Soluble salts can form with other cations, which dissociate rapidly causing further disruption and damage to tissue. The severe, throbbing pain associated with HF burns is thought to result from nerve irritation due to potassium cations entering the extracellular space to compensate for reduced calcium ion concentrations. Fluoride poisoning is associated with hypocalcemia (low calcium levels), hyperkalemia (high potassium levels), hypomagnesemia (low magnesium levels), and sudden death. Systemic hypocalcemia should be considered a risk whenever the body surface area of skin burns from concentrated hydrofluoric acid exceed 160 cm² (25 sq.in.), or about the size of the palm of your hand. Concentrated hydrogen fluoride burns can be fatal if only 2% of the body surface area is exposed. Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.		
Eye	Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness. Experiments in which a 20-percent aqueous solution of hydrofluoric acid (hydrogen fluoride) was instilled into the eyes of rabbits caused immediate damage in the form of total corneal opacification and conjunctival ischemia; within an hour, corneal stroma edema occurred, followed by necrosis of anterior ocular structures.		
Chronic	Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). Asthmatics appear to be at particular risk for pulmonary effects. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Long term exposure to vapour or dust with inorganic fluorides may result in fluorosis, with rheumatic symptoms, stiff joints, mottling of tooth enamel. Other signs may include nausea, vomiting, anorexia, diarrhoea or constipation, weight loss, anaemia, weakness and general ill-health. Polyuria and polydipsia may also occur. Exfoliative dermatitis, atopic dermatitis, stomatitis, gastrointestinal and respiratory allergy, and on occasions, central nervous system involvement have all been described. Repeated human exposures to hydrogen fluoride (6 hours/day for 10-50 days) at concentrations as high as 4.7 ppm were tolerated without severe adverse reaction. At concentrations exceeding 3 ppm, researchers noted burning and irritation of the eyes and nose and burning of the skin. Three subjects who inhaled approximately 3 ppm had severe urinary excretions of 6.7-9.4 mg fluoride/day. One epidemiological study was able to demonstrate that there was no significant change in pulmonary function resulting from occupational exposure to average concentrations of 1.02 ppm hydrogen fluoride. A further study indicated a threshold for minimal increases (Grade 1) in bone density (fluorosis) at less than 3.38 mg/m³ (4.3 ppm) hydrogen fluoride. Grade 1 fluorosis resulted in no medically recognised disability. Hydrogen fluoride readily penetrates the skin and causes decalcification and corrosion of the bone and underlying tissue (hypocalcaemia). Deaths due to hypocalcaemia have been cited in the literature. Ingestion will cause severe pain and burns in the mouth and throat. Profound and possibly fatal hypocalcaemia is likely to occur unless medical treatment is promptly initiated. Symptoms include spasm and twitching of the muscles, high fever, convulsion and general extreme pain. Inhalation may cause corrosion of the throat, nose and lungs, leading to severe inflammation, pulmonary oedema or possible hypocalcaemia. [NIOSH/TIC]		
Alum Bright	<table> <tr> <td>TOXICITY</td><td>IRRITATION</td></tr> </table>	TOXICITY	IRRITATION
TOXICITY	IRRITATION		

	Not Available	Not Available
phosphoric acid	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >1260 mg/kg ^[2]	Eye (rabbit): 119 mg - SEVERE [Monsanto]*
	Inhalation (Rat) LC50: 0.026 mg/L4h ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (Rat) LD50: 1530 mg/kg ^[2]	Skin (rabbit):595 mg/24h - SEVERE
hydrofluoric acid		Skin: adverse effect observed (corrosive) ^[1]
	TOXICITY	IRRITATION
water	Inhalation(Mouse) LC50; 342 ppm4h ^[2]	Eye (human): 50 mg - SEVERE
	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

PHOSPHORIC ACID	phosphoric acid (85%) for acid mists, aerosols, vapours Data from assays for genotoxic activity in vitro 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 airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events in vivo in the respiratory system, comparison should be made with the human stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH in vivo differ from exposures <i>in vitro</i> in that, <i>in vivo</i>, only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than in vitro. The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.
HYDROFLUORIC ACID	(liver and kidney damage) [Manufacturer] for hydrogen fluoride (as vapour) Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies. 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. The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation. Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence). The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.
PHOSPHORIC ACID & HYDROFLUORIC ACID & WATER	No significant acute toxicological data identified in literature search.
PHOSPHORIC ACID & HYDROFLUORIC ACID	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce 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.

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

Toxicity

Alum Bright	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
phosphoric acid	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	<7.5mg/l	2
	EC50	72h	Algae or other aquatic plants	77.9mg/l	2
	EC50	48h	Crustacea	>100mg/l	2
	LC50	96h	Fish	67.94-113.76mg/L	4
hydrofluoric acid	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	504h	Crustacea	3.7mg/l	2
	EC50	96h	Algae or other aquatic plants	43mg/l	2
	EC50	48h	Crustacea	97mg/l	2
	LC50	96h	Fish	51mg/l	2
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					

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
phosphoric acid	HIGH	HIGH
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
phosphoric acid	LOW (LogKOW = -0.7699)

Mobility in soil

Ingredient	Mobility
phosphoric acid	HIGH (Log KOC = 1)

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. ▶ Treat and neutralise at an effluent treatment plant. ▶ Use soda ash or slaked lime to neutralise. ▶ Recycle containers, otherwise dispose of in an authorised landfill.
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SECTION 14 Transport information

Labels Required

	 
Marine Pollutant	NO
HAZCHEM	2X

Land transport (ADG)

14.1. UN number or ID number	2922				
14.2. UN proper shipping name	CORROSIVE LIQUID, TOXIC, N.O.S. (contains hydrofluoric acid)				
14.3. Transport hazard class(es)	<table><tr><td>Class</td><td>8</td></tr><tr><td>Subsidiary Hazard</td><td>6.1</td></tr></table>	Class	8	Subsidiary Hazard	6.1
Class	8				
Subsidiary Hazard	6.1				
14.4. Packing group	II				

14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	274
	Limited quantity	1 L

Air transport (ICAO-IATA / DGR)

14.1. UN number	2922	
14.2. UN proper shipping name	Corrosive liquid, toxic, n.o.s. * (contains hydrofluoric acid)	
14.3. Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subsidiary Hazard	6.1
	ERG Code	8P
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	A3 A4 A803
	Cargo Only Packing Instructions	855
	Cargo Only Maximum Qty / Pack	30 L
	Passenger and Cargo Packing Instructions	851
	Passenger and Cargo Maximum Qty / Pack	1 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y840
	Passenger and Cargo Limited Maximum Qty / Pack	0.5 L

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	2922	
14.2. UN proper shipping name	CORROSIVE LIQUID, TOXIC, N.O.S. (contains hydrofluoric acid)	
14.3. Transport hazard class(es)	IMDG Class	8
	IMDG Subsidiary Hazard	6.1
14.4. Packing group	II	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	F-A , S-B
	Special provisions	274
	Limited Quantities	1 L

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
phosphoric acid	Not Available
hydrofluoric acid	Not Available
water	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
phosphoric acid	Not Available
hydrofluoric acid	Not Available
water	Not Available

SECTION 15 Regulatory information

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

phosphoric acid is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australian Inventory of Industrial Chemicals (AIIC)
hydrofluoric acid is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3
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 6

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

water is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (phosphoric acid; hydrofluoric acid; 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	23/12/2022
Initial Date	02/09/2011

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	07/03/2020	Classification change due to full database hazard calculation/update.
5.1	23/12/2022	Classification review due to GHS Revision 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
- ▶ 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

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