

POND SALT

Chemwatch GHS Safety Data Sheet
For Domestic Use Only.
Dec-23-2009
NC614TDP

CHEMWATCH 4658-36
Version No:4
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

POND SALT

PRODUCT USE

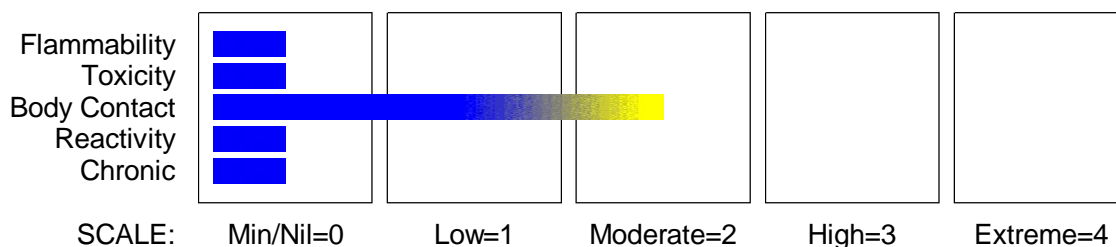
Used according to manufacturer's directions.

SUPPLIER

Company: Mars Fishcare Inc
Address:
50 East Hamilton Street
Chalfont
PA, 18914
USA
Telephone: +1 215 822 8181
Fax: +1 215 822 1906

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS



GHS Classification

Acute Toxicity (Oral) Category 5
Eye Irritation Category 2B
Respiratory Irritation Category 3
Skin Corrosion/Irritation Category 3



EMERGENCY OVERVIEW

continued...

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Section 2 - HAZARDS IDENTIFICATION

HAZARD

WARNING

Determined by Chemwatch using GHS criteria:

H335 H303 H316 H320

May cause respiratory irritation

May be harmful if swallowed

Causes mild skin irritation

Causes eye irritation

PRECAUTIONARY STATEMENTS

Prevention

Avoid breathing dust/fume/gas/mist/vapours/spray.

Wash thoroughly after handling.

Use only outdoors or in a well-ventilated area.

Response

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.

IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.

Call a POISON CENTER or doctor/physician if you feel unwell.

If skin irritation occurs: Get medical advice/ attention.

If eye irritation persists: Get medical advice/attention.

Storage

Store in a well-ventilated place. Keep container tightly closed.

Store locked up.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sodium chloride	7647-14-5	100

Section 4 - FIRST AID MEASURES

SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

EYE

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

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear.

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Section 4 - FIRST AID MEASURES

-
- Flush skin and hair with running water (and soap if available).
 - Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

NOTES TO PHYSICIAN

Treat symptomatically.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: metal oxides.
May emit corrosive fumes, hydrogen chloride.

FIRE INCOMPATIBILITY

None known.

PERSONAL PROTECTION

Glasses:
Chemical goggles.

Gloves:
PVC chemical resistant type.

Respirator:
Particulate

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up, shovel up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labelled container.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.

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Section 7 - HANDLING AND STORAGE

- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations

For major quantities:

- Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
- Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

US OSHA Permissible Exposure Levels (PELs)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Z	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³	Max excursion ppm	Max excursion mg/m ³	Max excursion duration (mins)	TWA F/CC
Z3	Inert or Nuisance Dust: (d) Respirable fraction		5								
Z3	Inert or Nuisance Dust: (d) Total dust		15								

Source	Material	TWA mg/m ³	Notes
US - Oregon Permissible Exposure Limits (Z3)	sodium chloride (Inert or Nuisance Dust: (d) Total dust)	10	*
US OSHA Permissible Exposure Levels (PELs) - Table Z3	sodium chloride (Inert or Nuisance Dust: (d) Respirable fraction)	5	
US OSHA Permissible Exposure Levels (PELs) - Table Z3	sodium chloride (Inert or Nuisance Dust: (d) Total dust)	15	
US - Hawaii Air Contaminant Limits	sodium chloride (Particulates not other wise regulated - Total dust)	10	
US - Hawaii Air Contaminant Limits	sodium chloride (Particulates not other wise regulated - Respirable fraction)	5	
US - Oregon Permissible Exposure Limits (Z3)	sodium chloride (Inert or Nuisance Dust: (d) Respirable fraction)	5	*
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	sodium chloride (Particulates not otherwise regulated Respirable fraction)	5	
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	sodium chloride (Particulates not otherwise regulated (PNOR)(f)- Respirable fraction)	5	
US - Michigan Exposure Limits for Air Contaminants	sodium chloride (Particulates not otherwise regulated, Respirable dust)	5	

MATERIAL DATA

AQUARIUM SALT:
Not available

SODIUM CHLORIDE:

It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of

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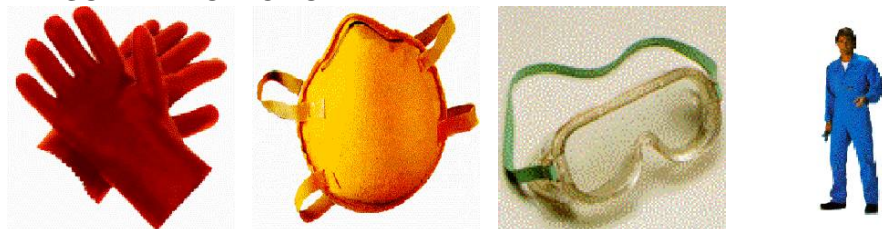
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workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

PERSONAL PROTECTION



EYE

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

HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

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RESPIRATOR

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

* - Negative pressure demand

** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

- 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.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered.

Such protection might consist of:

- (a): particle dust respirators, if necessary, combined with an absorption cartridge;
- (b): filter respirators with absorption cartridge or canister of the right type;
- (c): fresh-air hoods or masks.

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:

direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)

grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Air Speed:

1- 2.5 m/s (200- 500 f/min.)

2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 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

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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 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres 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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

White crystalline solid; partly soluble in water.

PHYSICAL PROPERTIES

State	Divided Solid	Molecular Weight	Not Applicable
Melting Range (°F)	Not Available	Viscosity	Not Applicable
Boiling Range (°F)	2669	Solubility in water (g/L)	Partly Miscible
Flash Point (°F)	Not Applicable	pH (1% solution)	Not Applicable
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not Applicable
Autoignition Temp (°F)	Not Applicable	Vapor Pressure (mmHg)	2.4 @ 747 deg C
Upper Explosive Limit (%)	Not Applicable	Specific Gravity (water=1)	2.16
Lower Explosive Limit (%)	Not Applicable	Relative Vapour Density (air=1)	Not Applicable
Volatile Component (%vol)	Not Applicable	Evaporation Rate	Not Applicable

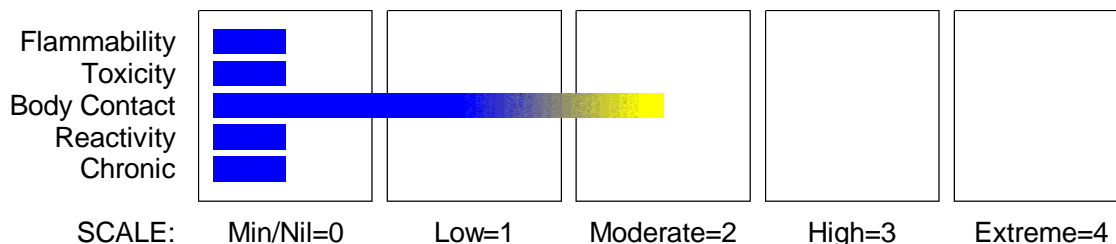
Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Product is considered stable and hazardous polymerisation will not occur.
For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

CHEMWATCH HAZARD RATINGS



POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

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SWALLOWED

The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (eg. liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

EYE

There is some evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

There is some evidence to suggest that the material may cause mild but significant inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.

INHALED

There is some evidence to suggest that this material, if inhaled, can irritate the throat and lungs of some persons.

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

Not normally a hazard due to non-volatile nature of product.

CHRONIC HEALTH EFFECTS

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. Prime symptom is breathlessness; lung shadows show on X-ray.

TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

SODIUM CHLORIDE:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Oral (rat) LD50: 3000 mg/kg
Oral (human) TDLo: 12357 mg/kg/23d
Intravenous (Mouse) LD50: 645 mg/kg
Oral (Human) TDLo: 12357 mg/kg
Subcutaneous (Rat) LD: 3500 mg/kg
Intraperitoneal (Mouse) LD50: 2602 mg/kg
Intravenous (Rabbit) LD: 1100 mg/kg
Subcutaneous (Guinea pig) LD: 2160 mg/kg
Intravenous (Guinea pig) LD: 300 mg/kg
Intraperitoneal (Rat) LD50: 2600 mg/kg

IRRITATION

Skin (rabbit): 500 mg/24h - Mild
Eye (rabbit): 10 mg - Moderate
Eye (rabbit): 100 mg/24h - Moderate

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin

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redness, swelling, the production of vesicles, scaling and thickening of the skin. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. Oral Lowest Toxic Dose (Human): 8.2 mg/kg

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

SODIUM CHLORIDE:

Although inorganic chloride ions are not normally considered toxic they can exist in effluents at acutely toxic levels (chloride >3000 mg/l). the resulting salinity can exceed the tolerances of most freshwater organisms.

Inorganic chlorine eventually finds its way into the aqueous compartment and as such is bioavailable. Incidental exposure to inorganic chloride may occur in occupational settings where chemicals management policies are improperly applied. The toxicity of chloride salts depends on the counter-ion (cation) present; that of chloride itself is unknown. Chloride toxicity has not been observed in humans except in the special case of impaired sodium chloride metabolism, e.g. in congestive heart failure. Healthy individuals can tolerate the intake of large quantities of chloride provided that there is a concomitant intake of fresh water.

Although excessive intake of drinking-water containing sodium chloride at concentrations above 2.5 g/litre has been reported to produce hypertension, this effect is believed to be related to the sodium ion concentration.

Chloride concentrations in excess of about 250 mg/litre can give rise to detectable taste in water, but the threshold depends upon the associated cations. Consumers can, however, become accustomed to concentrations in excess of 250 mg/litre. No health-based guideline value is proposed for chloride in drinking-water.

In humans, 88% of chloride is extracellular and contributes to the osmotic activity of body fluids. The electrolyte balance in the body is maintained by adjusting total dietary intake and by excretion via the kidneys and gastrointestinal tract. Chloride is almost completely absorbed in normal individuals, mostly from the proximal half of the small intestine. Normal fluid loss amounts to about 1.5-2 liters/day, together with about 4 g of chloride per day. Most (90 - 95%) is excreted in the urine, with minor amounts in faeces (4- %) and sweat (2%).

Chloride increases the electrical conductivity of water and thus increases its corrosivity. In metal pipes, chloride reacts with metal ions to form soluble salts thus increasing levels of metals in drinking-water. In lead pipes, a protective oxide layer is built up, but chloride enhances galvanic corrosion. It can also increase the rate of pitting corrosion of metal pipes.

DO NOT discharge into sewer or waterways.

TLm 96 > 1000 ppm

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Section 12 - ECOLOGICAL INFORMATION

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
sodium chloride	LOW		LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle where possible
Otherwise ensure that:
- licenced contractors dispose of the product and its container.
- disposal occurs at a licenced facility.

Section 14 - TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

Regulations for ingredients

sodium chloride (CAS: 7647-14-5) is found on the following regulatory lists;

"Canada Domestic Substances List (DSL)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (English)", "Canada Toxicological Index Service - Workplace Hazardous Materials Information System - WHMIS (French)", "OECD Representative List of High Production Volume (HPV) Chemicals", "US DOE Temporary Emergency Exposure Limits (TEELs)", "US Food Additive Database", "US Toxic Substances Control Act (TSCA) - Inventory"

No data for Aquarium Salt (CW: 4658-36)

Section 16 - OTHER INFORMATION

CONTACT

Mars Fishcare

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net/references.

The (M)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.

For detailed advice on Personal Protective Equipment, refer to the following U.S. Regulations and Standards:

OSHA Standards - 29 CFR:

1910.132 - Personal Protective Equipment - General requirements

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Section 16 - OTHER INFORMATION

1910.133 - Eye and face protection
1910.134 - Respiratory Protection
1910.136 - Occupational foot protection
1910.138 - Hand Protection
Eye and face protection - ANSI Z87.1
Foot protection - ANSI Z41
Respirators must be NIOSH approved.

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