

TRIPLE SULFA POWDER MEDICATION

Chemwatch Material Safety Data Sheet
Issue Date: 9-Jan-2006
B293EC

CHEMWATCH 4658-80
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

TRIPLE SULFA POWDER MEDICATION

STATEMENT OF HAZARDOUS NATURE

**CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR
1910.1200.**

SUPPLIER

Company: Aquarium Pharmaceuticals Incorporated
Address:
50 East Hamilton Street
Chalfont
PA, 18914
USA
Telephone: +1 215 822 8181
Fax: +1 215 822 1906

PRODUCT USE

Used according to manufacturers directions.

SYNONYMS

Section 2 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sodium chloride	7647-14-5	>60
sulfathiazole, sodium salt	144-74-1	10-30
sulfamethazine	57-68-1	1-10
sulfacetamide sodium	127-56-0	1-10
silica amorphous, fumed, crystalline free	112945-52-5	1-5

Section 3 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

continued...

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Section 3 - HAZARDS IDENTIFICATION

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual.

Sulfonamides and their derivatives can cause extensive kidney damage, and destroy red blood cells. Overdose may cause an accumulation of acid in the blood or a diminished blood sugar level with confusion and coma resulting. Predisposed persons can develop hypersensitivity reactions, including for topical application. Deaths have occurred due to hypersensitivity, anemia, imbalances in blood cell distribution and kidney and liver damage. 2-5 grams can be fatal. Sulfonamides cross the placental barrier, are excreted in the breast milk and may produce adverse effects in the fetus/ embryo and newborn, including loss of certain white blood cells causing immune function deficiency, anemia, jaundice and kernicterus.

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.

Eye drops with sulfonamides can cause local irritation, sensations of burning and stinging, blurred vision and loss of depth perception. The conjunctiva and cornea may become inflamed, and the cornea and lens may become clouded.

SKIN

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 characterized by redness, swelling and blistering.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

Inhalation may produce health damage*.

Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

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. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, on the basis that similar materials tested in appropriate animal studies provide some suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Prolonged oral treatment with sulfonamides has caused nausea, vomiting, diarrhea, abdominal pain, loss of appetite, inflammation of the mouth cavity, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver damage with impaired blood clotting, jaundice and inflammation of the pancreas. Effects on the kidney include blood and crystals in the urine, painful and frequent urination or lack of urine with nitrogen

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Section 3 - HAZARDS IDENTIFICATION

retention. Nervous system symptoms include headache, drowsiness, trouble sleeping, dizziness, ringing in the ears, hearing loss, depression, hallucinations, inco-ordination, paralysis of muscles, numbness in the extremities, spinal cord damage and inflammation, convulsions and unconsciousness. Effects on the blood includes a change in blood cell distribution with loss of white blood cells and platelets, and anemia, which Africans seem to be more prone to developing than Europeans. Cyanosis can occur owing to complexes being formed by hemoglobin. Eye effects include inflamed cornea and conjunctiva with eyelid swelling and in severe cases, fear of the light. Allergies and cross-sensitivity is common, and can cause itches, wheals and sometimes a severe red rash with blisters that is often fatal. This class of drugs can scar the cornea and conjunctiva, swelling around the eyes, painful and inflamed joints, reduced sperm counts, pneumonia, fever, chills, hair loss, inflammation of vessels, lupus, reduced lung function, infertility, hypothyroidism and goiter, and increased urinary output. More seriously, the lungs may become permanently scarred and there may be irreversible damage to the nervous system and muscles. Inflammation of the skin has occurred after the drug is ingested and has traveled through the bloodstream. Skin effects often occur when there has been exposure in conjunction with UV light. Clothed areas are initially less likely to be affected but may be in later stages. Rarely there may be persistence of inflammation on light contact even after the drug has been removed.

Section 4 - FIRST AID MEASURES

SWALLOWED

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

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.
- 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
- 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.
- Lay patient down. Keep warm and rested.
- Prosthesis such as false teeth, which may block airway, should be removed,

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Section 4 - FIRST AID MEASURES

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.
- Transport to hospital, or doctor.

NOTES TO PHYSICIAN

Treat symptomatically.

In cases of recent sulfonamide overdose the stomach should be emptied by aspiration and lavage. If kidney function is adequate, a saline purgative, such as sodium sulfate, 30 g in 250 ml water, may be given to promote peristalsis and elimination of sulfonamide in the urine may be assisted by giving alkalis, such as sodium bicarbonate and increasing fluid intake. Severe crystalluria may require ureteric catheterization and irrigation with warm 2.5% sodium bicarbonate solution. Treatment should be continued until it can be assumed that the sulfonamide has been eliminated. The majority of sulfonamides are metabolized to acetylated derivatives which retain the toxicity of the parent compound and thus may indicate more active removal when adverse effects are very severe. Active measures may include forced diuresis, peritoneal dialysis and charcoal hemoperfusion.

[Martindale: The Extra Pharmacopoeia, 28th Ed.].

Section 5 - FIRE FIGHTING MEASURES

Flash Point (°F): Not Applicable

Lower Explosive Limit (%): Not Applicable

Upper Explosive Limit (%): Not Applicable

Autoignition Temp (°F): Not Applicable

EXTINGUISHING MEDIA

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

FIRE FIGHTING

- Alert Emergency Responders and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding area.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

- Solid which exhibits difficult combustion or is difficult to ignite.
 - Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
 - Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
 - Build-up of electrostatic charge may be prevented by bonding and grounding.
 - Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.
- Combustion products include.
Decomposition may produce toxic fumes of, carbon dioxide (CO₂), hydrogen

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Section 5 - FIRE FIGHTING MEASURES

chloride, phosgene, nitrogen oxides (NO_x), sulfur oxides (SO_x), metal oxides, other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

Avoid contamination with oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result.

PERSONAL PROTECTION

Glasses:

Chemical goggles.

Gloves:

PVC chemical resistant type.

Respirator:

Particulate

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

MAJOR SPILLS

Moderate hazard.

- CAUTION: Advise personnel in area.
- Alert Emergency Responders and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

sodium chloride 500 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

sodium chloride 300 mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:

sodium chloride 40 mg/m³

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Section 6 - ACCIDENTAL RELEASE MEASURES

The threshold concentration below which most people will experience no appreciable risk of health effects:
sodium chloride 15 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

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.
- 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.

RECOMMENDED STORAGE METHODS

- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL m5/m ³	Peak ppm	Peak mg/m ³
Canada - Saskatchewan Occupational Health and Safety Regulations - Contamination Limits	sodium chloride		3		6		
Canada - Saskatchewan	sodium chloride		10		20		

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL m5/m ³	Peak ppm	Peak mg/m ³
Occupational Health and Safety Regulations - Contamination Limits Canada - Saskatchewan	sulfamethazine		3		6		
Occupational Health and Safety Regulations - Contamination Limits Canada - Saskatchewan	sulfamethazine		10		20		
Occupational Health and Safety Regulations - Contamination Limits Canada - Saskatchewan	sulfacetamide sodium		3		6		
Occupational Health and Safety Regulations - Contamination Limits Canada - Saskatchewan	sulfacetamide sodium		10		20		

The following materials had no OELs on our record under the following CAS or Chemwatch (CW) numbers

Triple Sulfa Powder Medication: No data available for CW:4658-80

sodium chloride: No data available for CAS:7647-14-5

sulfathiazole, sodium salt: No data available for CAS:144-74-1 CAS:6791-71-5 CAS:72-14-0

sulfamethazine: No data available for CAS:57-68-1

sulfacetamide sodium: No data available for CAS:127-56-0 CAS:6209-17-2

silica amorphous, fumed, crystalline free: No data available for CAS:112945-52-5 CAS:67256-35-3

EMERGENCY EXPOSURE LIMITS

Material	Original IDLH Value (ppm)	Original IDLH Value (mg/m ³)	Revised IDLH Value (mg/m ³)
silica amorphous, fumed, crystalline free	N.E.	N.E.	3,000

Not available. Refer to individual constituents.

EXPOSURE STANDARDS FOR MIXTURE

"Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

Composite Exposure Standard for Mixture (TWA) :2 mg/m³.

Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed.

Component Breathing Zone ppm Breathing Zone mg/m³ Mixture Conc (%).

Component	Breathing Zone (mg/m ³)	Mixture Conc (%)
silica amorphous, fumed, crystalline	2.0000	5.0

INGREDIENT DATA

SODIUM CHLORIDE:

Not available. Refer to individual constituents.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

For each of the following
SULFATHIAZOLE, SODIUM SALT:
SULFAMETHAZINE:
SULFACETAMIDE SODIUM:

Airborne particulate or vapor must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

SILICA AMORPHOUS, FUMED, CRYSTALLINE FREE:

TLV TWA: 2 mg/m³

ES TWA: 2 mg/m³

PERSONAL PROTECTION

EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses pose a special hazard; soft lenses may absorb irritants and all lenses concentrate them. DO NOT wear contact lenses.

HANDS/FEET

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocarbon
- polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

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.

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

65ºC).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

ENGINEERING CONTROLS

Unless written procedures, specific to the workplace are available, the following is intended as a guide:

- For Laboratory-scale handling of Substances assessed to be toxic by inhalation. Quantities of up to 25 grams may be handled in Class II biological safety cabinets *; Quantities of 25 grams to 1 kilogram may be handled in Class II biological safety cabinets* or equivalent containment systems Quantities exceeding 1 kg may be handled either using specific containment, a hood or Class II biological safety cabinet*,
- HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapors.
- The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated. Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated. When handling: Quantities of up to 25 grams, an approved respirator with HEPA filters or cartridges should be considered Quantities of 25 grams to 1 kilogram, a half-face negative pressure, full negative pressure, or powered helmet-type air purifying respirator should be considered. Quantities in excess of 1 kilogram, a full face negative pressure, helmet-type air purifying, or supplied air respirator should be considered.

Written procedures, specific to a particular work-place, may replace these recommendations

* For Class II Biological Safety Cabinets, Types B2 or B3 should be considered. Where only Class I, open fronted Cabinets are available, glove panels may be added, Laminar flow cabinets do not provide sufficient protection when handling these materials unless especially designed to do so.

Local exhaust ventilation usually required. If risk of overexposure exists, wear an approved respirator. Correct fit is essential to obtain adequate protection an approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Mixes with water.

Molecular Weight: Not Applicable
Melting Range (°C): Not Applicable
Solubility in water (g/L): Miscible
pH (1% solution): Not Applicable
Volatile Component (%vol): Not Applicable
Relative Vapor Density (air=1): Not Applicable
Lower Explosive Limit (%): Not Applicable
Autoignition Temp (°C): Not Applicable
State: Divided Solid

Boiling Range (°C): Not Applicable
Specific Gravity (water =1): 1.01
pH (as supplied): Not Applicable
Vapor Pressure (kPa): Not Applicable
Evaporation Rate: Not Applicable
Flash Point (°C): Not Applicable
Upper Explosive Limit (%): Not Applicable
Decomposition Temp (°C): Not Available
Viscosity: Not Applicable

APPEARANCE

White powder with no odour; soluble in water.

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

STORAGE INCOMPATIBILITY

Avoid strong acids, bases.
Avoid reaction with oxidizing agents.

Section 11 - TOXICOLOGICAL INFORMATION

Triple Sulfa Powder Medication

Not available. Refer to individual constituents.
unless otherwise specified data extracted from RTECS - Register of Toxic Effects
of Chemical Substances

SODIUM CHLORIDE:

TOXICITY

Oral (rat) LD50: 3000 mg/kg
Oral (human) TDLo: 12357 mg/kg/23d
Oral Lowest Toxic Dose (Human): 8.2 mg/kg Eye
(rabbit): 100 mg/24h - Moderate

IRRITATION

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

SULFATHIAZOLE, SODIUM SALT:

TOXICITY

Oral (Mouse) LD50: 3800 mg/kg
Intraperitoneal (Mouse) LD50: 1320 mg/kg
Subcutaneous (Mouse) LD50: 1434 mg/kg
Intravenous (Mouse) LD50: 708 mg/kg

IRRITATION

No significant acute toxicological data identified in literature search.

NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs
to a family of chemicals producing damage or change to cellular DNA.

Bacterial cell mutagen

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Section 11 - TOXICOLOGICAL INFORMATION

Equivocal tumorigen by RTECS criteria

SULFAMETHAZINE:

TOXICITY

Subcutaneous (rat) LD50: 2000 mg/kg
Oral (mouse) LD50: 50000 mg/kg
Intraperitoneal (mouse) LD50: 1060 mg/kg
Subcutaneous (mouse) LD50: 1440 mg/kg
Intravenous (mouse) LD50: 1776 mg/kg
Intravenous (rabbit) LD50: 2450 mg/kg
Inhalation (guinea) pig: LC50 770 ppm/4h
Somnolence, dyspnea recorded.

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.

IRRITATION

Nil Reported

SULFACETAMIDE SODIUM:

TOXICITY

Subcutaneous (mouse) LD50: 6000 mg/kg
Intraperitoneal (mouse) LD50: 974 mg/kg
Yeast cell mutagen

IRRITATION

Nil Reported

SILICA AMORPHOUS, FUMED, CRYSTALLINE FREE:

TOXICITY

Oral (rat) LD50: 3160 mg/kg
Dermal (rabbit) LD50: >5000 mg/kg *

IRRITATION

No data

* [Cabot]

Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.
Refer to data for ingredients, which follows:

SODIUM CHLORIDE:

TLm 96 > 1000 ppm

SULFATHIAZOLE, SODIUM SALT:

DO NOT discharge into sewer or waterways.

SULFAMETHAZINE:

"log Kow (Sangster 1997):" 0.28

DO NOT discharge into sewer or waterways.

SULFACETAMIDE SODIUM:

DO NOT discharge into sewer or waterways.

SILICA AMORPHOUS, FUMED, CRYSTALLINE FREE:

Zebra fish LC50(96hr): 10000 mg/L.

Daphnia magna LC50(24hr): 10000 mg/L.

No adverse effects on water purification plant if removed mechanically.

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

All waste must be handled in accordance with local, state and federal

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Section 13 - DISPOSAL CONSIDERATIONS

regulations.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

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

Section 15 - REGULATORY INFORMATION

RISK

None under normal operating conditions.

REGULATIONS

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

sulfathiazole, sodium salt (CAS: 144-74-1) is found on the following regulatory lists;

sulfamethazine (CAS: 57-68-1) is found on the following regulatory lists;

sulfacetamide sodium (CAS: 127-56-0) is found on the following regulatory lists;

sulfacetamide sodium (CAS: 6209-17-2) is found on the following regulatory lists;

silica amorphous, fumed, crystalline free (CAS: 112945-52-5) is found on the following regulatory lists;

No data available for sulfathiazole, sodium salt as CAS: 6791-71-5.

No data available for silica amorphous, fumed, crystalline free as CAS: 67256-35-3.

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

Inhalation and/or ingestion may produce health damage*.

May produce discomfort of the eyes and skin*.

Limited evidence of a carcinogenic effect*.

May affect fertility*.

May possibly be harmful to the foetus/ embryo*.

* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
sulfathiazole, sodium salt	144-74-1	R43
sulfacetamide sodium	127-56-0	R43
sulfacetamide sodium	6209-17-2	R43

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Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
sulfathiazole, sodium salt	144-74-1, 6791-71-5
sulfacetamide sodium	127-56-0, 6209-17-2
silica amorphous, fumed, crystalline free	112945-52-5, 67256-35-3

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