

## Liquid Pool Chlorine

### Nowchem

Version No: 1.2  
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 14/03/2016  
Revision Date: 22/01/2021  
L.GHS.AUS.EN

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

### Product Identifier

Product name	Liquid Pool Chlorine
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	HYPOCHLORITE SOLUTION
Other means of identification	Not Available

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

Relevant identified uses	Water sanitation and sterilising
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### Details of the supplier of the safety data sheet

Registered company name	Nowchem
Address	112A Albatross Road NSW Australia
Telephone	(02) 4421 4099
Fax	(02) 4421 4932
Website	<a href="http://www.nowchem.com.au">www.nowchem.com.au</a>
Email	<a href="mailto:sales@nowchem.com.au">sales@nowchem.com.au</a>

### Emergency telephone number


Association / Organisation	Nowchem
Emergency telephone numbers	(02) 4421 4099
Other emergency telephone numbers	0413 809 255

## 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	0		
Body Contact	4		0 = Minimum 1 = Low 2 = Moderate 3 = High 4 = Extreme
Reactivity	0		
Chronic	0		

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

### Label elements

## Liquid Pool Chlorine

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

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
AUH031	Contact with acid liberates toxic gas.

## Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.

## Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P234	Keep only in original container.

## Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/physician.
P321	Specific treatment (see advice on this label).
P363	Wash contaminated clothing before reuse.
P390	Absorb spillage to prevent material damage.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

## Precautionary statement(s) Storage

P405	Store locked up.
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## 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
7681-52-9	10-30	sodium hypochlorite

## SECTION 4 First aid measures

## Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>

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Inhalation	<ul style="list-style-type: none"> <li>▸ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▸ Lay patient down. Keep warm and rested.</li> <li>▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▸ 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.</li> <li>▸ Transport to hospital, or doctor, without delay.</li> <li>▸ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>▸ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> </ul>
Ingestion	<ul style="list-style-type: none"> <li>▸ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▸ Urgent hospital treatment is likely to be needed.</li> <li>▸ <b>If swallowed do NOT induce vomiting.</b></li> <li>▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▸ Observe the patient carefully.</li> <li>▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▸ Transport to hospital or doctor without delay.</li> </ul>

## Indication of any immediate medical attention and special treatment needed

For acute or repeated exposures to hypochlorite solutions:

- Release of small amounts of hypochlorous acid and acid gases from the stomach following ingestion, is usually too low to cause damage but may be irritating to mucous membranes. Buffering with antacid may be helpful if discomfort is evident.
- Evaluate as potential caustic exposure.
- Decontaminate skin and eyes with copious saline irrigation. Check exposed eyes for corneal abrasions with fluorescein staining.
- Emesis or lavage and catharsis may be indicated for mild caustic exposure.
- Chlorine exposures require evaluation of acid/base and respiratory status.
- Inhalation of vapours or mists may result in pulmonary oedema.

ELLENHORN and BARCELOUX: Medical Toxicology.

Excellent warning properties force rapid escape of personnel from chlorine vapour thus most inhalations are mild to moderate. If escape is not possible, exposure to high concentrations for a very short time can result in dyspnea, haemophysis and cyanosis with later complications being tracheobroncho-pneumonitis and pulmonary oedema. Oxygen, intermittent positive pressure breathing apparatus and aerosolised bronchodilators are of therapeutic value where chlorine inhalation has been light to moderate. Severe inhalation should result in hospitalisation and treatment for a respiratory emergency.

Any chlorine inhalation in an individual with compromised pulmonary function (COPD) should be regarded as a severe inhalation and a respiratory emergency. [CCINFO, Dow 1988] Effects from exposure to chlorine gas include pulmonary oedema which may be delayed. Observation in hospital for 48 hours is recommended. Diagnosed asthmatics and those people suffering from certain types of chronic bronchitis should receive medical approval before being employed in occupations involving chlorine exposure.

If burn is present, treat as any thermal burn, after decontamination.

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

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For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- Neutralising agents should never be given since exothermic heat reaction may compound injury.

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

## SECTION 5 Firefighting measures

## Extinguishing media

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

## Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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## Advice for firefighters

Fire Fighting	
Fire/Explosion Hazard	<ul style="list-style-type: none"> <li>▸ Non combustible.</li> <li>▸ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of:</p> <p>hydrogen chloride.</p> <p>May emit corrosive fumes.</p>

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## 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	<ul style="list-style-type: none"> <li>Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.</li> <li>Check regularly for spills and leaks.</li> <li>Clean up all spills immediately.</li> <li>Avoid breathing vapours and contact with skin and eyes.</li> <li>Control personal contact with the substance, by using protective equipment.</li> <li>Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>Wipe up.</li> <li>Place in a suitable, labelled container for waste disposal.</li> </ul>
Major Spills	

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

## SECTION 7 Handling and storage

## Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> <li>Avoid all personal contact, including inhalation.</li> <li>Wear protective clothing when risk of exposure occurs.</li> <li>Use in a well-ventilated area.</li> <li><b>WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.</b></li> <li>Avoid smoking, naked lights or ignition sources.</li> <li>Avoid contact with incompatible materials.</li> <li>When handling, <b>DO NOT eat, drink or smoke.</b></li> <li>Keep containers securely sealed when not in use.</li> <li>Avoid physical damage to containers.</li> <li>Always wash hands with soap and water after handling.</li> <li>Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>Use good occupational work practice.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
Other information	<ul style="list-style-type: none"> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>Store in a cool, dry, well-ventilated area.</li> <li>Store away from incompatible materials and foodstuff containers.</li> <li>Protect containers against physical damage and check regularly for leaks.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li><b>DO NOT store near acids, or oxidising agents</b></li> <li>No smoking, naked lights, heat or ignition sources.</li> </ul>

## Conditions for safe storage, including any incompatibilities

Suitable container	<p>Liquid inorganic hypochlorites shall not be transported in unlined metal drums. Inner packagings shall be fitted with vented closures and plastics drums and carboys shall have vented closures or be performance tested to a minimum of 250 kPa. All non-vented packagings shall be filled so that the ullage is at least 10% at 21-25 deg.C. Vented packagings may be filled to an ullage not less than 5% at 21-25 deg.C, provided that this ullage does not result in leakage from, nor distortion of, the packaging.</p> <ul style="list-style-type: none"> <li>Plastic pail.</li> <li>Polyliner drum.</li> <li>Packing as recommended by manufacturer (HDPE).</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul> <p>For low viscosity materials</p> <ul style="list-style-type: none"> <li>Drums and jerrycans must be of the non-removable head type.</li> <li>Where a can is to be used as an inner package, the can must have a screwed enclosure.</li> </ul>
Storage incompatibility	<ul style="list-style-type: none"> <li>Contact with acids produces toxic fumes</li> <li>Presence of rust (iron oxide) or other metal oxides catalyses decomposition of inorganic hypochlorites.</li> <li>Contact with water can cause heating and decomposition giving off chlorine and oxygen gases. Solid hypochlorites in contact with water or moisture may generate sufficient heat to ignite combustible materials. Thermal decomposition can be sustained in the absence of oxygen.</li> <li>Contact with acids produces toxic fumes of chlorine.</li> <li>Bottles of strong sodium hypochlorite solution (10-14% available chlorine) burst in storage due to failure of the cap designed to vent oxygen slowly during storage. A hot summer may have exacerbated the situation. Vent caps should be checked regularly (using full personal protection) and hypochlorites should not be stored in direct sunlight or at temperatures exceeding 18 deg. C</li> <li>Anhydrous solid hypochlorite may decompose violently on heating or if subject to friction.</li> <li>Inorganic hypochlorites reacts violently with many incompatible materials including fuels, oils, wood, paper, etc. which become readily ignitable. Avoid contact with peroxides glycerine, lubricating oil, combustibles, amines, solvents, charcoal, metal oxides and salts, copper, mercaptan, sulfur, organic sulfides, turpentine.</li> <li>Contact of hypochlorites with nitromethane, alcohols, glycerol, phenol or diethylene glycol monomethyl ether results in ignition.</li> <li>Ammonia or primary aliphatic or aromatic amines may react with hypochlorites to form N-mono- or di-chloramines which are explosively unstable (but less so than nitrogen trichloride). Contact in drains between effluents containing ammonium salts and hypochlorites and acid lead to the formation of nitrogen trichloride which decomposed explosively. Whilst cleaning a brewery tank, reaction between an acidified</li> </ul>

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- ammonium sulfate cleaning preparation and sodium hypochlorite, lead nitrogen chloride formation and violent explosion
- ▶ Interaction of ethyleneimine (aziridine) with hypochlorites gives an explosive N-chloro compound
  - ▶ Interaction of metal hypochlorites with nitrogenous materials may lead to the formation of nitrogen trichloride with explosive decomposition.
  - ▶ Metal oxides catalyse the oxygen decomposition of the hypochlorite.
  - ▶ Heating with carbon under confinement can result in explosion. Explosive interaction has occurred with carbonised food residues. After an attempt to clean these using bleach, and after heating, sodium chlorate appears to have been formed with consequent violent explosion
  - ▶ Removal of formic acid from industrial waste streams with sodium hypochlorite solutions produced explosion at 55 deg. C.
  - ▶ Explosions following reaction with methanol are attributed to formation of methyl hypochlorite.
  - ▶ When finely divided materials such as sugar, wood dust and paper are contaminated with hypochlorite solution they burn more readily when dry.
  - ▶ Calcium hypochlorite with over 60% 'active' chlorine ignites on contact with lubricating oils, damp sulfur, organic thiols or sulfides
  - ▶ Incompatible with sanitising bowl cleaners containing bisulfites.

Contact with acids produces toxic fumes of chlorine

## SECTION 8 Exposure controls / personal protection

## Control parameters

## Occupational Exposure Limits (OEL)

## INGREDIENT DATA

Not Available

## Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
sodium hypochlorite	Sodium hypochlorite pentahydrate	13 mg/m3	140 mg/m3	290 mg/m3
sodium hypochlorite	Sodium hypochlorite	2 mg/m3	290 mg/m3	1,800 mg/m3

Ingredient	Original IDLH	Revised IDLH
sodium hypochlorite	Not Available	Not Available

## Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
sodium hypochlorite	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m <sup>3</sup> )

**Notes:** Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.


## MATERIAL DATA

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 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.

## Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.</p> <p>An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> <li>▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> </ul>

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	<ul style="list-style-type: none"> <li>Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.</li> <li>Alternatively a gas mask may replace splash goggles and face shields.</li> <li>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]</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>Elbow length PVC gloves</li> <li>When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.</li> </ul>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>Overalls.</li> <li>PVC Apron.</li> <li>PVC protective suit may be required if exposure severe.</li> <li>Eyewash unit.</li> </ul>

## SECTION 9 Physical and chemical properties

## Information on basic physical and chemical properties

<b>Appearance</b>	Pale Yellow Green Liquid		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.20
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	12 - 13	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Available
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Non Flammable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 Toxicological information

## Information on toxicological effects

<b>Inhaled</b>	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
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	<p>irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of alkaline corrosives may produce irritation of the respiratory tract with coughing, choking, pain and mucous membrane damage. Pulmonary oedema may develop in more severe cases; this may be immediate or in most cases following a latent period of 5-72 hours. Symptoms may include a tightness in the chest, dyspnoea, frothy sputum, cyanosis and dizziness. Findings may include hypotension, a weak and rapid pulse and moist rales.</p> <p>The material has <b>NOT</b> been classified by EC Directives or other classification systems as 'harmful by inhalation'. This is because of the lack of corroborating animal or human evidence. In the absence of such evidence, care should be taken nevertheless to ensure exposure is kept to a minimum and that suitable control measures be used, in an occupational setting to control vapours, fumes and aerosols.</p>						
Ingestion	<p>Ingestion of alkaline corrosives may produce immediate pain, and circumoral burns. Mucous membrane corrosive damage is characterised by a white appearance and soapy feel; this may then become brown, oedematous and ulcerated. Profuse salivation with an inability to swallow or speak may also result. Even where there is limited or no evidence of chemical burns, both the oesophagus and stomach may experience a burning pain; vomiting and diarrhoea may follow. The vomitus may be thick and may be slimy (mucous) and may eventually contain blood and shreds of mucosa. Epiglottal oedema may result in respiratory distress and asphyxia. Marked hypotension is symptomatic of shock; a weak and rapid pulse, shallow respiration and clammy skin may also be evident. Circulatory collapse may occur and, if uncorrected, may produce renal failure. Severe exposures may result in oesophageal or gastric perforation accompanied by mediastinitis, substernal pain, peritonitis, abdominal rigidity and fever. Although oesophageal, gastric or pyloric stricture may be evident initially, these may occur after weeks or even months and years. Death may be quick and results from asphyxia, circulatory collapse or aspiration of even minute amounts. Death may also be delayed as a result of perforation, pneumonia or the effects of stricture formation.</p> <p>The material has <b>NOT</b> 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 (e.g. 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.</p> <p>Ingestion of hypochlorites may cause burning in the mouth and throat, abdominal cramps, nausea, vomiting, diarrhoea, pain and inflammation of the mouth and stomach, fall of blood pressure, shock, confusion, and delirium. Severe poisonings may lead to convulsion, coma and death. Ingestion irritates the mouth, throat, and stomach. The hypochlorous acid liberated in the stomach can cause wall perforation, toxemia, haemorrhage and death.</p> <p>Necrosis and haemorrhage of the upper digestive tract, oedema and pulmonary emphysema were found on autopsy after suicidal ingestion, and methaemoglobinaemia was also reported in another fatal case</p> <p>The material can produce severe chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p>						
Skin Contact	<p>The material can produce severe chemical burns following direct contact with the skin.</p> <p>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>Skin contact with alkaline corrosives may produce severe pain and burns; brownish stains may develop. The corroded area may be soft, gelatinous and necrotic; tissue destruction may be deep.</p> <p>Contact may cause severe itchiness, skin lesions and mild eczema.</p> <p>A 5.25% solution of sodium hypochlorite applied to intact human skin for 4 hours and observed at 4, 24 and 48 hours resulted in exudation and slight sloughing of the skin on 4 of 7 subjects.</p> <p>Two patients were reported with chronic allergic dermatitis of the hand related to sensitisation to sodium hypochlorite as the active component of laundry bleach</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p>						
Eye	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. Direct contact with alkaline corrosives may produce pain and burns. Oedema, destruction of the epithelium, corneal opacification and iritis may occur. In less severe cases these symptoms tend to resolve. In severe injuries the full extent of the damage may not be immediately apparent with late complications comprising a persistent oedema, vascularisation and corneal scarring, permanent opacity, staphyloma, cataract, symblepharon and loss of sight.</p> <p>Hypochlorite in pool water at concentrations of 1 ppm chlorine or less is non irritating to eyes if the pH is higher than 7.2 (slightly alkaline). At lower pH, a sensation of stinging, smarting of eyes with transient reddening may occur but generally no injury.</p> <p>Eye contact with a 5% hypochlorite solution may produce a temporary burning discomfort and slight irritation of the corneal epithelium with no injury</p> <p>The material can produce severe chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.</p>						
Chronic	<p>Repeated or prolonged exposure to corrosives 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.</p> <p>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.</p> <p>Reduced respiratory capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in coughing, severe chest pains, sore throat and haemoptysis (bloody sputum). Moderate to severe exposures over 3 years produced decreased lung capacity in a number of workers.</p> <p>Delayed effects can include shortness of breath, violent headaches, pulmonary oedema and pneumonia.</p> <p>Amongst chloralkali workers exposed to mean concentrations of 0.15 ppm for an average of 10.9 years a generalised pattern of fatigue (exposures of 0.5 ppm and above) and a modest increased incidence of anxiety and dizziness were recorded. Leukocytosis and a lower haematocrit showed some relation to exposure.</p> <p>On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p>						
Liquid Pool Chlorine	<table> <tr> <th>TOXICITY</th><th>IRRITATION</th></tr> <tr> <td>Not Available</td><td>Not Available</td></tr> </table>	TOXICITY	IRRITATION	Not Available	Not Available		
TOXICITY	IRRITATION						
Not Available	Not Available						
sodium hypochlorite	<table> <tr> <th>TOXICITY</th><th>IRRITATION</th></tr> <tr> <td>Dermal (rabbit) LD50: &gt;10000 mg/kg<sup>[1]</sup></td><td>Eye (rabbit): 10 mg - moderate</td></tr> <tr> <td>Oral(Rat) LD50: 0.005 mg/kg<sup>[1]</sup></td><td>Eye (rabbit): 100 mg - moderate</td></tr> </table>	TOXICITY	IRRITATION	Dermal (rabbit) LD50: >10000 mg/kg <sup>[1]</sup>	Eye (rabbit): 10 mg - moderate	Oral(Rat) LD50: 0.005 mg/kg <sup>[1]</sup>	Eye (rabbit): 100 mg - moderate
TOXICITY	IRRITATION						
Dermal (rabbit) LD50: >10000 mg/kg <sup>[1]</sup>	Eye (rabbit): 10 mg - moderate						
Oral(Rat) LD50: 0.005 mg/kg <sup>[1]</sup>	Eye (rabbit): 100 mg - moderate						



## Liquid Pool Chlorine

	Skin (rabbit): 500 mg/24h-moderate
<b>Legend:</b>	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

<b>Liquid Pool Chlorine</b>	<p>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.</p> <p>Hypochlorite salts are classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p> <p>Most of the data for toxicity of hypochlorites by the oral route are from studies performed with sodium hypochlorite or chlorine gas. In biological systems, characterised by pH values in the range of 6-8, the most abundant active chemical species is (hypochlorous acid) HOCl, in equilibrium with hypochlorite anion (ClO<sup>-</sup>). Such available chlorine is readily absorbed via the oral route and distributed into plasma, bone marrow, testis, kidney and lung. Only about 50% is excreted mainly with the urine followed by excretion with faeces. HOCl is not enzymatically metabolised.</p> <p><b>Acute toxicity:</b> The acute oral LD50 of calcium hypochlorite was 790 mg/kg in male rats. Inhalation exposures to concentrations of greater than about 500 ppm (10 min or more) may be fatal for rats. Based on human experience and control studies in volunteers, it can be concluded that the acute NOAEL for humans was considered to be 0.5 ppm (1.5 mg/m<sup>3</sup>).</p> <p>Hypochlorite salts are extremely corrosive and can cause severe damage to the eyes and skin. Calcium hypochlorite is reported to be corrosive to the skin and has severe effects that can be expected from exposure to the eyes, which is ascribable to the alkalinity of calcium cation (pH=12.0 at 1 % as free available chlorine (FAC<sup>*</sup>)). Moderate to severe lesions in the respiratory tract were reported after exposure to chlorine that may emerge in case of accidental misuse of hypochlorite salts. Exposure to chlorine at 9 ppm (27 mg/m<sup>3</sup>) for 6 h/day during 1, 3 and 5 days was reported to cause epithelial necrosis, cellular exfoliation, erosion, ulceration and squamous metaplasia in the nasal passage of rats and mice. For either of Ca or Na salt, reliable skin sensitisation studies are not available and case reports are available but no reliable case report could be found showing a sensitisation potential in humans.</p> <p><b>Repeat dose toxicity:</b> In a 13-week study, male and female F-344 rats (10/sex/group) received sodium hypochlorite (NaClO) in drinking water at level of 0.025, 0.05, 0.1, 0.2, or 0.4 %. A weight gain was significantly decreased in male rats at 0.2 and 0.4 % and in females at 0.4 %. These effects were dose related and obviously correlated with reduced water consumption. No histopathological changes attributable to the treatment were found. But an increase of AAT in the blood gave evidence of the adverse effects on the liver. Based on significant body-weight reduction at the top dose, a subchronic NOAEL of 59.5 mg/kg bw/day as free available chlorine (FAC<sup>*</sup>) (at 0.1% NaClO level in the drinking water) can be calculated for male rats.</p> <p>For female rats a subchronic NOAEL of 215.7 mg/kg bw/day as FAC (at 0.2 % NaClO level in the drinking water) can be calculated. A NOAEL of 950 ppm available chlorine (59.5 mg/kg bw/day) can be derived from a 13-week rat study with sodium hypochlorite in drinking water.</p> <p>In a life-time guideline NTP-study, 70 male and female F344 rats and B6C3F1 mice were administered chlorine via drinking water at dose levels of 0, 70, 140 and 275 mg (equivalent to FAC)/L in buffered water. These concentrations were equivalent to 0, 4.8, 7.5 and 13.9 mg/kg bw/day for male rats and 0, 3.8, 6.9 and 13.2 mg/kg bw/day for female rats. Mean body weights of male and female rats were similar among treated and control groups at both 14-week and 66-week interim evaluations. Those of male mice were significantly lower at week 66. Dose-related decrease in water consumption was observed throughout the study in both species and sexes. Food consumption was comparable among chlorine-treated and control groups. There were no clinical findings, alterations in haematological parameters and biologically significant differences in relative organ weights attributable to the treatment at 14/15-week and 66-week interim evaluations. Survival rate in chlorine-treated groups of rats and mice were similar to those of the controls after two groups. There was no evidence for non-neoplastic lesions to be associated with the consumption of chlorinated drinking water [NTP, 1992]. Based on these findings, a NOAEL (chronic) can be calculated to be approximately 14 mg available chlorine /kg bw/day for rats and 22.5 mg available chlorine /kg bw/day for mice.</p> <p><b>Reproductive toxicity:</b> No reproductive toxic effects were shown up to 5 mg/kg (highest dose tested) of sodium salt (equivalent to 4.8 mg/kg of calcium salt) in a one generation oral study in rats. No evidence of adverse developmental effects were reported in animals. Moreover, epidemiological studies in humans did not show any evidence of toxic effects on reproduction and development.</p> <p><b>Genotoxicity:</b> There are data from in vitro studies to suggest that solutions of chlorine/hypochlorite have some mutagenic potential, but it can be concluded that they are not mutagenic in vivo.</p> <p>No carcinogenicity was observed in mice or rats exposed by inhalation to chlorine and orally to sodium hypochlorite, except some equivocal results were reported for female rats by oral route. For human carcinogenicity, no causal relationship between hypochlorite exposure and tumour incidence was observed. The observation is applicable to calcium hypochlorite.</p> <p>A number of fibrosarcomas and squamous cell carcinomas were observed in mice treated dermally with repeated subcarcinogenic doses of 4-nitroquinoline-1-oxide, followed by dermal treatment with sodium hypochlorite.</p>
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<b>Acute Toxicity</b>	✗	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	✗
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✗
<b>Respiratory or Skin sensitisation</b>	✗	<b>STOT - Repeated Exposure</b>	✗
<b>Mutagenicity</b>	✗	<b>Aspiration Hazard</b>	✗

**Legend:** ✗ – Data either not available or does not fill the criteria for classification  
 ✓ – Data available to make classification

## SECTION 12 Ecological information

## Toxicity

<b>Liquid Pool Chlorine</b>	<b>Endpoint</b>	<b>Test Duration (hr)</b>	<b>Species</b>	<b>Value</b>	<b>Source</b>
	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...



## Liquid Pool Chlorine

sodium hypochlorite	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>0.023-<0.052mg/L	4
	EC50	48	Crustacea	0.01mg/L	4
	EC50	72	Algae or other aquatic plants	0.018mg/L	2
	NOEC	72	Algae or other aquatic plants	0.005mg/L	2
<b>Legend:</b> Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data					

For chlorine:

#### Environmental fate:

Atmospheric chlorine produced as a result of such process as disinfection forms hydrochloric (HCl) or hypochlorous (HOCl) acid in the atmosphere, either through reactions with hydroxy radicals or other trace species such as hydrocarbons. These acids are believed to be removed from the atmosphere primarily through precipitation washout (i.e. wet deposition as chlorine is scrubbed out by rain in the subcloud layer) or dry deposition as gaseous chlorine contacts and reacts with the earth's surface.

**Water** chlorination, resulting from municipal and industrial wastewater treatment and cooling water disinfection, initially introduces chlorine into the water as chlorine gas, hypochlorite ion (OCl<sup>-</sup>), or its salt. These forms of chlorine are termed free residual chlorines (FRC). Chlorine in aqueous systems volatilises or quickly decays to residual forms such as hypochlorous acid, chloramine and chlorinated organics. Aquatic chemistry is determined by aquatic factors including pH, ammonium ion (which combines with chlorine to produce chloramine) and certain other reducing agents. Inorganic reducing agents in estuarine waters include sulfur, iron and manganese. Other organic compounds in water also contribute to chlorine decay rate. The reactions of chlorine or hypochlorites in water produce a number of by-products many of which have been implicated as genotoxic or tumourigenic. Chlorine, added to drinking water as chlorine gas (Cl<sub>2</sub>) or hypochlorite salts (e.g., NaOCl), effectively inactivates bacteria in 20 minutes at concentrations of 0.03 to 0.06 mg/l at pH range of 7.0 to 8.5 and temperature range of 4 deg.C to 22 deg.C.

Chlorine disinfectants in wastewater react with organic matters, giving rise to organic chlorine compounds such as AOX (halogenated organic compounds absorbable on activated carbon), which are toxic for aquatic organisms and are persistent environmental contaminants.

Chlorine hydrolyses very rapidly in water (rate constants range from 1.5 x 10<sup>-4</sup> at deg. C to 4.0 x 10<sup>-4</sup> at 25 deg.C; half-life in natural waters, 0.005 seconds. In fresh and wastewaters at pH >6, complete hydrolysis occurs with the formation of hypochlorous acid (HOCl) and chloride ion (Cl<sup>-</sup>). The hypochlorous acid ionizes to hydrogen ion (H<sup>+</sup>) and hypochlorite ion (OCl<sup>-</sup>). At pH values >5, OCl<sup>-</sup> predominates; at pH values <5, HOCl predominates. Free chlorine (Cl<sub>2</sub>, HOCl, and OCl<sup>-</sup>) reacts rapidly with inorganics such as bromide and more slowly with organic material present in natural waters. These reactions yield chloride, oxidised organics, chloroorganics (including trihalomethanes), oxygen, nitrogen, chlorate, bromate and bromoorganics.

Chlorine's ultimate aqueous fate is chloride.

Vapourisation of molecular chlorine (Cl<sub>2</sub>) from water to the atmosphere may be significant at low pH values and high concentrations (e.g., pH 2 and 3500 mg/l chlorine), but is insignificant at neutral pH and low concentrations.

**Vegetation** acts as an important sink for chlorine air pollution. Plant exposure to elevated levels of chlorine can cause plant injury; however chlorine tends to be rapidly converted to other less toxic forms.

**Atmospheric:** When chlorine, hypochlorous acid or hydrogen chloride mixes in the atmosphere with water vapour, dilute solutions of strong mineral acids are formed that fall to earth as acid rain, snow, and fog, or acidified dry particles.

Chlorine may react with soil components to form chlorides; depending on their water solubility, these chlorides are easily washed out from the soil.

**Bioaccumulation/ bioconcentration:** There is no potential for the bioaccumulation or bioconcentration of chlorine.

#### Ecotoxicity:

Fish LC50 (96 h): 0.015-13.5 mg/l

Chlorine has high acute toxicity to aquatic organisms; many toxicity values are less than or equal to 1 mg/l. Twenty-four-hour LC50 values range from 0.076 to 0.16 mg/l for *Daphnia magna* (water flea) and from 0.005 to 0.1 mg/l for *Daphnia pulex* (cladoceran); 48-hour LC50 values range from 5.3 to 12.8 mg/l for *Nitocra spinipes* (snail); and 96-hour LC50 values range from 0.13 to 0.29 mg/L for *Oncorhynchus mykiss* (rainbow trout), from 0.1 to 0.18 mg/l for *Salvelinus fontinalis* (brook trout), and from 0.71-0.82 mg/l for *Lepomis cyanellus* (green sunfish).

Papillomas of the oral cavity in fish have been associated with exposure to chlorinated water supplies.

Chlorine is phytotoxic but is also essential to plant growth; crops need around 2 kg or more of chlorine per acre. Acute toxicity to plants is characterized by defoliation with no leaf symptoms and, in higher plant forms, by spotting of the leaves (at 1.5 mg/m<sup>3</sup>) and marginal and interveinal injury (at 150-300 mg/m<sup>3</sup>).

Data from experimental studies indicate that injury to animals occurs only in the presence of high concentrations of chlorine, either in drinking water or the ambient atmosphere.

[http://www.epa.gov/chemfact/s\\_chlori.txt](http://www.epa.gov/chemfact/s_chlori.txt)

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for hypochlorites:

#### Environmental fate:

**NOTE:** Hypochlorite ion is predominant at alkaline pH values, while Cl<sub>2</sub> is mainly present at pH below 4. Therefore the concentration of chlorine in an aqueous solution is generally expressed as free available chlorine (FAC) which is the sum of Cl<sub>2</sub> + HOCl + ClO<sup>-</sup>, regardless whether these species stem from dissolved gaseous chlorine or from dissolved sodium/calcium hypochlorite.

Hypochlorite anion dissolved in water is brought to equilibrium between active chlorine species like chlorine (Cl<sub>2</sub>), hypochlorous acid (HOCl) or hypochlorite ClO<sup>-</sup>. The relative amounts of the components are dependent on ionic strength and pH. At the pH in the natural environment (6-8), HOCl or ClO<sup>-</sup> is dominating (HOCl: pKa = 7.53). A diluted aqueous solution of HOCl will decompose very slowly in the dark, but more rapidly in the presence of light, particularly rapidly in full sun light, by producing hydrogen chloride and oxygen. Some chlorine and chloric acid (HClO<sub>3</sub>) may also develop. The physico-chemical properties indicate that chlorine released into the environment as HClO or Cl<sub>2</sub> is distributed into water and air. Consequently, the effects that may manifest in the natural environment are considered common to those assessed for the other source of hypochlorite.

In the natural water, in the presence of organic or inorganic compounds, the free available chlorine immediately reacts forming various chlorinated and/or oxidized by-products e.g. chloramines or chloromethanes. They are mainly distributed to the hydrosphere, but are also able to transfer to some extent to the atmosphere depending on their intrinsic properties.

A potential for bioaccumulation or bioconcentration of active chlorine species can be disregarded, because of their water solubility and their high reactivity.

In fresh water, the hypochlorites break down rapidly into non-toxic compounds when exposed to sunlight. In seawater, chlorine levels decline rapidly; however, hypobromite (which is acutely toxic to aquatic organisms) is formed. Sodium and calcium hypochlorite are low in toxicity to avian wildlife, but they are highly toxic to freshwater fish and invertebrates.

Hypochlorite is a highly reactive chemical which, during and after its use in household scenarios, undergoes a variety of reactions. The major one is the oxidation of inorganic and organic species.

A minor reaction, which consumes about 1.5% of the chlorine atoms from hypochlorite, is chlorination, which leads to formation of organohalogen by-products that are often measured by the group parameter, AOX.

Hypochlorite itself is rapidly broken down during use, in the sewer, and if any does reach sewage treatment it will further degrade (half-life of around 0.6 minutes). Predictions have indicated that its concentration will fall to below 1.E-32 ug/l by the end of the sewer, partially due to its reaction with ammonia in the sewer which leads to a subsequent increase in chloramine.

The organohalogen by-products formed from the use of hypochlorite are currently receiving much attention. However, the levels of AOX produced are low (for example, 37 ug/l from bleach use compared to a sewage background level of 106 ug/l), and the organohalogen produced from domestic use of hypochlorite are not believed to have an adverse effect on the environment. Available data indicate that no dioxins are produced, and that the identified AOXs are typically small molecules with a low degree of chlorination and for which ecotoxicological properties are known or can be predicted. Where drinking water is disinfected by chlorination, the levels of organohalogen in sewage effluent arising from bleach use will be comparable with, and sometimes only a fraction of, those arising from the tap-water. After secondary sewage treatment, the levels entering receiving waters will be of the same order of magnitude as background levels typically present in rivers, though the total flux in rivers from natural sources will be much greater.

The majority of the measured AOX is unidentified, but thought to consist of high molecular weight components formed from fats, proteins and humic acids which are too large to bioaccumulate.

In addition, studies on the whole AOX mixture in laundry waste-water indicated that the level of AOX present did not effect growth or reproduction of *Ceriodaphnia*, and that around 70% is removed in activated sludge.

#### Ecotoxicity:

The level of chloramine reaching surface water is estimated to be below 5.E-10 ug/l. Both these concentrations are orders of magnitude below the lowest acute EC50s determined for

## Liquid Pool Chlorine

sodium hypochlorite (EC50 to invertebrates = 5 ug/l) and monochloramine (EC50 to invertebrates = 16 ug/l).

Valid freshwater short-term toxicity data are available only for invertebrates: the LC50 for Ceriodaphnia dubia is 5 ug FAC/l (FAC=Free available chlorine). Adequate standard acute tests in fish are not available, but from many reliable studies performed under intermittent exposure conditions a 96h LC50 of 60 ug TRC/L and a 168 h LC50 of 330 ug TRC/L can be derived (TRC = total residual chlorine = the sum of combined and free residual available chlorine). Due to the intermittent regime (three 45 minutes pulses per day) a 96h LC50 << 60 ug TRC/l can be expected for fish in a standard test. Most lowest result for algae is reported for Thalassiosira pseudonana with a LC50 of 75 ug/L (20 deg C).

Regarding long-term toxicity to freshwater organisms, the lowest NOEC was 5 ug/L (Ictalurus punctatus, 133 d, growth). In microcosm and field studies the most sensitive parameter was the density of zooplankton with a NOEC of 1.5 ug TRC/L, and zooplankton is more sensitive to chlorine than algae.

For salt water, valid short-term toxicity data are available for mollusks and for fish (Oncorhynchus kisutch 96 h LC50 = 32 ug TRO/L) (TRO = Total Residual Oxidant) showing comparable sensitivity. For long term toxicity the molluscs are more sensitive than fish showing a 15 d NOEC of 6.2 ug TRO/L. It is impossible to delineate representative toxicity indicator figures because of the unique feature of the chemical to be tested in standard methods. However, the accumulated scientific information covering a wide range of species, temperature, application regime or field studies can be used for the hazard assessment.

Prevent, by any means available, spillage from entering drains or water courses.

**DO NOT discharge into sewer or waterways.**

## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

## Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

## Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

## SECTION 13 Disposal considerations

## Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> <li>Containers may still present a chemical hazard/ danger when empty.</li> <li>Return to supplier for reuse/ recycling if possible.</li> <li>Otherwise: <ul style="list-style-type: none"> <li>If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li><b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>It may be necessary to collect all wash water for treatment before disposal.</li> <li>In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>Where in doubt contact the responsible authority.</li> <li>Recycle wherever possible.</li> <li>Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.</li> <li>Treat and neutralise at an approved treatment plant.</li> <li>Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material).</li> <li>Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.</li> </ul> </li> </ul>
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## SECTION 14 Transport information

## Labels Required

	
Marine Pollutant	NO
HAZCHEM	2X

## Land transport (ADG)

UN number	1791
UN proper shipping name	HYPOCHLORITE SOLUTION
Transport hazard class(es)	Class 8
	Subrisk Not Applicable
Packing group	III
Environmental hazard	Not Applicable
Special precautions for user	Special provisions 223
	Limited quantity 5 L

## Liquid Pool Chlorine

## Air transport (ICAO-IATA / DGR)

UN number	1791		
UN proper shipping name	Hypochlorite solution		
Transport hazard class(es)	ICAO/IATA Class	8	
	ICAO / IATA Subrisk	Not Applicable	
	ERG Code	8L	
Packing group	III		
Environmental hazard	Not Applicable		
Special precautions for user	Special provisions	A3 A803	
	Cargo Only Packing Instructions	856	
	Cargo Only Maximum Qty / Pack	60 L	
	Passenger and Cargo Packing Instructions	852	
	Passenger and Cargo Maximum Qty / Pack	5 L	
	Passenger and Cargo Limited Quantity Packing Instructions	Y841	
	Passenger and Cargo Limited Maximum Qty / Pack	1 L	

## Sea transport (IMDG-Code / GGVSee)

UN number	1791		
UN proper shipping name	HYPOCHLORITE SOLUTION		
Transport hazard class(es)	IMDG Class	8	
	IMDG Subrisk	Not Applicable	
Packing group	III		
Environmental hazard	Not Applicable		
Special precautions for user	EMS Number	F-A , S-B	
	Special provisions	223 274 900	
	Limited Quantities	5 L	

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

Not Applicable

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

Product name	Group
sodium hypochlorite	Not Available

## Transport in bulk in accordance with the ICG Code

Product name	Ship Type
sodium hypochlorite	Not Available

## SECTION 15 Regulatory information

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

## sodium hypochlorite 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  
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

Australian Inventory of Industrial Chemicals (AIIC)  
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

## National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (sodium hypochlorite)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes

Continued...

## Liquid Pool Chlorine

National Inventory	Status
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
<b>Legend:</b>	<i>Yes = All CAS declared ingredients are on the inventory</i> <i>No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)</i>

## SECTION 16 Other information

Revision Date	22/01/2021
Initial Date	09/03/2016

## 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  
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

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