

MAGNESIUM PERCHLORATE

ROWE SCIENTIFIC

Chemwatch: 1475

Version No: 8.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 14/11/2022

Print Date: 14/11/2022

L.GHS.AUS.EN.E

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

Product Identifier

Product name	MAGNESIUM PERCHLORATE
Chemical Name	magnesium perchlorate
Synonyms	CM2900, CM2903, CM2904, CM2905, CM2910, CM2915, CM2920, CM2922, CM2926
Proper shipping name	MAGNESIUM PERCHLORATE
Chemical formula	Cl-H-O4 .1/2 Mg
Other means of identification	Not Available
CAS number	10034-81-8

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

Relevant identified uses	As a drying agent for gases. The article of commerce may contain an amount of water equivalent to a dihydrate, but even the trihydrate is said to be effective for drying gases.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	ROWE SCIENTIFIC
Address	11 Challenge Boulevard Wangara WA 6065 Australia
Telephone	+61 8 9302 1911
Fax	+61 8 9302 1905
Website	http://rowe.com.au/
Email	rowewa@rowe.com.au

Emergency telephone number


Association / Organisation	ROWE SCIENTIFIC
Emergency telephone numbers	+61 8 9302 1911 (24 Hrs)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Oxidizing Solids Category 2, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2A, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H272	May intensify fire; oxidiser.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H335	May cause respiratory irritation.
AUH014	Reacts violently with water.

Precautionary statement(s) Prevention

MAGNESIUM PERCHLORATE

P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P271	Use only outdoors or in a well-ventilated area.
P220	Keep away from clothing and other combustible materials.
P261	Avoid breathing dust/fumes.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P370+P378	In case of fire: Use dry agent to extinguish.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

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

CAS No	%[weight]	Name
10034-81-8	>98	magnesium perchlorate

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available

Mixtures

See section above for composition of Substances

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"> Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> 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.
Inhalation	<ul style="list-style-type: none"> If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay.
Ingestion	<ul style="list-style-type: none"> 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. Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Magnesium is present in the blood, as a normal constituent, at concentrations between 1.6 to 2.2 meq/L. Some 30% is plasma bound. At serum magnesium levels of 3-4 meq/L, signs of CNS depression, loss of reflexes, muscular tone and power, and bradycardia occur. Cardiac arrest (sometimes fatal) and/or respiratory paralysis can occur at plasma levels of 10-15 meq/L. For acute or short term repeated exposures to magnesium:

- Symptomatic hypermagnesaemia appears rarely in the absence of intestinal or renal disease.
- Elevated magnesium levels may cause hypocalcaemia because of decreased parathyroid hormone activity and decreased end-organ responsiveness.
- Patients with severe hypermagnesaemia may develop sudden respiratory arrest and must be watched closely for apnoea.
- Use fluids, then vasopressors for hypotension. Frequently hypotension responds to calcium administration.
- Induce emesis or administer lavage if patient presents within 4 hours of ingestion. Use sodium cathartics, with caution, in presence of cardiac or renal failure.
- Activated charcoal is not useful.

- ▶ Calcium is an antagonist of magnesium action and is an effective antidote when serum levels exceed 5 meq/L and the patient exhibits symptoms. The adult dose of calcium gluconate is 10 ml of a 10% solution over several minutes. [Ellenhorn and Barceloux: Medical Toxicology]

Antithyroid effects produced by the perchlorates may be reversed with iodine. Patients should be warned to report the development of sore throat, fever or rashes since these are indicative of blood abnormalities.

For chlorates:

For severe intoxication: Empty the stomach by lavage and aspiration or by emesis, give demulcents or sweetened drinks and maintain respiration. Pethidine may be given if required. A 1% solution of sodium thiosulfate may be used for lavage and may also be given by intravenous infusion. Haemodialysis, peritoneal dialysis or exchange perfusions may be of value in removing chlorate from the blood. Forced diuresis should not be attempted if there is inadequate urine input.

MARTINDALE: The Extra Pharmacopoeia, 27th Edition

The high sensitivity of glucose-6-phosphate dehydrogenase to denaturation by chlorate explains the inefficacy of methylene blue to reduce methaemoglobin formed, as the antidotal effect of methylene blue depends on NADPH formed mainly by the oxidation of glucose-6-phosphate. The observed changes occur only in the presence of methaemoglobin which forms a destabilising complex with chlorate. Methaemoglobin thus autocatalytically increases methaemoglobin formation and destruction of the erythrocyte.

SECTION 5 Firefighting measures

Extinguishing media

FOR SMALL FIRE:

- ▶ USE FLOODING QUANTITIES OF WATER.
- ▶ **DO NOT** use dry chemical, CO₂, foam or halogenated-type extinguishers.

FOR LARGE FIRE

- ▶ Flood fire area with water from a protected position

Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> ▶ Avoid storage with reducing agents. ▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Fight fire from a safe distance, with adequate cover. ▶ Extinguishers should be used only by trained personnel. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ Avoid spraying water onto liquid pools. ▶ 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. ▶ If fire gets out of control withdraw personnel and warn against entry. ▶ Equipment should be thoroughly decontaminated after use. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by any means available, spillage from entering drains or water course. ▶ Consider evacuation (or protect in place). ▶ DO NOT use water on fires. ▶ Avoid spraying water onto liquid pools. ▶ Do not approach containers suspected to be hot. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Will not burn but increases intensity of fire. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ Heat affected containers remain hazardous. ▶ Contact with combustibles such as wood, paper, oil or finely divided metal may produce spontaneous combustion or violent decomposition. ▶ May emit irritating, poisonous or corrosive fumes. <p>Decomposition may produce toxic fumes of: hydrogen chloride metal oxides</p>
HAZCHEM	1Y

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"> ▶ Clean up all spills immediately. ▶ No smoking, naked lights, ignition sources. ▶ Avoid all contact with any organic matter including fuel, solvents, sawdust, paper or cloth and other incompatible materials, as ignition may result. ▶ Avoid breathing dust or vapours and all contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment. ▶ Contain and absorb spill with dry sand, earth, inert material or vermiculite. ▶ DO NOT use sawdust as fire may result.
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	<ul style="list-style-type: none"> ▶ Scoop up solid residues and seal in labelled drums for disposal. ▶ Neutralise/decontaminate area.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ May be violently or explosively reactive. ▶ Wear breathing apparatus and protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ No smoking, flames or ignition sources. ▶ Increase ventilation. ▶ Contain spill with sand, earth or other clean, inert materials. ▶ NEVER USE organic absorbents such as sawdust, paper or cloth. ▶ Use spark-free and explosion-proof equipment. ▶ Collect any recoverable product into labelled containers for possible recycling. ▶ Avoid contamination with organic matter to prevent subsequent fire and explosion. ▶ DO NOT mix fresh with recovered material. ▶ Collect residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ Decontaminate equipment and launder protective clothing before storage and re-use. ▶ If contamination of drains or waterways occurs advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<p>For oxidisers, including peroxides.</p> <ul style="list-style-type: none"> · Avoid personal contact and inhalation of dust, mist or vapours. · Provide adequate ventilation. · Always wear protective equipment and wash off any spillage from clothing. · Keep material away from light, heat, flammables or combustibles. · Keep cool, dry and away from incompatible materials. · Avoid physical damage to containers. · DO NOT repack or return unused portions to original containers. Withdraw only sufficient amounts for immediate use. · Use only minimum quantity required. · Avoid using solutions of peroxides in volatile solvents. Solvent evaporation should be controlled to avoid dangerous concentration of the peroxide. · Do NOT allow oxidisers to contact iron or compounds of iron, cobalt, or copper, metal oxide salts, acids or bases. · Do NOT use metal spatulas to handle oxidisers · Do NOT use glass containers with screw cap lids or glass stoppers. · Store peroxides at the lowest possible temperature, consistent with their solubility and freezing point. · CAUTION: Do NOT store liquids or solutions of peroxides at a temperature below that at which the oxidiser freezes or precipitates. Peroxides, in particular, in this form are extremely shock and heat-sensitive. Refrigerated storage of peroxides must ONLY be in explosion-proof units. · The hazards and consequences of fires and explosions during synthesis and use of oxidisers is widely recognised; spontaneous or induced decomposition may culminate in a variety of ways, ranging from moderate gassing to spontaneous ignition or explosion. The heat released from spontaneous decomposition of an energy-rich compound causes a rise in the surrounding temperature; the temperature will rise until thermal balance is established or until the material heats to decomposition, · The most effective means for minimising the consequences of an accident is to limit quantities to a practical minimum. Even gram-scale explosions can be serious. Once ignited the burning of peroxides cannot be controlled and the area should be evacuated. · Unless there is compelling reason to do otherwise, peroxide concentration should be limited to 10% (or less with vigorous reactants). Peroxide concentration is rarely as high as 1% in the reaction mixture of polymerisation or other free-radical reactions, · Oxidisers should be added slowly and cautiously to the reaction medium. This should be completed prior to heating and with good agitation. · Addition oxidisers to the hot monomer is extremely dangerous. A violent reaction (e.g., fire or explosion) can result from inadvertent mixing of promoters (frequently used with peroxides in polymerisation systems) with full-strength oxidisers · Organic peroxides are very sensitive to contamination (especially heavy-metal compounds, metal oxide salts, alkaline materials including amines, strong acids, and many varieties of dust and dirt). This can initiate rapid, uncontrolled decomposition of peroxides and possible generation of intense heat, fire or explosion The consequences of accidental contamination from returning withdrawn material to the storage container can be disastrous. · When handling NEVER smoke, eat or drink. · Always wash hands with soap and water after handling. · Use only good occupational work practice. · Observe manufacturer's storage and handling recommendations contained within this MSDS.
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed as supplied. ▶ Store in a cool, well ventilated area. ▶ Keep dry. ▶ Store under cover and away from sunlight. ▶ Store away from flammable or combustible materials, debris and waste. Contact may cause fire or violent reaction. ▶ Store away from incompatible materials and foodstuff containers. ▶ DO NOT stack on wooden floors or pallets. ▶ Protect containers from physical damage. ▶ Check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. <p>In addition, Goods of Class 5.1, packing group II should be:</p> <ul style="list-style-type: none"> ▶ stored in piles so that ▶ the height of the pile does not exceed 1 metre ▶ the maximum quantity in a pile or building does not exceed 1000 tonnes unless the area is provided with automatic fire extinguishers ▶ the maximum height of a pile does not exceed 3 metres where the room is provided with automatic fire extinguishers or 2 meters if not. ▶ the minimum distance between piles is not less than 2 metres where the room is provided with automatic fire extinguishers or 3 meters if not. ▶ the minimum distance to walls is not less than 1 metre. ▶ Plastic bag ▶ NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse.

Conditions for safe storage, including any incompatibilities

Suitable container	▶ Glass container is suitable for laboratory quantities
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	<ul style="list-style-type: none"> ▶ DO NOT repack. Use containers supplied by manufacturer only. <p>For low viscosity materials</p> <ul style="list-style-type: none"> ▶ Drums and jerricans must be of the non-removable head type. ▶ Where a can is to be used as an inner package, the can must have a screwed enclosure. <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids:</p> <ul style="list-style-type: none"> ▶ Removable head packaging and ▶ cans with friction closures may be used. <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages *.</p> <p>-</p> <p>In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *.</p> <p>-</p> <p>* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
Storage incompatibility	<p>Segregate from mineral acids, ammonia, alcohols, wet fluorobutane, hydrocarbons, organic matter, phosphorus, trimethyl phosphite, butyl fluoride, dimethyl sulfoxide, ethylene oxide.</p> <p>Derivative of very electropositive metal.</p> <p>Inorganic alkaline earth metal derivative.</p> <ul style="list-style-type: none"> ▶ Inorganic peroxy compounds are potent oxidisers that pose fire or explosive hazards when in contact with ordinary combustible materials. ▶ Inorganic peroxides react with organic compounds to generate organic peroxide and hydroperoxide products that react violently with reducing agents. ▶ Inorganic oxidising agents can react with reducing agents to generate heat and products that may be gaseous (causing pressurization of closed containers). The products may themselves be capable of further reactions (such as combustion in the air). ▶ Organic compounds in general have some reducing power and can in principle react with compounds in this class. Actual reactivity varies greatly with the identity of the organic compound. ▶ Inorganic oxidising agents can react violently with active metals, cyanides, esters, and thiocyanates. ▶ Peroxides, in contact with inorganic cobalt and copper compounds, iron and iron compounds, acetone, metal oxide salts and acids and bases can react with rapid, uncontrolled decomposition, leading to fires and explosions. ▶ Inorganic reducing agents react with oxidizing agents to generate heat and products that may be flammable, combustible, or otherwise reactive. Their reactions with oxidizing agents may be violent. ▶ Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions. ▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride. ▶ These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. ▶ The state of subdivision may affect the results. <p>NOTE: May contain traces of perchloric acid or may, on contact with acids, produce an anhydrous perchloric acid an extremely reactive and explosive species. Many of the reported explosions involving perchlorate may result its ability to form unstable perchlorate esters or salts of the anhydrous acid.</p> <p>WARNING:</p> <ul style="list-style-type: none"> ▶ On the basis of experience with cobalt(III) perchlorate, attention is drawn to the possibility of stable metal perchlorates being converted by unintentional dehydration to unstable (endothermic) lower hydrates capable of explosive decomposition in the absence of impurities. Great care must be taken to avoid dehydration or desolvation of perchlorates. ▶ Metal perchlorates may be explosively reactive with finely divided aluminium, magnesium and zinc and other metals, calcium and strontium hydrides, glycol (on heating), sulfuric acid (with the formation of unstable perchloric acid), and trifluoromethanesulfonic acid. ▶ The perchlorate salts of the complexes of divalent cobalt, nickel and particularly iron ([tetramethyl[14]-N8 complexes) are potentially explosive and storage for more than 4 weeks is inadvisable ▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous ▶ Segregate from alcohol, water. ▶ Segregate chlorates from organic matter, acids, poisonous gases, flammables, corrosives, aluminium and ammonium salts and any other combustible material. ▶ Mixtures of chlorates with fibrous and absorbent organic materials such as wood, paper, leather, flour, sawdust, sugar, shellac, may be ignited or caused to explode by static sparks, friction or shock. ▶ The extreme hazardous nature of mixtures of metal chlorates with phosphorus or sulfur, apart from being powerful explosives, are dangerously sensitive to friction or shock; spontaneous ignition occasionally occurs. ▶ Mixtures with sucrose, lactose, chromium, sulfur dioxide, sodium amide, zirconium, germanium and titanium explode on heating. ▶ Forms incompatible sometimes explosive mixtures with thorium dicarbide, strontium hydride, hydrogen iodide, fluorine, cyanoguanidine, cyanides, dinickel trioxide, powdered carbon, aqua regia and ruthenium, nitric acid, manganese dioxide and potassium hydroxide or boron. ▶ Chlorates should not be allowed to come into contact with ammonium salts, aluminium and other powdered metals, phosphorous, silicon, sulfur, sulfides, sulfuric acid, nitrobenzene, iodides and tartaric acid ▶ Mixtures with hydrocarbons, metal phosphides (Zn, Ag, Al, Cu, Hg, Mg, etc), metal thiocyanates, metal sulfides, arsenic, carbon, phosphorous, sulfur, ammonium salts, powdered metals, arsenic trioxide, phosphorous, silicon, sulfur, sulfides, sulfites and hyposulfites are easily ignited (by friction impact or heat) and are potentially explosive. ▶ Metal chlorates in contact with strong acids liberate explosive chlorine dioxide gas. With concentrated sulfuric acid a violent explosion can occur unless effective cooling is used. Mixing potassium chlorate and concentrated sulfuric acid results in an explosion with optimum temperature range being 120-130. Heating a moist mixture of metal chlorate and a dibasic organic acid (tartaric or citric acid) liberates chlorine dioxide diluted with carbon dioxide. ▶ Fusion of chlorates with metal cyanides may lead to an explosion. ▶ Chlorates containing 1-2% bromate or sulfur are liable to spontaneous explosion. ▶ Chlorates releases oxygen, chlorine and chlorine dioxide when heated above 300 deg. C.. ▶ In presence of moisture may release oxygen and ozone ▶ Intimate mixtures of chlorates, bromates or iodates of barium, cadmium, calcium, magnesium, potassium, sodium or zinc, with finely divided aluminium, arsenic, copper, carbon, phosphorus, sulfur, hydrides of alkali- and alkaline earth-metals; sulfides of antimony, arsenic, copper or tin; metal cyanides, thiocyanates; or impure manganese dioxide may react explosively or violently, either spontaneously (especially in the presence of moisture) or on initiation by heat, impact or friction, sparks or addition of sulfuric acid. <p>BRETHERRICKS HANDBOOK OF REACTIVE CHEMICAL HAZARDS, 4th Edition</p> <ul style="list-style-type: none"> ▶ NOTE: May develop pressure in containers; open carefully. Vent periodically. ▶ Avoid storage with reducing agents.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

MAGNESIUM PERCHLORATE

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
magnesium perchlorate	4.9 mg/m ³	54 mg/m ³	320 mg/m ³

Ingredient	Original IDLH	Revised IDLH
magnesium perchlorate	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
magnesium perchlorate	E	≤ 0.01 mg/m ³

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

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 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	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.										
	The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.										
	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. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. 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.										
	<table border="1" style="width: 100%;"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min.)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </tbody> </table>	Type of Contaminant:	Air Speed:	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)
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	Within each range the appropriate value depends on:										
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Lower end of the range	Upper end of the range										
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents										
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity										
3: Intermittent, low production.	3: High production, heavy use										
4: Large hood or large air mass in motion	4: Small hood-local control only										
Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.											

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Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Chemical goggles. ▶ Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> ▶ DO NOT wear cotton or cotton-backed gloves. ▶ DO NOT wear leather gloves. ▶ Promptly hose all spills off leather shoes or boots or ensure that such footwear is protected with PVC over-shoes.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ PVC Apron. ▶ PVC protective suit may be required if exposure severe. ▶ Eyewash unit. ▶ Ensure there is ready access to a safety shower. ▶ Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity. ▶ For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets). ▶ Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds. Electrical resistance must range between 0 to 500,000 ohms. Conductive shoes should be stored in lockers close to the room in which they are worn. Personnel who have been issued conductive footwear should not wear them from their place of work to their homes and return.

Respiratory protection

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

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

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100+ x ES	-	Air-line**	PAPR-P3
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* - Negative pressure demand ** - Continuous flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	White, very hygroscopic, granular or flaky powder. Soluble in alcohol. Solubility in water @ 25 deg.C: 99.3 g/100 cc. A saturated aqueous solution is Dangerous Goods Class 5.1, Packing Group II ref. UN Code 34.4.2.5		
Physical state	Divided Solid	Relative density (Water = 1)	2.21 @ 18 deg.C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature (°C)	Not Applicable
Melting point / freezing point (°C)	Decomposes @ 250	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	223.21
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Reacts Violently	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Magnesium salts are generally absorbed so slowly that oral administration causes few toxic effects with purging being the most significant. If evacuation fails due to bowel obstruction or atony, mucosal irritation and absorption may result.</p>

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Side effects of magnesium salts include upset stomach, dry mouth, dry nose and dry throat, drowsiness, nausea, heartburn and thickening of the mucous in the throat and nose.

Systemically the magnesium ion produces electrolyte imbalance, central nervous system depression, neurological and cardiac involvement, reflex abolition and death from respiratory paralysis. These effects are rare in the absence of intestinal or renal disorders. Early signs and symptoms of magnesium intoxication include nausea, vomiting, malaise and confusion. Deep tendon reflexes may be diminished. central nervous system depression may progress to coma and paralysis of the release of acetylcholine at myoneuronal junctions. Central nervous system depression may be compounded by depressed function of the respiratory musculature. Hypotension may also ensue as a result of

peripheral vasodilation and/ or decreased cardiac output secondary to conduction defects. Bradycardia is common, leading to eventual arrest in diastole.

Ingestion of perchlorates produces symptoms resembling chlorate intoxication. Ingestion of material causes gastro-intestinal upset. Perchlorates appears to be readily absorbed by the digestive system after oral exposure and enter the bloodstream within a few hours of ingestion; they are rapidly taken up into the thyroid gland by an active transport mechanism. Perchlorates do not appear to be modified in the body, either by degradation or covalent binding. Perchlorate is rapidly eliminated from the body in the urine with half-times of approximately 8-12 hours in humans.

Toxicity is due to strong oxidant effect and possible destruction of red blood cells Perchlorates have only a limited ability to produce methaemoglobinaemia which reduces the oxygen-carrying capabilities of blood. Symptoms include shortness of breath, difficulty in breathing and a bluish discolouration of the skin (cyanosis). These effects may be delayed for several hours following exposure. Fatal aplastic anaemia has occurred in a small percentage of patients receiving therapeutic sodium perchlorate. Other blood disorders include agranulocytosis, thrombocytopenia and leucopenia. Signs of intolerance may precede changes in blood for several days. A nephrotic syndrome seldom occurs. Nausea, vomiting and hypersensitivity reactions such as maculopapular rashes, fever and lymphadenopathies (lymph node disease) may occur. Children and developing fetuses may be more likely to be affected by perchlorate than adults because thyroid hormones are essential for normal growth and development.

Overexposure to chlorates may result in methaemoglobinemia (lack of oxygen in blood) and cyanosis (bluish discolouration of skin and mucous membranes). Effects may be delayed. Coma, convulsions, liver and kidney damage and eventual kidney failure may also result. As sodium chlorate is used as a weed killer, several cases of chlorate poisoning in humans have been reported. Nausea and vomiting are almost always apparent after chlorate poisonings usually with epigastric pain (gastritis). Diarrhoea may also occur. The mean lethal dose of a chlorate salt taken by mouth has been established as 20-30 gms in human adults although others use a figure as low as 8 gm. Chlorates are nephrotoxic (cause kidney damage) and death in man and animals appears to be due to acute renal failure. Animal studies on chlorate suggest an increase in the utilisation or metabolism of thyroid hormones

Chlorates are readily absorbed by the gastrointestinal tract following ingestion. The chlorate ion is not metabolised to another compound, and elimination is exclusively by the kidneys. The acute toxic effects of potassium chlorate appear to be cumulative because of slow excretion of the chlorate ion

Albuminuria and other evidence of impaired kidney function may persist for several days or weeks after. Severe intravascular haemolysis (blood cell damage), haemoglobinuria and methaemoglobinaemia are prominent features of chlorate poisonings although they may not be apparent until several hours have elapsed. Renal insufficiency may also result. Potassium chlorate has produced renal tubular necrosis in animals.

High levels can interfere with the ability of the blood to carry oxygen (methaemoglobinaemia), causing headache, dizziness. Ingestion may produce gastrointestinal distress, and may damage the kidneys. The primary mechanism of chlorate toxicity is rupture of the red blood cell membranes with intravascular haemolysis. The formation of methaemoglobin is secondary to lysis of red blood cells, and is caused by autooxidation of the free hemoglobin. The formation of methaemoglobin from free hemoglobin is irreversible, and may cause life-threatening effects. (Within the red blood cells, methaemoglobin is rapidly reduced by methaemoglobin reductase, but this activity is lost with cell lysis). Signs of chlorate intoxication may also include dark urine secondary to methaemoglobin formation.

Chlorates induce the formation of Heinz Bodies in the erythrocyte. Gross deformation of this cell may occur with premature splenic phagocytosis or haemolysis.

Central nervous system effects may also be secondary to hypoxia Potassium chlorate is also a relatively powerful irreversible inhibitor of catalase.

Infants (and presumably the fetus) are much more sensitive than adults to intracellular methemoglobin inducers. This is due to a relative deficiency in methaemoglobin reductase in red blood cells of newborns, because the fetal form of haemoglobin is more sensitive to reducing agents, and because the fetus has a greater oxygen demand. However, it is not clear whether the newborn or the fetus may be more sensitive to the haemolytic effect of chlorates than adults. The extracellular autooxidative formation of methaemoglobin from lysed cells is irreversible and complete in both adults and fetuses, so there would be no difference in sensitivity in this step.

Persons with pre-existing blood conditions, especially anemia, or those with kidney diseases, might be more sensitive. Persons with genetic diseases such as hereditary methaemoglobinemia and glucose-6-phosphate dehydrogenase deficiency (which increases the haemolytic susceptibility of humans to oxidising agents), and other persons who may be unusually susceptible to oxidants may also be at greater risk than the general population.

Several studies have reported adverse effects (significant organ and body weight reductions, haematological effects, changes in pituitary and thyroid glands) in rats exposed via drinking water to sodium and/or potassium chlorate.

High chlorate levels were found in the testes of rats after oral administration of potassium chlorate, but it is not known if chlorate can affect male fertility

Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</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>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.</p> <p>Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<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>Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, on the basis that similar materials tested</p>

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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.

A case of chronic abuse of magnesium citrate (a mild purgative), by a 62 year-old woman, has been reported. Symptoms of abuse included lethargy and severe refractory hypotension. Pathology revealed extreme hypermagnesaemia [6.25 mmol per litre]. She also was found to have a perforated duodenal ulcer. She died after peritoneal dialysis (which reduced serum-magnesium and reduced hypotension).

A patient with normal kidney function developed symptomatic hypermagnesaemia with respiratory arrest and bradycardia after receiving 90 grams of magnesium sulfate over 18 hours.

When magnesium sulfate was given to pregnant rats, a sharp reduction of both the number and the weight of the offspring was observed.

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. A prime symptom is breathlessness. Lung shadows show on X-ray.

Chronic and/or sub-lethal exposure to inorganic chlorate may have deleterious effects on human health, such as redness of the eyes and skin (including dermatitis), sore throat, abdominal pain, blue lips or skin, diarrhea, nausea, vomiting, shortness of breath, and unconsciousness.

Sodium chlorate may damage the liver, kidneys, and blood cells of humans.

Subchronic chlorate exposure was associated with smaller body and organ weights, blood abnormalities and pituitary and thyroid abnormalities in one study using Sprague-Dawley rats.

Chlorate is a thyroid toxicant producing thyroid gland follicular cell hypertrophy in rats and mice following chronic exposures, and may produce follicular cell tumors in rats. The lack of mutagenicity indicates that the thyroid tumors are induced by a non-mutagenic mechanism and are therefore not likely to be carcinogenic. The effects may be attributed to changes in levels of thyroid hormones seen after administration of high doses of sodium chlorate. In female mice there was equivocal and marginal evidence of increased pancreatic islet carcinoma. Sodium chlorate was negative in most bacterial gene mutation assays and in several cytogenetics tests, including a hypoxanthineguanine phosphoribosyl-transferase (HGPRT) assay in Chinese hamster ovaries and a micronucleus assay.

Intramuscular administration of potassium chlorate to pregnant rats resulted in a prolonged gestation period in most cases, and reduced neonatal weight relative to the controls. According to the author, newborn rats also showed a "marked" increase of haematopoietic residue and lipid deposit over controls, and occasionally, exposure resulted in the appearance of hyaline droplets and casts in newborn kidneys. The number of animals per treatment group/number affected, duration of exposure, and information on dose levels was not available.

African green monkeys (five males and seven females) were used to study the thyroid effects of sodium chlorate when administered for 30-60 days as chlorate at concentrations of 4, 7.5, 15, 30 or 58.4 mg/kg bw per day. Chlorate did not induce thyroid depression. Chlorate did not induce a dose-dependent oxidative stress, as was observed in the case of chlorite.

Female rats were exposed to 1 or 10 mg chlorate/L in their drinking water for ten weeks. Fetuses were taken on the 20th day of gestation and examined for external, visceral and skeletal malformations. No significant adverse findings were reported.

No chromosomal abnormalities were seen in either the micronucleus test or a cytogenetic assay in mouse bone marrow cells following gavage dosing with chlorate

Fatal aplastic anaemia has occurred in a small percentage of patients receiving perchlorate (as the sodium salt). Other blood disorders include agranulocytosis, thrombocytopenia and leucopenia. Signs of intolerance may precede changes in blood by several days. The nephrotic syndrome occurs rarely. Nausea, vomiting and hypersensitivity reactions such as maculopapular rashes, fever and lymphadenopathies (lymph node disease) may occur. [Martindale]

The main target organ for perchlorate toxicity in humans is the thyroid gland. Perchlorate inhibits the thyroid's uptake of iodine. Iodine is required as a building block for the synthesis of thyroid hormone. Perchlorate's inhibition of iodide uptake by the thyroid may be sufficient to produce hypothyroidism. Thyroid hormones regulate certain body functions after they are released into the blood. Because thyroid hormones play a critical role in the neurological development of the fetus, there is concern that hypothyroidism (maternal and fetal) during pregnancy could result in neurodevelopmental effects. Children and developing fetuses may be more likely to be affected by perchlorate than adults because thyroid hormones are essential for normal growth and development.

Perchlorates may affect the use of iodine by the thyroid gland and chronic exposures may result in symptoms of thyroid dysfunction such as goiter. If sufficient inhibition of iodide uptake by the goiter occurs, formation of thyroid hormones is depressed. These hormones are essential to the regulation of oxygen consumption and metabolism throughout the body. Clinical manifestations of hypothyroidism (or athyrea) include low metabolic rate, a tendency to gain weight, somnolence, and myxoedema (a relatively hard oedema of the subcutaneous tissue), dryness and loss of hair, low body temperature, hoarseness, muscle weakness, a slow return of the muscle after tendon jerk, and slow mentation. When hypothyroidism occurs in women, early in pregnancy, the foetus is at risk of impaired physical and mental development, the severity of the impairment depending on the degree of hypothyroidism.

Perchlorate is a negatively charged ion (ClO₄⁻) that can affect thyroid function through competitive inhibition of the transport of iodine into the thyroid. Iodine is an important component of thyroid hormones T₄ and T₃, and the transfer of iodine from the circulation into the thyroid is an essential step in the synthesis of these two hormones. Iodine transport into the thyroid is mediated by a protein molecule known as the sodium(Na⁺)-iodide(I⁻) symporter (NIS). NIS molecules bind iodide with very high affinity, but they also bind other ions that have a similar shape and electric charge, such as perchlorate. The binding of these other ions to the NIS inhibits iodide transport into the thyroid, which can result in intrathyroidal iodide deficiency and consequently decreased synthesis of T₄ and T₃. There is remarkable compensation for iodide deficiency, however, where the body maintains the serum concentrations of thyroid hormones within narrow limits through feedback control mechanisms.

This feedback includes increased secretion of thyroid stimulating hormone (TSH) from the pituitary gland, which has among its effects the increased production of T₄ and T₃. Sustained changes in thyroid hormone and TSH secretion can result in thyroid hypertrophy and hyperplasia, possibly followed by hypothyroidism in people unable to compensate with an increase in thyroid iodide uptake.

Perchlorate is not likely to pose a risk of thyroid cancer in humans, at least at doses below those necessary to alter thyroid hormone homeostasis, based on the hormonally-mediated mode of action in rodent studies and species differences in thyroid function. The epidemiological evidence is insufficient to determine whether or not there is a causal association between exposure to perchlorate and thyroid cancer. Sufficient evidence is available from rodent studies to indicate that goitrogenic doses of perchlorate cause follicular cell tumors of the thyroid, both following prolonged ingestion and from a two-generation study where a low incidence of early onset adenomas was reported. Perchlorate is non-mutagenic under standard tests. Extensive data indicate that thyroid-pituitary disruption is the sole mode of action for the observed thyroid tumors caused by perchlorate in rodents.

"Agents that lead to the development of thyroid neoplasia through an adaptive physiological mechanism belong to a different category from those that lead to neoplasia through genotoxic mechanisms or through mechanisms involving pathological responses with necrosis and repair. Agents that induce thyroid follicular cell tumors in rodents by interfering with thyroid hormone homeostasis, can with some exceptions, notably the sulfonamides, also interfere with thyroid hormone homeostasis in humans if given at a sufficient dose for a sufficient time. These agents can be assumed not to be carcinogenic in humans at concentrations that do not lead to alterations in thyroid hormone homeostasis." [IARC, 2001]

The pituitary-thyroid system of rats is similar to that of humans, i.e., decreases in thyroid hormone production result in increased secretion of TSH, which then increases thyroid production and release of T₄ and T₃. However, there are differences in binding proteins, binding affinities of the proteins for the hormones, turnover rates of the hormones, and thyroid stimulation by placental hormones that lead to important differences between the two species. These differences mean that rats are sensitive to the development of thyroid tumors because their thyroid function is easily disrupted. The NRC (2005) concluded that humans are much less susceptible than rats to disruption of thyroid function and, therefore, are not likely to develop thyroid tumors as a result of perchlorate exposure.

Perchlorate has been evaluated in standard *in vitro* and *in vivo* assays to assess genotoxicity. The results of these assays are negative. Ammonium perchlorate was not mutagenic in the Ames assay (with or without S9 activation). Negative results were also found in the mouse lymphoma gene mutation assay with and without S9 activation. Ammonium perchlorate did not induce chromosomal anomalies when evaluated for micronuclei induction in the bone marrow of mice when administered via drinking water gavage or intraperitoneal injection. No increases in micronuclei were found in Sprague-Dawley rats when evaluated from the 90-day study at the highest dose, which produced both thyroid hormone

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perturbations and follicular cell hyperplasia. Because perchlorate does not have the potential to be mutagenic or clastogenic, mutagenicity is not considered a possible mode of carcinogenic action for this chemical.

magnesium perchlorate	TOXICITY	IRRITATION
	Oral (Rodent) LD50; 1490 mg/kg ^[1]	Not Available

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

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Acute Toxicity	✗	Carcinogenicity	✗
Skin Irritation/Corrosion	✓	Reproductivity	✗
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

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

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
magnesium perchlorate	EC50	48h	Crustacea	100mg/l	2
	NOEC(ECx)	504h	Crustacea	50mg/l	2

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

for magnesium compounds in general:

Fish LC50: 100-400 mg/l

Perchlorate poses a human health concern because this contaminant has the same ionic size as iodide, and can compete with iodide for uptake into the thyroid gland, causing changes in thyroid hormone levels and possibly thyroid disorders. Although the long-term effects on humans are currently being debated, public concerns have generated considerable legislation designed to minimise potential damage. The environmental impacts of perchlorate have been less well studied, but the pollutant is clearly being transferred between abiotic and biotic ecosystem components.

Perchlorate consists of four-double covalent bonds between chlorine and oxygen (tetrahedral coordination), making this highly soluble oxyanion very stable and nonreactive in aqueous environments. Perchlorate salts also have a very low volatility. Although a strong oxidizing agent, the perchlorate anion is stable in the environment, due to the high activation energy associated with its abiotic reduction to chlorate (ClO3-). Moreover, given its relatively low charge density, perchlorate does not form complexes with metals in the same manner as other anions, and it does not readily sorb to environmental media. This combination of perchlorate solubility, stability, and mobility creates the potential for both localised and area-wide potential effects of ecotoxicological interest. As such, it is a relatively non-reactive and kinetically a very stable contaminant, with very low biodegradation rates under many natural conditions. Biodegradation of perchlorate in the natural environment (e.g., sediments) will not occur unless significant levels of organic carbon are present, oxygen and nitrate are depleted, and perchlorate-degrading anaerobic bacteria are present.

Perchlorate (ClO4-) is a highly toxic compound that is stable and persistent in the environment. Once perchlorate gets into the food chain or water supply, it does not break down easily. It has been detected in surface and ground water, soils and food (lettuce, bottled water, milk, meat, kelp, animal feed). It is stable, water soluble and persistent; it is not volatile and does not readily adhere to soil. It is also found in plants because its solubility in water allows it to be taken up by their roots. The populations considered to be most sensitive to perchlorate exposure are nursing infants, children, post-menopausal women, and people with hypothyroidism. Perchlorate interferes with thyroid functioning and is especially dangerous to fetuses, babies, and children. It causes thyroid iodine deficiency that in turn limits the gland's ability to produce a hormone essential to neurological development. "On average, children of iodine-deficient mothers have 5-to-13 fewer IQ points compared to children of mothers with iodine-sufficient diets," according to a report issued by the Environment California Research and Policy Center. "Reduced thyroid levels in the first few weeks of life for pre-term and low birth-weight babies are associated with increased risk of neurological disorders, including the need for special education by age nine."

Little is known about how perchlorate affects other species and the environment.

Until perchlorate affects on the human body are better understood a human reference dose of 0.0007 mg/kg per day has been suggested by the US EPA. The human reference dose is the daily exposure level below which EPA believes there would be no serious negative effects to a human over their lifetime. The EPA added that it considers drinking water safe if it contains no more than 24.5 parts per billion (ppb) of perchlorate.

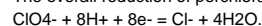
Perchlorate has contaminated ground and surface waters that are currently being used for irrigation in food production. Physical processes including mixing and dispersion control the distribution of perchlorate in groundwater.

Soil is not expected to naturally contain perchlorate. Perchlorate does not adsorb onto inorganic surfaces, including hydrous ferric oxide, smectite, and manganese oxide. These are characterised by net-negative surface charges at pH of 6.5 to 9.0. The inorganic perchlorate compounds introduced into soils are readily soluble and are not strongly adsorbed by other soil components. In soils, perchlorate is chemically stable and is expected to behave in a manner similar to dissolved minerals. While perchlorate is subject to leaching, its content in the soil is expected to approach steady state equilibrium in irrigated crop production system.

Perchlorate has been shown to be absorbed into crops from irrigation water or other sources. Reports show that raw materials and ingredients used to formulate fertilizers may contain significant amounts of perchlorate. Sodium nitrate imported from Chile is manufactured from Chilean caliche ores that are known to contain considerable amounts of perchlorate. Plants absorb nutrients and pollutants from solutions in the soil. Evidence shows that plants take up perchlorate from soils by processes similar to those of pertechnetate (TcO₄⁻) and nitrate. Based on the basic principles of ion transport processes, plants exposed to perchlorate in the growing media are expected to accumulate perchlorate. The extent of the accumulation, however, may be influenced by external factors such as plant species and maturity, nutrient concentrations, and consumptive use of water. perchlorate uptake increased linearly in proportion to the perchlorate concentration in the growth media and the plant biomass. While there is evidence that a portion of the absorbed perchlorate may be reduced inside the plant through biochemical pathways similar to reductive microbial metabolic mechanisms, the majority of the absorbed perchlorate will translocate to and concentrate in the leaf tissue. Since oxygen is always present in the leaf tissue, plant mediated perchlorate reductions are not likely to be efficient or complete. The slow rate of phytodegradation of the perchlorate fraction taken up by plants during the growing season explains the detection of higher perchlorate concentrations in leaves collected later in the growing season (autumn) and in senesced leaves compared to younger, live leaves. This proves that the leaves of senesced plant potentially recycle perchlorate back into the soil on which plant litter collects. To minimise the potential recycling of perchlorate during phytoremediation, it is recommended that senesced leaves be collected and composted or phytoremediation be designed to enhance rapid rhizodegradation (rhizoremediation)

The fate of perchlorate (ClO₄⁻) in streambed sediments is becoming a concern due to the increasing number of groundwater and surface water contamination sites. Results indicated that the spatial and temporal ClO₄⁻ penetration into sediments could be affected by numerous factors, such as temperature, microbial degradation, ClO₄⁻ surface water concentration, and sediment physico-geological properties. In general, maximum ClO₄⁻ penetration into sediments at the studied sites was 30 cm below the sediment-water surface. The vertical sequential depletion of electron acceptors in sediments suggested that microbial reduction was responsible for ClO₄⁻ depletion in stream sediments. Biodegradation of ClO₄⁻ occurred over a seasonally variable active depth zone of 1-10 cm. Results implied that there was a rapid natural attenuation potential of perchlorate in near-surface sediments. Perchlorate may be rapidly attenuated in saturated near-surface sediments.

The overall reduction of perchlorate to chloride is given by the following half reaction:



This reaction has relevance to natural systems such as wetlands and other microbially-active environments with plentiful and diverse electron donors. Perchlorate is reduced to intermediate compounds (chlorate [Cl(V)] and chlorite [Cl(III)]) and eventually to chloride in anaerobic environments by serving as a terminal electron acceptor during oxidation of acetate and other forms of reactive organic carbon. Perchlorate reduction is both thermodynamically and microbially enhanced under denitrifying conditions. Perchlorate has been shown to serve as a terminal electron acceptor for energy and growth. Reductase enzymes catalyse the reduction of perchlorate to chlorate and then to chlorite (ClO₂⁻). A fairly unique enzyme, a dismutase, then facilitates the disproportionation of ClO₂⁻ to Cl⁻ and O₂. There are numerous strains of micro-organisms capable of reducing both chlorate and perchlorate under anoxic conditions. The chlorite dismutase enzyme is present in all dissimilatory perchlorate- and chlorate reducing bacteria. Under anaerobic conditions, perchlorate and chlorate- are first converted to chlorite (ClO₂⁻) by the enzyme chlorate reductase, which is present in perchlorate- and chlorate-reducing bacteria. In the second step, chlorite is disproportionated to chloride (Cl⁻) and molecular oxygen (O₂) by the non-respiratory enzyme chlorite dismutase, which catalyses the reaction. The presence of chlorite dismutase is a prerequisite for the growth of perchlorate- and chlorate reducing bacteria as chlorite is toxic due to its high reactivity.

Perchlorate is not likely to come out of solution given its low vapor pressure. Droplet size during showering would likely preclude significant inhalation of perchlorate-contaminated water as an aerosol.

In perchlorate-contaminated lakes and streams, perchlorate is detected infrequently in fish heads, fillets, and whole bodies, but may be detected more often depending on species and seasonal trends, and always at concentrations higher in the fish than in the water. Perchlorates may perturb thyroid-hormone concentration in fish; this may affect growth and neurological development. Data from fish indicates that perchlorate can also disrupt sexual development. Certain have been so dramatic that female fish have been mistaken for males. Several females displayed male-courtship behavior and produced sperm. This is suggestive of the fact that perchlorate may act as an androgen (male sex hormone). The concentration of perchlorate used in these studies were at least a 1000 times the US EPA limit (24.5 parts per billion in natural bodies of water).

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	<p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. <p>FOR DISPOSAL OF SMALL QUANTITIES:</p> <ul style="list-style-type: none"> ▶ Cautiously acidify a 3% solution or a suspension of the material to pH 2 with sulfuric acid. ▶ Gradually add a 50% excess of aqueous sodium bisulfite with stirring at room temperature. (Other reducers such as thiosulfate or ferrous salts may substitute; do NOT use carbon, sulfur or other strong reducing agents). An increase in temperature indicates reaction is taking place. If no reaction is observed on the addition of about 10% of the sodium bisulfite solution, initiate it by cautiously adding more acid. ▶ If manganese, chromium or molybdenum are present adjust the pH of the solution to 7 and treat with sulfide to precipitate for burial as a hazardous waste. Destroy excess sulfide, neutralise and flush the solution down the drain (subject to State and Local Regulation). <p>[Sigma/Aldrich]</p> <ul style="list-style-type: none"> ▶ Recycle wherever possible or consult manufacturer for recycling options.
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MAGNESIUM PERCHLORATE

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

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	1Y

Land transport (ADG)

UN number	1475	
UN proper shipping name	MAGNESIUM PERCHLORATE	
Transport hazard class(es)	Class	5.1
	Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Limited quantity	1 kg

Air transport (ICAO-IATA / DGR)

UN number	1475	
UN proper shipping name	Magnesium perchlorate	
Transport hazard class(es)	ICAO/IATA Class	5.1
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	5L
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	562
	Cargo Only Maximum Qty / Pack	25 kg
	Passenger and Cargo Packing Instructions	558
	Passenger and Cargo Maximum Qty / Pack	5 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Y544
Passenger and Cargo Limited Maximum Qty / Pack	2.5 kg	

Sea transport (IMDG-Code / GGVSee)

UN number	1475	
UN proper shipping name	MAGNESIUM PERCHLORATE	
Transport hazard class(es)	IMDG Class	5.1
	IMDG Subrisk	Not Applicable
Packing group	II	
Environmental hazard	Not Applicable	
Special precautions for user	EMS Number	F-H, S-Q
	Special provisions	Not Applicable
	Limited Quantities	1 kg

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
magnesium perchlorate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
magnesium perchlorate	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture**

magnesium perchlorate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (magnesium perchlorate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	20/06/2022
Initial Date	12/05/2005

SDS Version Summary

Version	Date of Update	Sections Updated
6.1	24/01/2010	CAS Number, Synonyms
8.1	20/06/2022	Expiration. Review and Update

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
 PC—STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit
 IDLH: Immediately Dangerous to Life or Health Concentrations
 ES: Exposure Standard
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 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
 AIIC: Australian Inventory of Industrial Chemicals
 DSL: Domestic Substances List
 NDSL: Non-Domestic Substances List
 IECSC: Inventory of Existing Chemical Substance in China
 EINECS: European Inventory of Existing Commercial chemical Substances
 ELINCS: European List of Notified Chemical Substances
 NLP: No-Longer Polymers
 ENCS: Existing and New Chemical Substances Inventory

MAGNESIUM PERCHLORATE

KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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