

SODIUM HYPOCHLORITE POTABLE GRADE

Wilhelmsen Ships Service AS

Part Number: 909001

Version No: 13.24

Safety Data Sheet (Conforms to Annex II of REACH (1907/2006) - Regulation 2020/878)

Issue Date: 30/11/2022

Print Date: 30/01/2023

L.REACH.NOR.EN

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

1.1. Product Identifier

Product name	SODIUM HYPOCHLORITE POTABLE GRADE
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	HYPOCHLORITE SOLUTION (contains sodium hypochlorite)
Chemical formula	Not Applicable
Other means of identification	909001, 909001D, 909001J, 909001P, L909001

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

Chemical Product Category	PC37 Water treatment chemicals
Sectors of Use	SU3 Industrial uses: Uses of substances as such or in preparations* at industrial sites
Relevant identified uses	Use according to manufacturer's directions.
Uses advised against	Not Applicable

1.3. Details of the manufacturer or supplier of the safety data sheet

Registered company name	Wilhelmsen Ships Service AS	Outback (M)SDS portal: http://jr.chemwatch.net/outb/account/autologin?login=wilhelmsen	Wilhelmsen Ships Service AS* Central Warehouse
Address	Strandveien 20 Lysaker 1366 Norway	-----Use our Outback portal to obtain our (M)SDSs in other languages and/or format.----- For questions relating to our SDSs please use Email: WSS.GLOBAL.SDSINFO@wilhelmsen.com ----- Norway	Willem Barentszstraat 50 Rotterdam Netherlands
Telephone	+47 67 58 40 00	Not Available	+31 10 4877 777
Fax	Not Available	Not Available	Not Available
Website	http://www.wilhelmsen.com/	http://www.wilhelmsen.com	http://www.wilhelmsen.com
Email	wss.norway.cs@wilhelmsen.com	wss.global.sdsinfo@wilhelmsen.com	wss.rotterdam@wilhelmsen.com

Registered company name	Wilhelmsen Ships Service AS* Central Warehouse
Address	Willem Barentszstraat 50 Rotterdam Netherlands
Telephone	+31 10 4877 777
Fax	Not Available
Website	http://www.wilhelmsen.com

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Email	wss.rotterdam@wilhelmsen.com
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1.4. Emergency telephone number

Association / Organisation	Giftinformasjonssentralen - 24 timer	24hrs - Chemwatch	Dutch nat. poison centre
Emergency telephone numbers	+47 22591300	+31-10-4877700	+ 31 88 7558561
Other emergency telephone numbers	+31-10-4877700	+31-10-4877700	+ 31 10 4877700

Association / Organisation	Dutch nat. poison centre	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+ 31 30 274 88 88	+47 23 25 25 84
Other emergency telephone numbers	+ 31-10-4877700	+61 3 9573 3188


Once connected and if the message is not in your preferred language then please dial 01

SECTION 2 Hazards identification

2.1. Classification of the substance or mixture

Classification according to regulation (EC) No 1272/2008 [CLP] and amendments [1]	H314 - Skin Corrosion/Irritation Category 1C, H411 - Hazardous to the Aquatic Environment Long-Term Hazard Category 2, H400 - Hazardous to the Aquatic Environment Acute Hazard Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

2.2. Label elements

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

H314	Causes severe skin burns and eye damage.
H411	Toxic to aquatic life with long lasting effects.
H400	Very toxic to aquatic life.

Supplementary statement(s)

EUH031	Contact with acids liberates toxic gas.
EUH206	Warning! Do not use together with other products. May release dangerous gases (chlorine).

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 carefully and follow all instructions.

Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or 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/doctor/physician/first aider.
P363	Wash contaminated clothing before reuse.
P391	Collect spillage.
P304+P340	IF INHALED: Remove person to fresh air and keep 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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2.3. Other hazards

REACH - Art.57-59: The mixture does not contain Substances of Very High Concern (SVHC) at the SDS print date.

SECTION 3 Composition / information on ingredients**3.1. Substances**

See 'Composition on ingredients' in Section 3.2

3.2. Mixtures

1.CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classification according to regulation (EC) No 1272/2008 [CLP] and amendments	SCL / M-Factor	Nanoform Particle Characteristics
1.7681-52-9 2.231-668-3 3.017-011-00-1 4.Not Available	10-20	<u>sodium hypochlorite</u>	Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1, Hazardous to the Aquatic Environment Acute Hazard Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 1; H314, H318, H400, H410 [2]	M=10 M=1 EUH031: C ≥ 5 %	Not Available

Legend: 1. Classified by Chemwatch; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 3. Classification drawn from C&L; * EU IOELVs available; [e] Substance identified as having endocrine disrupting properties

SECTION 4 First aid measures**4.1. Description of first aid measures**

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

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	<ul style="list-style-type: none"> ▸ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). ▸ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. ▸ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. <p>This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> ▸ For advice, contact a Poisons Information Centre or a doctor at once. ▸ Urgent hospital treatment is likely to be needed. ▸ If swallowed do NOT induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Transport to hospital or doctor without delay.

4.2 Most important symptoms and effects, both acute and delayed

See Section 11

4.3. 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.

(ICSC24419/24421

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

5.1. Extinguishing media

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

5.2. Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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5.3. Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use fire fighting procedures suitable for surrounding area. ▸ Do not approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▸ Non combustible. ▸ Not considered a significant fire risk, however containers may burn. Decomposition may produce toxic fumes of: , hydrogen chloride May emit corrosive fumes.

SECTION 6 Accidental release measures

6.1. Personal precautions, protective equipment and emergency procedures

See section 8

6.2. Environmental precautions

See section 12

6.3. Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▸ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material. ▸ Check regularly for spills and leaks. ▸ Clean up all spills immediately. ▸ Avoid breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
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. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Consider evacuation (or protect in place). ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite.

6.4. Reference to other sections

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

SECTION 7 Handling and storage

7.1. Precautions for safe handling

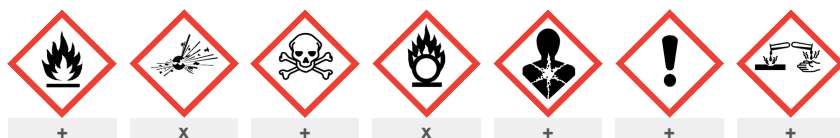
Safe handling	<ul style="list-style-type: none"> ▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material.
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	<ul style="list-style-type: none"> ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke.
Fire and explosion protection	See section 5
Other information	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry, well-ventilated area. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ DO NOT store near acids, or oxidising agents ▶ No smoking, naked lights, heat or ignition sources.

7.2. 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"> ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks. <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 (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> ▶ Removable head packaging; ▶ Cans with friction closures and ▶ low pressure tubes and cartridges <p>may be used.</p> <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
Storage incompatibility	<ul style="list-style-type: none"> ▶ Contact with acids produces toxic fumes ▶ Presence of rust (iron oxide) or other metal oxides catalyses decomposition of inorganic hypochlorites. ▶ 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. ▶ Contact with acids produces toxic fumes of chlorine. ▶ 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. <p>Contact with acids produces toxic fumes of chlorine</p> <ul style="list-style-type: none"> ▶ Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous
Hazard categories in accordance with Regulation (EC) No 1272/2008	E1: Hazardous to the Aquatic Environment in Category Acute 1 or Chronic 1, E2: Hazardous to the Aquatic Environment in Category Chronic 2
Qualifying quantity (tonnes) of dangerous substances as referred to in Article 3(10) for the application of	E1 Lower- / Upper-tier requirements: 100 / 200 E2 Lower- / Upper-tier requirements: 200 / 500



X — Must not be stored together

0 — May be stored together with specific preventions

+ — May be stored together

Note: Depending on other risk factors, compatibility assessment based on the table above may not be relevant to storage situations, particularly where large volumes of dangerous goods are stored and handled. Reference should be made to the Safety Data Sheets for each substance or article and risks assessed accordingly.

7.3. Specific end use(s)

Continued...

See section 1.2

SECTION 8 Exposure controls / personal protection

8.1. Control parameters

Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
sodium hypochlorite	Inhalation 1.55 mg/m ³ (Systemic, Chronic) Dermal 0.5 % in mixture (weight basis) (Local, Chronic) Inhalation 1.55 mg/m ³ (Local, Chronic) Inhalation 3.1 mg/m ³ (Systemic, Acute) Inhalation 3.1 mg/m ³ (Local, Acute) <i>Inhalation 1.55 mg/m³ (Systemic, Chronic) *</i> <i>Oral 0.26 mg/kg bw/day (Systemic, Chronic) *</i> <i>Dermal 0.5 % in mixture (weight basis) (Local, Chronic) *</i> <i>Inhalation 1.55 mg/m³ (Local, Chronic) *</i> <i>Inhalation 3.1 mg/m³ (Systemic, Acute) *</i> <i>Inhalation 3.1 mg/m³ (Local, Acute) *</i>	0.21 µg/L (Water (Fresh)) 0.042 µg/L (Water - Intermittent release) 0.26 µg/L (Water (Marine)) 4.69 mg/L (STP) 11.1 mg/kg food (Oral)

* Values for General Population

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Not Applicable

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
sodium hypochlorite	13 mg/m ³	140 mg/m ³	290 mg/m ³
sodium hypochlorite	2 mg/m ³	290 mg/m ³	1,800 mg/m ³

Ingredient	Original IDLH	Revised IDLH
sodium hypochlorite	Not Available	Not Available

MATERIAL DATA

for chlorine:


Odour Threshold Value: 0.08 ppm (detection) - olfactory fatigue may develop

NOTE: Detector tubes for chlorine, measuring in excess of 0.2 ppm, are commercially available. Long-term measurements (8 hrs) may be conducted to detect concentrations exceeding 0.13 ppm.

Smell is not a good indicator of severity of exposure in the range 0.5 to 2 ppm. In this range subjects found exposure unpleasant with itching and burning of the throat reported and occasionally an urge to cough. Significant differences in the responses of males and females were also recorded with females often reporting headache and drowsiness.

Exposure at 1 ppm chlorine for 8 hours produced significant changes in pulmonary function and increased subjective irritation. Similar 8 hour exposures at 0.5 ppm produced no significant pulmonary function changes and less severe subjective irritation.

8.2. Exposure controls

<p>8.2.1. Appropriate engineering controls</p>	<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. Employers may need to use multiple types of controls to prevent employee overexposure.</p>
<p>8.2.2. Personal protection</p>	
<p>Eye and face protection</p>	<p>► 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</p>

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	<p>a danger of splashing, or if the material may be under pressure.</p> <ul style="list-style-type: none"> ▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. ▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. ▶ Alternatively a gas mask may replace splash goggles and face shields. ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Elbow length PVC gloves ▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.
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.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the

computer-generated selection:

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Material	CPI
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NITRILE	A
NITRILE+PVC	A
PVC	A

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant.

Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	B-AUS / Class1 P2	-
up to 50	1000	-	B-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	B-2 P2
up to 100	10000	-	B-3 P2
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
 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

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airborne.

- Try to avoid creating dust conditions.

Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.

P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS 76b-p()

8.2.3. Environmental exposure controls

See section 12

SECTION 9 Physical and chemical properties

9.1. Information on basic physical and chemical properties

Appearance	Greenish yellow		
Physical state	Liquid	Relative density (Water = 1)	1.22 - 1.26
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	11-13	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	216	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available BuAC = 1	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	23.94	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	2.5	VOC g/L	Not Applicable
Nanoform Solubility	Not Available	Nanoform Particle Characteristics	Not Available
Particle Size	Not Available		

9.2. Other information

Not Available

SECTION 10 Stability and reactivity

10.1.Reactivity	See section 7.2
10.2. Chemical stability	<ul style="list-style-type: none"> ▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
10.3. Possibility of hazardous reactions	See section 7.2

Continued...

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10.4. Conditions to avoid	See section 7.2
10.5. Incompatible materials	See section 7.2
10.6. Hazardous decomposition products	See section 5.3

SECTION 11 Toxicological information

11.1. 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>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 NOT 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> <p>Chlorine vapour is extremely irritating to the upper respiratory tract and lungs</p> <p>Symptoms of exposure to chlorine include coughing, choking, breathing difficulty, chest pain, headache, vomiting, pulmonary oedema. Inhalation may cause lung congestion, bronchitis and loss of consciousness. Effects may be delayed. Delayed effects of exposure to chlorine vapour can include shortness of breath, violent headaches, pulmonary oedema and pneumonia. Earlier reports suggested that concentrations around 5 ppm chlorine caused respiratory complaints, corrosion of the teeth, inflammation of the mucous membranes of the nose and increased susceptibility to tuberculosis in chronically-exposed workers. Recent studies have not confirmed these findings. Concentrations too low to effect the lower respiratory tract may however irritate the eyes, nose and throat.</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.</p> <p>The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (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>Skin contact will result in rapid drying, bleaching, leading to chemical burns on prolonged contact</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.</p> <p>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</p>

SODIUM HYPOCHLORITE POTABLE GRADE

	<p>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. 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. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>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>

SODIUM HYPOCHLORITE POTABLE GRADE	TOXICITY	IRRITATION
	Not Available	Not Available
sodium hypochlorite	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >10000 mg/kg ^[1]	Eye (rabbit): 10 mg - moderate
	Inhalation(Rat) LC50: >2.625 mg/l4h ^[1]	Eye (rabbit): 100 mg - moderate
	Oral (Mouse) LD50: 5800 mg/kg ^[2]	Skin (rabbit): 500 mg/24h-moderate
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	

SODIUM HYPOCHLORITE	<p>as sodium hypochlorite pentahydrate</p> <p>The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p>
SODIUM HYPOCHLORITE POTABLE GRADE & SODIUM HYPOCHLORITE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p> <p>Hypochlorite salts are classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.</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⁻). Such available chlorine is readily absorbed via the oral route and distributed into plasma, bone marrow, testis, skin, kidney and lung. Only about 50% is excreted mainly with the urine followed by excretion with faeces. HOCl is not enzymatically metabolised.</p> <p>Acute toxicity: 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.</p>

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

11.2 Information on other hazards

11.2.1. Endocrine Disruption Properties

Not Available

11.2.2. Other Information

See Section 11.1

SECTION 12 Ecological information

12.1. Toxicity

SODIUM HYPOCHLORITE POTABLE GRADE	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
sodium hypochlorite	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	0.005mg/l	2
	EC50	96h	Algae or other aquatic plants	~0.1~0.4mg/l	2
	EC50	72h	Algae or other aquatic plants	0.018mg/l	2
	LC50	96h	Fish	>0.023<0.052mg/l	4
	EC50	48h	Crustacea	0.01mg/l	4
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				

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

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⁻), 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.

for hypochlorites:

Environmental fate:

NOTE: Hypochlorite ion is predominant at alkaline pH values, while Cl₂ 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 Cl₂ + HOCl + ClO⁻, 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 (Cl₂), hypochlorous acid (HOCl) or hypochlorite ClO⁻.

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⁻ 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 (HClO₃) may also develop. The physico-chemical properties indicate that chlorine released into the environment as HClO or Cl₂ is distributed into water and air.

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

DO NOT discharge into sewer or waterways.

12.2. Persistence and degradability

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

12.3. Bioaccumulative potential

Continued...

SODIUM HYPOCHLORITE POTABLE GRADE

Ingredient	Bioaccumulation
	No Data available for all ingredients

12.4. Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

12.5. Results of PBT and vPvB assessment

	P	B	T
Relevant available data	Not Available	Not Available	Not Available
PBT	✗	✗	✗
vPvB	✗	✗	✗
PBT Criteria fulfilled?	No		
vPvB	No		

12.6. Endocrine Disruption Properties

Not Available

12.7. Other adverse effects

Not Available



SECTION 13 Disposal considerations

13.1. Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▸ 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. ▸ Where possible retain label warnings and SDS and observe all notices pertaining to the product. ▸ 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. ▸ Recycle wherever possible. ▸ 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. ▸ Treat and neutralise at an approved treatment plant. ▸ 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). ▸ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
Waste treatment options	Not Available
Sewage disposal options	Not Available

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	

SODIUM HYPOCHLORITE POTABLE GRADE

Land transport (ADR-RID)

14.1. UN number	1791	
14.2. UN proper shipping name	HYPOCHLORITE SOLUTION (contains sodium hypochlorite)	
14.3. Transport hazard class(es)	Class	8
	Subrisk	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Hazard identification (Kemler)	80
	Classification code	C9
	Hazard Label	8
	Special provisions	521
	Limited quantity	1 L
	Tunnel Restriction Code	2 (E)

Air transport (ICAO-IATA / DGR)

14.1. UN number	1791	
14.2. UN proper shipping name	Hypochlorite solution (contains sodium hypochlorite)	
14.3. Transport hazard class(es)	ICAO/IATA Class	8
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	8L
14.4. Packing group	II	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Special provisions	A3 A803
	Cargo Only Packing Instructions	855
	Cargo Only Maximum Qty / Pack	30 L
	Passenger and Cargo Packing Instructions	851
	Passenger and Cargo Maximum Qty / Pack	1 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y840
	Passenger and Cargo Limited Maximum Qty / Pack	0.5 L

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	1791	
14.2. UN proper shipping name	HYPOCHLORITE SOLUTION (contains sodium hypochlorite)	
14.3. Transport hazard class(es)	IMDG Class	8
	IMDG Subrisk	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Marine Pollutant	
14.6. Special precautions for user	EMS Number	F-A, S-B
	Special provisions	274 900
	Limited Quantities	1 L

Inland waterways transport (ADN)

14.1. UN number	1791
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SODIUM HYPOCHLORITE POTABLE GRADE

14.2. UN proper shipping name	HYPOCHLORITE SOLUTION (contains sodium hypochlorite)	
14.3. Transport hazard class(es)	8	Not Applicable
14.4. Packing group	II	
14.5. Environmental hazard	Environmentally hazardous	
14.6. Special precautions for user	Classification code	C9
	Special provisions	521
	Limited quantity	1 L
	Equipment required	PP, EP
	Fire cones number	0

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

Not Applicable

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

Product name	Group
sodium hypochlorite	Not Available

14.9. Transport in bulk in accordance with the ICG Code

Product name	Ship Type
sodium hypochlorite	Not Available

SECTION 15 Regulatory information

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

sodium hypochlorite is found on the following regulatory lists

Europe EC Inventory

European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)

European Union (EU) Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures - Annex VI

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

This safety data sheet is in compliance with the following EU legislation and its adaptations - as far as applicable - : Directives 98/24/EC, - 92/85/EEC, - 94/33/EC, - 2008/98/EC, - 2010/75/EU; Commission Regulation (EU) 2020/878; Regulation (EC) No 1272/2008 as updated through ATPs.

Information according to 2012/18/EU (Seveso III):

Seveso Category	E1, E2
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15.2. Chemical safety assessment

No Chemical Safety Assessment has been carried out for this substance/mixture by the supplier.

ECHA SUMMARY

Ingredient	CAS number	Index No	ECHA Dossier
sodium hypochlorite	7681-52-9	017-011-00-1	Not Available

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Ox. Sol. 2; Met. Corr. 1; Skin Corr. 1B; Eye Dam. 1; Aquatic Acute 1; Aquatic Chronic 1; Acute Tox. 4	GHS03; GHS05; GHS09; Dgr	H272; H290; H314; H410; H302
2	Ox. Sol. 2; Met. Corr. 1; Skin Corr. 1B; Eye Dam. 1; Aquatic Acute 1; Aquatic Chronic 1; Acute Tox. 4	GHS03; GHS05; GHS09; Dgr	H272; H290; H314; H410; H302
1	Skin Corr. 1B; Aquatic Acute 1	GHS05; GHS09; Dgr	H314; H400
2	Skin Corr. 1A; Aquatic Acute 1; Eye Dam. 1; Met. Corr. 1; STOT SE 3; Aquatic Chronic 1; STOT SE 3; Acute Tox. 4; Ox. Sol. 2	GHS05; GHS09; Dgr; GHS03	H314; H400; H318; H290; H335; H410; H336; H302; H272

Harmonisation Code 1 = The most prevalent classification. Harmonisation Code 2 = The most severe classification.

SODIUM HYPOCHLORITE POTABLE GRADE

National Inventory Status

National Inventory	Status
Australia - AIIIC / 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
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	30/11/2022
Initial Date	08/08/2017

CONTACT POINT

- For quotations contact your local Customer Services - <http://wssdirectory.wilhelmsen.com/#/customerservices> - Responsible for safety data sheet Wilhelmsen Ships Service AS - Prepared by: Compliance Manager, - Email: wss.global.sdsinfo@wilhelmsen.com - Telephone: Tel.: +47 67584000

Full text Risk and Hazard codes

H272	May intensify fire; oxidiser.
H290	May be corrosive to metals.
H302	Harmful if swallowed.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H336	May cause drowsiness or dizziness.
H410	Very toxic to aquatic life with long lasting effects.

SDS Version Summary

Version	Date of Update	Sections Updated
12.24	30/11/2022	Classification, Ingredients, Personal Protection (Respirator)

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.

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:

EN 166 Personal eye-protection

EN 340 Protective clothing

EN 374 Protective gloves against chemicals and micro-organisms

EN 13832 Footwear protecting against chemicals

Continued...

EN 133 Respiratory protective devices

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
AIIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act
TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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