



MALAY-SINO CHEMICAL INDUSTRIES SDN BHD (16055-T)

SAFETY DATA SHEET

FERRIC CHLORIDE (FeCl₃) 38% - 41%

SECTION 1: IDENTIFICATION OF THE HAZARDOUS CHEMICAL AND OF THE SUPPLIER

CAS NO

7705 - 08 - 0

PRODUCT NAME

FERRIC CHLORIDE 38% - 41%

PROPER SHIPPING NAME

FERRIC CHLORIDE SOLUTION

PRODUCT USE

General laboratory reagent and waste water treatment.

MANUFACTURE

Company: Malay-Sino Chemical Industries Sdn. Bhd.

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SECTION 2: HAZARD IDENTIFICATION

GHS Classification

Acute Aquatic Hazard Category 3

Acute Toxicity (Oral) Category 4

Metal Corrosion Category 1

Serious Eye Damage Category 1

Skin Corrosion/ Irritation Category 1C



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EMERGENCY OVERVIEW

HAZARD

DANGER

Determined by using GHS ICOP criteria:

H302	Harmful if swallowed.
H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H318	Causes serious eye damage.
H402	Harmful to aquatic life.

PRECAUTIONARY STATEMENTS

Prevention

Code	Phrase
P234	Keep only in original container.
P260	Do not breathe dust/ fume/ gas/ mist/ vapours/ spray.
P264	Wash thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P280	Wear protective gloves/ protective clothing/ eye protection/ face protection.

Response

Code	Phrase
P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/ physician if you feel unwell.
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF NO SKIN (or hair): Remove/ Take off immediately all contaminated clothing. Rinse skin with water/ shower.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER or doctor/ physician.
P330	Rinse mouth.
P363	Wash contaminated clothing before reuse.
P390	Absorb spillage to prevent material damage.



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Storage

Code

P405

P406

Phrase

Store locked up.

Store in corrosive resistant container or with a resistant inner liner.

SECTION 3: COMPOSITION AND INFORMATION OF THE INGREDIENTS OF THE HAZARDOUS CHEMICAL

NAME	CAS RN	%
Ferric Chloride	7705-08-0	25-42
Water	7732-18-5	58-75

SECTION 4: FIRST-AID MEASURES

SWALLOWED

- 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.

EYE

- If this product comes in contact with the eyes:
- 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.



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SKIN

- If skin or hair contact occurs:
- 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 without delay.

INHALED

- 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.
- Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.
- 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.
- This must definitely be left to a doctor or person authorised by him/her. (ICSC13719).

NOTES TO PHYSICIAN

- Treat symptomatically.

For acute or short-term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which
- Subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL,



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being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.

- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology].

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
- Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- Steroid eye drops should only be administered with the approval of a consulting ophthalmologist). [Ellenhorn and Barceloux: Medical Toxicology].



SECTION 5: FIRE-FIGHTING MEASURES

EXTINUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- Carbon dioxide.

FIRE FIGHTING

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

FIRE/ EXPLOSION HAZARD

- Non combustible.
- Not considered to be a significant fire risk.
- Acids may react with metals to produce hydrogen, a highly flammable and explosive gas.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- May emit corrosive, poisonous fumes. May emit acid smoke.
- Decomposition may produce toxic fumes of: hydrogen chloride.

FIRE INCOMPATIBILITY

- None known.

Personal Protective Equipment

- Gloves, boots (chemical resistant)
- Breathing apparatus

SECTION 6: ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.



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- Check regularly for spills and leaks.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact 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

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.
- Chemical Class:acidic compounds, inorganic
- For release onto land: recommended sorbents listed in order of priority.

SORBENT TYPE	RANK	APPLICATION	COLLECTION	LIMITATIONS
LAND SPILL – SMALL				
foamed glass - pillows	1	throw	pitchfork	R, P, DGC, RT
expanded mineral - particulate	2	shovel	shovel	R, I, W, P, DGC
foamed glass - particulate	2	shovel	shovel	R, W, P, DGC
LAND SPILL – MEDIUM				
expanded mineral - particulate	1	blower	Skip loader	R, I, W, P, DGC
foamed glass - particulate	2	blower	Skip loader	R, W, P, DGC

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foamed glass - 3 throw Skip loader R, W, P, DGC
particulate

Legend

DGC: Not effective where ground cover is dense

R: Not reusable

I: Not incinerable

P: Effectiveness reduced when rainy

RT: Not effective where terrain is rugged

SS: Not for use within environmentally sensitive sites

W: Effectiveness reduced when windy

Reference: Sorbents for Liquid Hazardous Substance Cleanup and Control;

R.W Melvold et al: Pollution Technology Review No. 150: Noyes Data Corporation 1988.

FOOTNOTES

1. **PROTECTIVE ACTION ZONE** is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the down wind protective action distance.
2. **PROTECTIVE ACTIONS** should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/ or incurring serious or irreversible health effects.
3. **INITIAL ISOLATION ZONE** is determined as an area, including upwind of the incident, within which a high probability of localized wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
4. **SMALL SPILLS** involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered “small spills”.
5. **LARGE SPILLS** involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a “one-tonne” compressed gas cylinder.
6. Guide 154 is taken from the US DOT emergency response guide book.



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7. IERG information is derived from CANUTEC – Transport Canada.

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

SECTION 7: HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with moisture.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- DO NOT use aluminium or galvanized containers.
- Check regularly for spills and leaks.
- 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.

For low viscosity materials

- 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.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- Cans with friction closures and
- Low pressure tubes and cartridges may be used.



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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.

STORAGE INCOMPATIBILITY

- Inorganic acids are generally soluble in water with the release of hydrogen ions. The resulting solutions have pH's of less than 7.0.
- Inorganic acids neutralise chemical bases (for example: amines and inorganic hydroxides) to form salts - neutralisation can generate dangerously large amounts of heat in small spaces.
- The dissolution of inorganic acids in water or the dilution of their concentrated solutions with additional water may generate significant heat.
- The addition of water to inorganic acids often generates sufficient heat in the small region of mixing to cause some of the water to boil explosively. The resulting "bumping" can spatter the acid.
- Inorganic acids react with active metals, including such structural metals as aluminum and iron, to release hydrogen, a flammable gas.
- Inorganic acids can initiate the polymerisation of certain classes of organic compounds.
- Inorganic acids react with cyanide compounds to release gaseous hydrogen cyanide.
- Inorganic acids generate flammable and/or toxic gases in contact with dithiocarbamates, isocyanates, mercaptans, nitrides, nitriles, sulfides, and strong reducing agents. Additional gas-generating reactions occur with sulfites, nitrites, thiosulfates (to give H₂S and SO₃), dithionites (SO₂), and even carbonates.
- Acids often catalyse (increase the rate of) chemical reactions.
- **WARNING:** Avoid or control reaction with peroxides. All transition metal peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.
- The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- Avoid reaction with borohydrides or cyanoborohydrides.

STORAGE REQUIREMENTS

- 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.

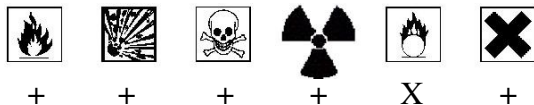


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SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

SECTION 8: EXPOSURE CONTROLS AND PERSONAL PROTECTION

EXPOSURE CONTROLS

- Ferric chloride CAS: 7705 – 08- 0 CAS: 58694 – 80- 7
- Water CAS: 7732 – 18 - 5

MATERIAL DATA

FERRIC CHLORIDE SOLUTION:

- Not available.

FERRIC CHLORIDE:

- 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

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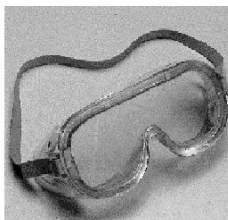
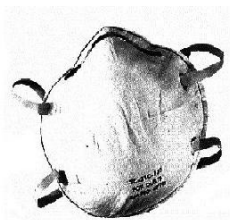
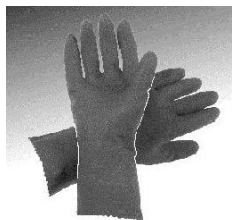
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- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.
- The recommended TLV is thought to reduce the likelihood of respiratory irritation and skin irritation from exposure to aerosols and mists of soluble iron salts.

WATER:

- No exposure limits set by NOHSC or ACGIH.

PERSONAL PROTECTION



EYE

- 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 lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

HANDS/ FEET

- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.
- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
 - frequency and duration of contact,
 - chemical resistance of glove material,
 - glove thickness and
 - dexterity
- Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).



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- 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) 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) is recommended.
- Contaminated gloves should be replaced.
- 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.

OTHER

- Overalls
- PVC Apron
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

RESPIRATOR

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

ENGINEERING CONTROLS

- General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in special circumstances. If risk of overexposure exists, wear approved respirator. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. Provide adequate ventilation in warehouses and enclosed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:

solvent, vapours, degreasing etc., evaporating from tank (in still air).

Air Speed:

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)



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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)

Within each range the appropriate value depends on:

Lower end of the range

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

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood – local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in 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.

SECTION 9: PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Yellow brown odourless liquid; mixes with water.

PHYSICAL PROPERTIES

Liquid.

Mixes with water.

Corrosive.

Acid.

State	Liquid	Molecular Weight	Not applicable
Melting Range (°C)	Not Available	Viscosity	Not Available
Boiling Range (°C)	105 - 110	Solubility in water (g/L)	Miscible
Flash Point (°C)	>160	pH (1 % Solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	1 - 3
Autoignition Temp (°C)	Not Available	Vapour Pressure (kPa)	Not Available

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Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	1.40 (at 27C)
Lower Explosive Limit (%)	Not Available	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Available

SECTION 10: STABILITY AND REACTIVITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Contact with alkaline material liberates heat.
- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

SECTION 11: TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
- The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.
- Ingestion of acidic corrosives may produce burns around and in the mouth, the throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Swelling of the epiglottis may make it difficult to breathe which may result in suffocation. More severe exposure may result in vomiting blood and thick mucus, shock, abnormally low blood pressure, fluctuating pulse, shallow respiration and clammy skin, inflammation of stomach wall, and rupture of oesophageal tissue. Untreated shock may eventually result in kidney failure. Severe cases may result in perforation of the stomach and abdominal cavity with consequent infection, rigidity and fever. There may be severe narrowing of the oesophageal or pyloric sphincters; this may occur immediately or after a delay of weeks to years. There may be coma and convulsions, followed by death due to infection of the abdominal cavity, kidneys or lungs.



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EYE

- The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.
- If applied to the eyes, this material causes severe eye damage.
- Direct eye contact with acid corrosives may produce pain, tears, sensitivity to light and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possibly irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply opaque resulting in blindness.

SKIN

- The material can produce chemical burns following direct contact with the skin.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.
- Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

- If inhaled, this material can irritate the throat and lungs of some persons.
- Not normally a hazard due to non-volatile nature of product.
- Corrosive acids can cause irritation of the respiratory tract, with coughing, choking and mucous membrane damage. There may be dizziness, headache, nausea and weakness. Swelling of the lungs can occur, either immediately or after a delay; symptoms of this include chest tightness, shortness of breath, frothy phlegm and cyanosis. Lack of oxygen can cause death hours after onset.
- High concentrations cause inflamed airways and watery swelling of the lungs with oedema.

CHRONIC HEALTH EFFECTS

- Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.
- Repeated or prolonged exposure to acids may result in the erosion of teeth, swelling and/or ulceration of mouth lining. Irritation of airways to lung, with cough, and inflammation of lung tissue often occurs. Chronic exposure may inflame the skin or conjunctiva.
- Chronic excessive intake of iron has been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. Iron overload in men may lead to diabetes, joint inflammation, liver cancer, heart irregularities and problems with other organs.
- Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections



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- Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray.
- Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication.
- Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken.
- Dust inhalation over an extended number of years may produce pneumoconiosis. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.

TOXICITY AND IRRITATION

FERRIC CHLORIDE SOLUTION:

- Not available. Refer to individual constituents.

FERRIC CHLORIDE:

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

TOXICITY

Oral (rat) LD50: 450 mg/kg

Oral (mouse) LD50: 895 mg/kg

IRRITATION

Nil reported

- The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
- Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of



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RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

- The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function.
- The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

WATER:

- No significant acute toxicological data identified in literature search.

SECTION 12: ECOLOGICAL INFORMATION

Ferric chloride 96 hr LC50 (20.26) mg/L Bluegill Fish Source: Calculated

FERRIC CHLORIDE:

- Prevent, by any means available, spillage from entering drains or water courses.
- Although inorganic chloride ions are not normally considered toxic they can exist in effluents at acutely toxic levels (chloride >3000 mg/l). The resulting salinity can exceed the tolerances of most freshwater organisms.
- Inorganic chlorine eventually finds its way into the aqueous compartment and as such is bioavailable. Incidental exposure to inorganic chloride may occur in occupational settings where chemicals management policies are improperly applied. The toxicity of chloride salts depends on the counter-ion (cation) present; that of chloride itself is unknown. Chloride toxicity has not been observed in humans except in the special case of impaired sodium chloride metabolism, e.g. in congestive heart failure. Healthy individuals can tolerate the intake of large quantities of chloride provided that there is a concomitant intake of fresh water.
- Although excessive intake of drinking-water containing sodium chloride at concentrations above 2.5 g/litre has been reported to produce hypertension, this effect is believed to be related to the sodium ion concentration.
- Chloride concentrations in excess of about 250 mg/litre can give rise to detectable taste in water, but the threshold depends upon the associated cations. Consumers can, however, become accustomed to concentrations in excess of 250 mg/litre. No health-based guideline value is proposed for chloride in drinking-water.
- In humans, 88% of chloride is extracellular and contributes to the osmotic activity of body



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fluids. The electrolyte balance in the body is maintained by adjusting total dietary intake and by excretion via the kidneys and gastrointestinal tract. Chloride is almost completely absorbed in normal individuals, mostly from the proximal half of the small intestine. Normal fluid loss amounts to about 1.5-2 liters/day, together with about 4 g of chloride per day. Most (90 - 95%) is excreted in the urine, with minor amounts in faeces (4-8%) and sweat (2%).

- Chloride increases the electrical conductivity of water and thus increases its corrosivity. In metal pipes, chloride reacts with metal ions to form soluble salts thus increasing levels of metals in drinking-water. In lead pipes, a protective oxide layer is built up, but chloride enhances galvanic corrosion. It can also increase the rate of pitting corrosion of metal pipes.
- DO NOT discharge into sewer or waterways.

WATER:

Ecotoxicity

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

SECTION 13: DISPOSAL INFORMATION

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible. Otherwise:
- 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 MSDS and observe all notices pertaining to the product. 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.
- A Hierarchy of Controls seems to be common - the user should investigate:
 - Reduction
 - Reuse
 - Recycling
 - Disposal (if all else fails)
- This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. 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.
- DO NOT allow wash water from cleaning or process equipment to enter drains.



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- 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 soda-ash or soda-lime followed by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material).
- Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14: TRANSPORTATION INFORMATION



Labels Required: CORROSIVE

HAZCHEM:

2X

Land Transport UNDG:

Class or division:	8	Subsidiary risk:	None
UN No:	2582	UN packing group:	III
Shipping Name: FERRIC CHLORIDE SOLUTION			

Air Transport IATA:

ICAO/ IATA Class:	8	ICAO/ IATA Subrisk:	None
UN/ ID Number:	2582	Packing Group:	III
Special provisions:	A3		
Shipping Name: FERRIC CHLORIDE SOLUTION			

Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	2582	Packing Group:	III
EMS Number:	F – A, S – B	Special Provisions:	223
Limited Quantities:	5 L		

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SECTION 15: REGULATORY INFORMATION

REGULATIONS

Regulations for ingredients

Ferric Chloride (CAS: 7705-08-0,58694-80-7) is found on the following regulatory lists;

"GESAMP/EHS Composite List - GESAMP Hazard Profiles", "IMO IBC Code Chapter 17: Summary of minimum requirements", "IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals"

Water (CAS: 7732-18-5) is found on the following regulatory lists;

"IMO IBC Code Chapter 18: List of products to which the Code does not apply", "International Fragrance Association (IFRA) Survey: Transparency List", "OECD List of High Production Volume (HPV) Chemicals", "OSPAR National List of Candidates for Substitution? Norway"

No data for FERRIC CHLORIDE <42% (CW: 21-2909)

SECTION 16: OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
Ferric chloride	7705-08-0, 58694-80-7

EXPOSURE STANDARD FOR MIXTURES

- "Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:
- Composite Exposure Standard for Mixture (TWA):100 mg/m³.
- Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the MSCI Classification committee using available literature references.
- The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the

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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.

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