

Auto Klene Multi Mix 10

Auto Klene Solutions

Chemwatch: 5199-81
Version No: 2.1.1.1
Safety Data Sheet according to HSNO Regulations

Chemwatch Hazard Alert Code: 4

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Initial Date: Not Available
S.GHS.NZL.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Auto Klene Multi Mix 10
Synonyms	Not Available
Proper shipping name	POTASSIUM HYDROXIDE SOLUTION
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions. Chlorinated detergent, specifically designed for dishwashing machines.
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Details of the supplier of the safety data sheet

Registered company name	Auto Klene Solutions
Address	1/83 Merrindale Drive VIC Croydon 3136 Australia
Telephone	+61 3 8761 1900
Fax	+61 3 8761 1955
Website	https://www.autoklene.com/msds/
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	131 126 (Poisons Information Centre)
Other emergency telephone numbers	0800 764 766 (New Zealand Poisons Information Centre)

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Classified as Dangerous Goods for transport purposes.

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	1	
Body Contact	4	
Reactivity	0	
Chronic	0	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Classification ^[1]	Metal Corrosion Category 1, Skin Corrosion/Irritation Category 1A, Serious Eye Damage Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	8.1A, 8.2A, 8.3A

Label elements

GHS label elements	
SIGNAL WORD	DANGER

Hazard statement(s)

H290	May be corrosive to metals.
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H314	Causes severe skin burns and eye damage.
H318	Causes serious eye damage.

Precautionary statement(s) Prevention

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

Precautionary statement(s) Response

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

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1310-58-3	10-30	<u>potassium hydroxide</u>
7681-52-9	<10	<u>sodium hypochlorite</u>
1344-09-8	<10	<u>sodium metasilicate</u>
Not Available	<10	aminotris(methylenephosphonic acid) salt
7722-88-5	<10	<u>tetrasodium pyrophosphate</u>
7732-18-5	>60	<u>water</u>

SECTION 4 FIRST AID MEASURES

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

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. ▶ 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.

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- ▶ 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.

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.

Treat symptomatically.

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]

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, haemoptysis 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.

(CSC24419/24421

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.

Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.

In such an event consider:

- ▶ foam.
- ▶ dry chemical powder.
- ▶ carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ 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"> ▶ The material is not readily combustible under normal conditions. ▶ However, it will break down under fire conditions and the organic component may burn. ▶ Not considered to be a significant fire risk. ▶ Heat may cause expansion or decomposition with violent rupture of containers. ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. <p>Decomposes on heating and produces toxic fumes of; carbon dioxide (CO₂) hydrogen chloride phosphene phosphorus oxides (PO_x) other pyrolysis products typical of burning organic material. May emit corrosive fumes.</p>

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

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. ▶ Stop leak if safe to do so. ▶ Contain spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. ▶ WARNING: To avoid violent reaction, ALWAYS add material to water and NEVER water to material. ▶ Avoid smoking, naked lights or ignition sources. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke.
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.

Conditions for safe storage, including any incompatibilities

Suitable container	<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 ▶ Reacts vigorously with acids ▶ Avoid contact with copper, aluminium and their alloys.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	potassium hydroxide	Potassium hydroxide	Not Available	Not Available	2 mg/m3	Not Available
New Zealand Workplace Exposure Standards (WES)	tetrasodium pyrophosphate	Tetrasodium pyrophosphate	5 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3

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potassium hydroxide	Potassium hydroxide	0.18 mg/m3	2 mg/m3	54 mg/m3
sodium hypochlorite	Sodium hypochlorite pentahydrate	4.6 mg/m3	51 mg/m3	290 mg/m3
sodium hypochlorite	Sodium hypochlorite	2 mg/m3	20 mg/m3	630 mg/m3
sodium metasilicate	Silicic acid, sodium salt; (Sodium silicate)	5.9 mg/m3	65 mg/m3	390 mg/m3
tetrasodium pyrophosphate	Sodium pyrophosphate decahydrate	4.3 mg/m3	48 mg/m3	290 mg/m3
tetrasodium pyrophosphate	Tetrasodium pyrophosphate	15 mg/m3	130 mg/m3	790 mg/m3

Ingredient	Original IDLH	Revised IDLH
potassium hydroxide	Not Available	Not Available
sodium hypochlorite	Not Available	Not Available
sodium metasilicate	Not Available	Not Available
aminotris(methylenephosphonic acid) salt	Not Available	Not Available
tetrasodium pyrophosphate	Not Available	Not Available
water	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. ▶ 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. <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> ▶ frequency and duration of contact, ▶ chemical resistance of glove material, ▶ glove thickness and ▶ dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> ▶ When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. ▶ When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. <p>Wear safety footwear.</p>
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.
Thermal hazards	Not Available

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-**

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

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generated selection:
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Material	CPI
BUTYL	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NITRILE	C
NITRILE+PVC	C
PVA	C
PVC	C
VITON	C
##sodium	hypochlorite

* 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.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	ABK-AUS P2	-	ABK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	ABK-AUS / Class 1 P2	-
up to 100 x ES	-	ABK-2 P2	ABK-PAPR-2 P2 ^

^ - Full-face

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)

Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content. The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Pale yellow clear liquid with a faint odour of chlorine; soluble in water to produce non-foaming solutions.		
Physical state	Liquid	Relative density (Water = 1)	~1.2
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	~13.3	Decomposition temperature	Not Available
Melting point / freezing point (°C)	<0	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	~110	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	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)	2 @ 20 degC	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	~12.5
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane.
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	Not normally a hazard due to non-volatile nature of product
Ingestion	<p>Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. Accidental ingestion of the material may be damaging to the health of the individual. Swallowing large amounts of tetrasodium pyrophosphate may cause diarrhoea, nausea, vomiting, cramps and abdominal pain. It is broken down to orthophosphate in the gut, and this causes blood acidity and low blood calcium.</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. 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>
Skin Contact	<p>The material can produce severe chemical burns following direct contact with the skin. 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. Open cuts, abraded or irritated skin should not be exposed to this material. Contact may cause severe itchiness, skin lesions and mild eczema. 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 a slight sloughing of the skin on 4 of 7 subjects. Two patients were reported with chronic allergic dermatitis of the hand related to sensitisation to sodium hypochlorite as the active component of laundry bleach. 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.</p>
Eye	<p>If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness. Animal testing shows that direct contact of tetrasodium pyrophosphate with the eye causes severe irritation and injury to the cornea.</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 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>
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. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population. 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. Delayed effects can include shortness of breath, violent headaches, pulmonary oedema and pneumonia. 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>

Auto Klene Multi Mix 10	TOXICITY	IRRITATION
	Not Available	Not Available
potassium hydroxide	TOXICITY	IRRITATION
	Oral (rat) LD50: 273 mg/kg ^[2]	Eye (rabbit): 1mg/24h rinse-moderate
		Skin (human): 50 mg/24h SEVERE
		Skin (rabbit): 50 mg/24h SEVERE
sodium hypochlorite	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >10000 mg/kg ^[1]	Eye (rabbit): 10 mg - moderate
	Oral (rat) LD50: >237 mg/kg ^[1]	Eye (rabbit): 100 mg - moderate
		Skin (rabbit): 500 mg/24h-moderate
sodium metasilicate	TOXICITY	IRRITATION
	dermal (rat) LD50: >5000 mg/kg ^[1]	Skin (human): 250 mg/24h SEVERE
	Oral (rat) LD50: 500 mg/kg ^[1]	Skin (rabbit): 250 mg/24h SEVERE
tetrasodium pyrophosphate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Nil reported
	Oral (rat) LD50: >300-~2000 mg/kg ^[1]	
water	TOXICITY	IRRITATION
	Oral (rat) LD50: >90000 mg/kg ^[2]	Not Available

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

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	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause severe 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. Repeated exposures may produce severe ulceration.</p>
SODIUM HYPOCHLORITE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. 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. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Hypochlorite salts are extremely corrosive and can cause severe damage to the eyes and skin. A number of skin cancers have been observed in mice, when applied to their skin. as sodium hypochlorite pentahydrate</p>
SODIUM METASILICATE	<p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>
WATER	No significant acute toxicological data identified in literature search.

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 available but does not fill the criteria for classification
✔ – Data required to make classification available
☹ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
potassium hydroxide	LC50	96	Fish	80mg/L	2
potassium hydroxide	NOEC	24	Fish	28mg/L	2
sodium hypochlorite	EC50	0.08	Crustacea	0.002mg/L	4
sodium hypochlorite	LC50	96	Fish	0.032mg/L	4
sodium hypochlorite	EC50	48	Crustacea	0.026mg/L	2
sodium hypochlorite	EC50	72	Algae or other aquatic plants	0.0183mg/L	2
sodium hypochlorite	NOEC	72	Algae or other aquatic plants	0.0054mg/L	2
sodium metasilicate	LC50	96	Fish	260-310mg/L	2
sodium metasilicate	NOEC	96	Fish	348mg/L	2
sodium metasilicate	EC50	48	Crustacea	1700mg/L	2
sodium metasilicate	EC50	96	Crustacea	160mg/L	2
sodium metasilicate	EC50	72	Algae or other aquatic plants	207mg/L	2
tetrasodium pyrophosphate	EC50	96	Algae or other aquatic plants	18.89568mg/L	3
tetrasodium pyrophosphate	LC50	96	Fish	>100mg/L	2
tetrasodium pyrophosphate	EC50	48	Crustacea	>100mg/L	2
tetrasodium pyrophosphate	EC50	72	Algae or other aquatic plants	>100mg/L	2
tetrasodium pyrophosphate	NOEC	72	Algae or other aquatic plants	>100mg/L	2
water	EC50	384	Crustacea	199.179mg/L	3

Continued...

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water	EC50	96	Algae or other aquatic plants	8768.874mg/L	3
water	LC50	96	Fish	897.520mg/L	3
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

For Chlorine:

Atmospheric Fate: Atmospheric chlorine forms hydrochloric or hypochlorous acid in the atmosphere, either through reactions with hydroxyl radicals or, other trace species, such as hydrocarbons. These acids are believed to be removed from the atmosphere primarily through precipitation washout/dry deposition. When chlorine, hypochlorous acid or hydrogen chloride mixes in the atmosphere with water vapor, dilute solutions of strong mineral acids form which fall to earth as acid rain, snow, fog, or acidified dry particles.

Terrestrial Fate: Soil - Chlorine may react with soil components to form chlorides; depending on their water solubility, these chlorides are easily washed out from the soil. Plants - Vegetation acts as an important artificial reservoir, (sink), for chlorine air pollution. Elevated levels of chlorine can cause plant injury; however chlorine tends to be rapidly converted to other less toxic forms. Chlorine is toxic to plant growth, however; it is also essential to plant growth - crops need around 2 kg or more of chlorine per acre.

In freshwater, the hypochlorites break down rapidly into non-toxic compounds when exposed to sunlight. While chlorine levels decline rapidly in seawater, hypobromite (which is acutely toxic to aquatic organisms) is formed. Sodium and calcium hypochlorite exhibit low levels of toxicity to birds, but they are highly toxic to freshwater fish and invertebrates. As hypochlorite is a highly reactive chemical, it undergoes a series of reactions, including oxidation of inorganic and organic species, and chlorination, forming organohalogen by-products. With a half-life of around 0.6 minutes, hypochlorite is rapidly broken down during use, in the sewer, and during sewage treatment. Due to its reaction with ammonia, concentration levels are predicted to drop substantially by the time it reaches the end of the sewer, and while chloramine will subsequently be increased, both these levels are significantly below the lowest acute EC50s determined for sodium hypochlorite and monochloramine. The organohalogenes produced are low and are not expected to have an adverse effect on the environment. The levels of organohalogenes in sewage effluent arising from bleach use is comparable with, and sometimes less, than drinking water that is disinfected by chlorination. After secondary sewage treatment, the levels entering receiving waters will be similar to background levels present in rivers.

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
tetrasodium pyrophosphate	HIGH	HIGH
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
tetrasodium pyrophosphate	LOW (LogKOW = -1.7388)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
tetrasodium pyrophosphate	LOW (KOC = 7.883)
water	LOW (KOC = 14.3)

SECTION 13 DISPOSAL CONSIDERATIONS

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. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. 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.</p> <p>Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ 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 licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material). ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
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Ensure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.

SECTION 14 TRANSPORT INFORMATION

Labels Required

Continued...



Marine Pollutant	NO
HAZCHEM	2R

Land transport (UN)

UN number	1814
UN proper shipping name	POTASSIUM HYDROXIDE SOLUTION
Transport hazard class(es)	Class : 8 Subrisk : Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	Special provisions : Not Applicable Limited quantity : 1 L

Air transport (ICAO-IATA / DGR)

UN number	1814
UN proper shipping name	Potassium hydroxide solution
Transport hazard class(es)	ICAO/IATA Class : 8 ICAO / IATA Subrisk : Not Applicable ERG Code : 8L
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	Special provisions : A3A803 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)

UN number	1814
UN proper shipping name	POTASSIUM HYDROXIDE SOLUTION
Transport hazard class(es)	IMDG Class : 8 IMDG Subrisk : Not Applicable
Packing group	II
Environmental hazard	Not Applicable
Special precautions for user	EMS Number : F-A, S-B Special provisions : Not Applicable Limited Quantities : 1 L

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

Not Applicable

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR100425	Pharmaceutical Active Ingredients Group Standard 2010

POTASSIUM HYDROXIDE(1310-58-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Continued...

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

SODIUM HYPOCHLORITE(7681-52-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

SODIUM METASILICATE(1344-09-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Inventory of Chemicals (NZIoC)

TETRASODIUM PYROPHOSPHATE(7722-88-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Workplace Exposure Standards (WES)

New Zealand Inventory of Chemicals (NZIoC)

WATER(7732-18-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

New Zealand Inventory of Chemicals (NZIoC)

Location Test Certificate

Subject to Regulation 55 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations, a location test certificate is required when quantity greater than or equal to those indicated below are present.

Hazard Class	Quantity beyond which controls apply for closed containers	Quantity beyond which controls apply when use occurring in open containers
Not Applicable	Not Applicable	Not Applicable

Approved Handler

Subject to Regulation 56 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations and Regulation 9 of the Hazardous Substances (Classes 6, 8, and 9 Controls) Regulations, the substance must be under the personal control of an Approved Handler when present in a quantity greater than or equal to those indicated below.

Class of substance	Quantities
8.2A	Any quantity

Refer Group Standards for further information

Tracking Requirements

Not Applicable

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (sodium metasilicate; water; tetrasodium pyrophosphate; potassium hydroxide; sodium hypochlorite)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (water; tetrasodium pyrophosphate)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
sodium hypochlorite	10022-70-5, 7681-52-9
tetrasodium pyrophosphate	13472-36-1, 7722-88-5

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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.

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