R-22 - Reclaimed (A-Gas R22)

A-Gas (Singapore) Pte Ltd

Chemwatch Hazard Alert Code: **1**

Chemwatch: **15-7563**
Version No: **8.1**
Safety Data Sheet

Issue Date: **24/12/2019**
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L.GHS.SGP.EN

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

Product Identifier

Product name	R-22 - Reclaimed (A-Gas R22)
Chemical Name	chlorodifluoromethane
Synonyms	Mixtures of Chlorofluorocarbons; Hydrochlorofluorocarbons; Hydrofluorocarbons; R-22; CHLORODIFLUOROMETHANE; HCFC-22; DYMEL 22
Proper shipping name	CHLORODIFLUOROMETHANE (REFRIGERANT GAS R 22)
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Refrigerant. for industrial use only.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**A-Gas (Singapore) Pte Ltd**
Address	10 Gul Crescent 629523 Singapore
Telephone	+65 64673990
Fax	64697502
Website	www.agas.com
Email	Not Available

Emergency telephone number

Association / Organisation	**A-Gas (Singapore) Pte Ltd**	**CHEMWATCH EMERGENCY RESPONSE**
Emergency telephone numbers	**+65 64673990**	**+6531381227**
Other emergency telephone numbers	**Not Available**	**+61 3 9573 3188**

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

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification	Hazardous to the Ozone Layer Category 1, Gases Under Pressure (Liquefied Gas)

Label elements

Hazard pictogram(s)	
Signal word	Warning

Hazard statement(s)

H420	Harms public health and the environment by destroying ozone in the upper atmosphere.
H280	Contains gas under pressure; may explode if heated.

Supplementary statement(s)

Not Applicable

Precautionary statement(s) General

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

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P103	Read label before use.

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

P410+P403	Protect from sunlight. Store in a well-ventilated place.

Precautionary statement(s) Disposal

P502	Refer to manufacturer/supplier for information on recovery/recycling.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
75-45-6	>99.5	chlorodifluoromethane

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	▸ If product comes in contact with eyes remove the patient from gas source or contaminated area. ▸ Take the patient to the nearest eye wash, shower or other source of clean water. ▸ Open the eyelid(s) wide to allow the material to evaporate. ▸ Gently rinse the affected eye(s) with clean, cool water for at least 15 minutes. Have the patient lie or sit down and tilt the head back. Hold the eyelid(s) open and pour water slowly over the eyeball(s) at the inner corners, letting the water run out of the outer corners. ▸ The patient may be in great pain and wish to keep the eyes closed. It is important that the material is rinsed from the eyes to prevent further damage. ▸ Ensure that the patient looks up, and side to side as the eye is rinsed in order to better reach all parts of the eye(s) ▸ Transport to hospital or doctor. ▸ Even when no pain persists and vision is good, a doctor should examine the eye as delayed damage may occur. ▸ If the patient cannot tolerate light, protect the eyes with a clean, loosely tied bandage. ▸ Ensure verbal communication and physical contact with the patient. **DO NOT** allow the patient to rub the eyes **DO NOT** allow the patient to tightly shut the eyes **DO NOT** introduce oil or ointment into the eye(s) without medical advice **DO NOT** use hot or tepid water.
Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation. In case of cold burns (frost-bite): ▸ Move casualty into warmth before thawing the affected part; if feet are affected carry if possible ▸ Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbing ▸ **DO NOT** apply hot water or radiant heat. ▸ Apply a clean, dry, light dressing of "fluffed-up" dry gauze bandage ▸ If a limb is involved, raise and support this to reduce swelling ▸ If an adult is involved and where intense pain occurs provide pain killers such as paracetomol ▸ Transport to hospital, or doctor ▸ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.
Inhalation	▸ Following exposure to gas, remove the patient from the gas source or contaminated area. ▸ NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure the safety of the rescuer. ▸ Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures. ▸ If the patient is not breathing spontaneously, administer rescue breathing. ▸ If the patient does not have a pulse, administer CPR. ▸ If medical oxygen and appropriately trained personnel are available, administer 100% oxygen. ▸ Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction. ▸ Keep the patient warm, comfortable and at rest while awaiting medical care. ▸ **MONITOR THE BREATHING AND PULSE, CONTINUOUSLY.** ▸ Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.
Ingestion	▸ Not considered a normal route of entry.

Indication of any immediate medical attention and special treatment needed

for intoxication due to Freons/ Halons;
A: Emergency and Supportive Measures
- Maintain an open airway and assist ventilation if necessary
- Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
- Monitor the ECG for 4-6 hours

B: Specific drugs and antidotes:
- There is no specific antidote

C: Decontamination
- Inhalation; remove victim from exposure, and give supplemental oxygen if available.
- Ingestion; (a) Prehospital: Administer activated charcoal, if available. **DO NOT** induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)

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D: Enhanced elimination:
- There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.

POISONING and DRUG OVERDOSE, Californian Poison Control System Ed. Kent R Olson; 3rd Edition
- Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
- No specific antidote.
- Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
- If lavage is performed, suggest endotracheal and/or esophageal control.
- Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
- Treatment based on judgment of the physician in response to reactions of the patient

DO NOT administer sympathomimetic drugs as they may cause ventricular arrhythmias.
For gas exposures:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.
EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 Firefighting measures

Extinguishing media

SMALL FIRE: Use extinguishing agent suitable for type of surrounding fire.
LARGE FIRE: Cool cylinder.
DO NOT direct water at source of leak or venting safety devices as icing may occur.

Special hazards arising from the substrate or mixture

Fire Incompatibility	▸ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

Fire Fighting	--- GENERAL --- ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus and protective gloves. ▸ Fight fire from a safe distance, with adequate cover. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ **DO NOT** approach cylinders suspected to be hot. ▸ Cool fire exposed cylinders with water spray from a protected location. ▸ If safe to do so, remove cylinders from path of fire. --- SPECIAL REQUIREMENTS: --- ▸ Excessive pressures may develop in a gas cylinder exposed in a fire; this may result in explosion. ▸ Cylinders with pressure relief devices may release their contents as a result of fire and the released gas may constitute a further source of hazard for the fire-fighter. ▸ Cylinders without pressure-relief valves have no provision for controlled release and are therefore more likely to explode if exposed to fire. --- FIRE FIGHTING REQUIREMENTS: --- The need for proximity, entry and special protective clothing should be determined for each incident, by a competent fire-fighting safety professional.
Fire/Explosion Hazard	Although not flammable in air at temperatures up to 100 deg. C at atmospheric temperature, mixtures with high concentrations of air at elevated pressure and / or temperature can become combustible in the presence of an ignition source. The material can also become combustible in an oxygen enriched environment (oxygen concentrations greater than in air). Whether air-mixtures or oxygen-mixtures become combustible depends on temperature, pressure and oxygen concentration. In general the material should not be allowed to exist with air above atmospheric pressure or at high temperatures, or in an oxygen enriched environment. For example do NOT mix with air under pressure for leak testing or other purposes. ▸ Containers may explode when heated - Ruptured cylinders may rocket ▸ Fire exposed containers may vent contents through pressure relief devices. ▸ High concentrations of gas may cause asphyxiation without warning. ▸ May decompose explosively when heated or involved in fire. ▸ Contact with gas may cause burns, severe injury and/ or frostbite. Decomposition may produce toxic fumes of: carbon monoxide (CO) carbon dioxide (CO2) hydrogen chloride phosgene hydrogen fluoride other pyrolysis products typical of burning organic material. **Contains low boiling substance:** Closed containers may rupture due to pressure buildup under fire conditions.

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SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	▸ Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used. ▸ **DO NOT** enter confined spaces where gas may have accumulated. ▸ Increase ventilation. ▸ Clear area of personnel. ▸ Stop leak only if safe to so do. ▸ Remove leaking cylinders to safe place. Release pressure under safe controlled conditions by opening valve. ▸ Do not exert excessive pressure on the valve; do not attempt to operate a damaged valve ▸ Orientate cylinder so that the leak is gas, not liquid, to minimise rate of leakage ▸ Keep area clear of personnel until gas has dispersed.
Major Spills	▸ Clear area of all unprotected personnel and move upwind. ▸ Alert Emergency Authority and advise them of the location and nature of hazard. ▸ Wear breathing apparatus and protective gloves. ▸ Prevent by any means available, spillage from entering drains and water-courses. ▸ Consider evacuation. ▸ Increase ventilation. ▸ No smoking or naked lights within area. ▸ Stop leak only if safe to so do. ▸ Water spray or fog may be used to disperse vapour. ▸ **DO NOT** enter confined space where gas may have collected. ▸ Keep area clear until gas has dispersed. ▸ Remove leaking cylinders to a safe place. ▸ Fit vent pipes. Release pressure under safe, controlled conditions ▸ Burn issuing gas at vent pipes. ▸ **DO NOT** exert excessive pressure on valve; **DO NOT** attempt to operate damaged valve.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	· Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe dispersal. Use only properly specified equipment which is suitable for this product, its supply pressure and temperature · The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines. · Fully-welded types of pressure gauges, where the bourdon tube sensing element is welded to the gauge body, are recommended. · Before connecting gas cylinders, ensure manifold is mechanically secure and does not containing another gas. Before disconnecting gas cylinder, isolate supply line segment proximal to cylinder, remove trapped gas in supply line with aid of vacuum pump · When connecting or replacing cylinders take care to avoid airborne particulates violently ejected when system pressurises. · Consider the use of doubly-contained piping; diaphragm or bellows sealed, soft seat valves; backflow prevention devices; flash arrestors; and flow monitoring or limiting devices. Gas cabinets, with appropriate exhaust treatment, are recommended, as is automatic monitoring of the secondary enclosures and work areas for release. · Use a pressure reducing regulator when connecting cylinder to lower pressure (<100 psig) piping or systems · Use a check valve or trap in the discharge line to prevent hazardous back-flow into the cylinder · Check regularly for spills or leaks. Keep valves tightly closed but do not apply extra leverage to hand wheels or cylinder keys. · Open valve slowly. If valve is resistant to opening then contact your supervisor · Valve protection caps must remain in place must remain in place unless container is secured with valve outlet piped to use point. · Never insert a pointed object (e.g hooks) into cylinder cap openings as a means to open cap or move cylinder. Such action can inadvertently turn the valve and gas a gas leak. Use an adjustable strap instead of wrench to free an over-tight or rusted cap. · A bubble of gas may buildup behind the outlet dust cap during transportation, after prolonged storage, due to defective cylinder valve or if a dust cap is inserted without adequate evacuation of gas from the line. When loosening dust cap, preferably stand cylinder in a suitable enclosure and take cap off slowly. Never face the dust cap directly when removing it; point cap away from any personnel or any object that may pose a hazard. under negative pressure (relative to atmospheric gas) · Suck back of water into the container must be prevented. Do not allow backfeed into the container. · Do NOT drag, slide or roll cylinders - use a suitable hand truck for cylinder movement · Test for leakage with brush and detergent - **NEVER** use a naked flame. · Do NOT heat cylinder by any means to increase the discharge rate of product from cylinder. · Leaking gland nuts may be tightened if necessary. · If a cylinder valve will not close completely, remove the cylinder to a well ventilated location (e.g. outside) and, when empty, tag as FAULTY and return to supplier. · Obtain a work permit before attempting any repairs. · DO NOT attempt repair work on lines, vessels under pressure. · Atmospheres must be tested and O.K. before work resumes after leakage. ▸ **DO NOT** transfer gas from one cylinder to another.
Other information	Storage temperature: <45 deg.C ▸ Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open. ▸ Such compounds should be sited and built in accordance with statutory requirements. ▸ The storage compound should be kept clear and access restricted to authorised personnel only. ▸ Cylinders stored in the open should be protected against rust and extremes of weather. ▸ Cylinders in storage should be properly secured to prevent toppling or rolling. ▸ Cylinder valves should be closed when not in use. ▸ Where cylinders are fitted with valve protection this should be in place and properly secured. ▸ Gas cylinders should be segregated according to the requirements of the Dangerous Goods Act. ▸ Preferably store full and empty cylinders separately. ▸ Check storage areas for hazardous concentrations of gases prior to entry. ▸ Full cylinders should be arranged so that the oldest stock is used first.

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	▸ Cylinders in storage should be checked periodically for general condition and leakage. ▸ Protect cylinders against physical damage. Move and store cylinders correctly as instructed for their manual handling. **NOTE:** A 'G' size cylinder is usually too heavy for an inexperienced operator to raise or lower.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Cylinder: ▸ Ensure the use of equipment rated for cylinder pressure. ▸ Ensure the use of compatible materials of construction. ▸ Valve protection cap to be in place until cylinder is secured, connected. ▸ Cylinder must be properly secured either in use or in storage. ▸ Cylinder valve must be closed when not in use or when empty. ▸ Segregate full from empty cylinders. **WARNING:** Suckback into cylinder may result in rupture. Use back-flow preventive device in piping.
Storage incompatibility	▸ Avoid reaction with oxidising agents Haloalkanes: ▸ are highly reactive:some of the more lightly substituted lower members are highly flammable; the more highly substituted may be used as fire suppressants, not always with the anticipated results. ▸ may react with the lighter divalent metals to produce more reactive compounds analogous to Grignard reagents. ▸ may produce explosive compounds following prolonged contact with metallic or other azides ▸ may react on contact with potassium or its alloys - although apparently stable on contact with a wide rage of halocarbons, reaction products may be shock-sensitive and may explode with great violence on light impact; severity generally increases with the degree of halocarbon substitution and potassium-sodium alloys give extremely sensitive mixtures . BRETHERICK L.: Handbook of Reactive Chemical Hazards ▸ react with metal halides and active metals, eg. sodium (Na), potassium (K), lithium (Li),calcium (Ca), zinc (Zn), powdered aluminium (Al) and aluminium alloys, magnesium (Mg) and magnesium alloys. ▸ may react with brass and steel. ▸ may react explosively with strong oxidisers ▸ may degrade rubber, and plastics such as methacrylate polymers, polyethylene and polystyrene, paint and coatings ▸ Avoid magnesium, aluminium and their alloys, brass and steel.

+	+	+	+	+	+	+

X — *Must not be stored together*
0 — *May be stored together with specific preventions*
+ — *May be stored together*

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

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Singapore Permissible Exposure Limits of Toxic Substances	chlorodifluoromethane	Chlorodifluoromethane	1000 ppm / 3540 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
chlorodifluoromethane	1,250 ppm	2,400 ppm	14,000 ppm

Ingredient	Original IDLH	Revised IDLH
chlorodifluoromethane	Not Available	Not Available

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.
OSHA (USA) concluded that exposure to sensory irritants can:
▸ cause inflammation
▸ cause increased susceptibility to other irritants and infectious agents
▸ lead to permanent injury or dysfunction
▸ permit greater absorption of hazardous substances and
▸ acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:

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	Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. ▸ Areas where cylinders are stored require good ventilation and, if enclosed, need discrete/controlled exhaust ventilation. ▸ Secondary containment and exhaust gas treatment may be required by certain jurisdictions. ▸ Local exhaust ventilation may be required in work areas. ▸ Consideration should be given to the use of diaphragm or bellows-sealed, soft-seat valves; backflow prevention devices and flow-monitoring or limiting devices. ▸ Automated alerting systems with automatic shutdown of gas-flow may be appropriate and may in fact be mandatory in certain jurisdictions. ▸ Respiratory protection in the form of air-supplied or self-contained breathing equipment must be worn if the oxygen concentration in the workplace air is less than 19%. ▸ Cartridge respirators do NOT give protection and may result in rapid suffocation. 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: / Air Speed: gas discharge (active generation into zone of rapid air motion) / 1-2.5 m/s (200-500 f/min.) Within each range the appropriate value depends on: Lower end of the range / Upper end of the range 1: Room air currents minimal or favourable to capture / 1: Disturbing room air currents 2: Contaminants of low toxicity or of nuisance value only. / 2: Contaminants of high toxicity 3: Intermittent, low production. / 3: High production, heavy use 4: Large hood or large air mass in motion / 4: Small hood-local control only Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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.
Personal protection	
Eye and face protection	▸ Chemical goggles. ▸ Full face shield may be required for supplementary but never for primary protection of eyes. ▸ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	▸ Neoprene gloves ▸ When handling sealed and suitably insulated cylinders wear cloth or leather gloves. ▸ Insulated gloves: NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.
Body protection	See Other protection below
Other protection	▸ Protective overalls, closely fitted at neck and wrist. ▸ Eye-wash unit. ▸ Ensure availability of lifeline in confined spaces. ▸ Staff should be trained in all aspects of rescue work. ▸ Rescue gear: Two sets of SCBA breathing apparatus Rescue Harness, lines etc.

Respiratory protection

Type AX 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.
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 5 x ES	Air-line*	AX-2	AX-PAPR-2 ^
up to 10 x ES	-	AX-3	-
10+ x ES	-	Air-line**	-

* - Continuous Flow; ** - Continuous-flow or positive pressure demand
^ - 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)

- Positive pressure, full face, air-supplied breathing apparatus should be used for work in enclosed spaces if a leak is suspected or the primary containment is to be opened (e.g. for a cylinder change)
- Air-supplied breathing apparatus is required where release of gas from primary containment is either suspected or demonstrated.

SECTION 9 Physical and chemical properties

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Information on basic physical and chemical properties

Appearance	Clear liquefied gas with slight ether-like odour; partly mixes with water.

Physical state	Liquified Gas	**Relative density (Water = 1)**	1.19 @ 25 deg.C
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Neutral	**Decomposition temperature (°C)**	632
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	-40.8	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	>1 CCL4 = 1	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	1044 @ 25 deg.C	**Gas group**	Not Available
Solubility in water	Partly miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	3.03 @ 20 deg.C	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur. ▸ Presence of elevated temperatures.
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	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Common, generalised symptoms associated with non-toxic gas inhalation include : ▸ central nervous system effects such as headache, confusion, dizziness, progressive stupor, coma and seizures; ▸ respiratory system complications may include tachypnoea and dyspnoea; ▸ cardiovascular effects may include circulatory collapse and arrhythmias; ▸ gastrointestinal effects may also be present and may include mucous membrane irritation and nausea and vomiting. Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure. Exposure to high concentrations of fluorocarbons may produce cardiac arrhythmias or cardiac arrest due sensitisation of the heart to adrenalin or noradrenalin. Deaths associated with exposures to fluorocarbons (specifically halogenated aliphatics) have occurred in occupational settings and in inhalation of bronchodilator drugs. Bronchospasm consistently occurs in human subjects inhaling fluorocarbons. At a measured concentration of 1700 ppm of one of the commercially available aerosols there is a biphasic change in ventilatory capacity, the first reduction occurring within a few minutes and the second delayed up to 30 minutes. Most subjects developed bradycardia (reduced pulse rate). Bradycardia is encountered in dogs when administration is limited to upper respiratory tract (oropharyngeal and nasal areas). Cardiac arrhythmias can be experimentally induced in animals (species dependency is pronounced with dogs and monkeys requiring lesser amounts of fluorocarbon FC-11 than rats or mice). Sensitivity is increased by injection of adrenalin or cardiac ischaemia/necrosis or pulmonary thrombosis/bronchitis. The cardiotoxic effects of the fluorocarbons originate from irritation of the respiratory tract which in turn reflexively influences the heart rate (even prior to absorption of the fluorocarbon) followed by direct depression of the heart after absorption. Exposure to fluorocarbon thermal decomposition products may produce flu-like symptoms including chills, fever, weakness, muscular aches, headache, chest discomfort, sore throat and dry cough. Complete recovery usually occurs within 24 hours of exposure.
Ingestion	Overexposure is unlikely in this form. Not normally a hazard due to physical form of product. Considered an unlikely route of entry in commercial/industrial environments
Skin Contact	Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

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	In common with other halogenated aliphatics, fluorocarbons may cause dermal problems due to a tendency to remove natural oils from the skin causing irritation and the development of dry, sensitive skin. They do not appear to be appreciably absorbed. Material on the skin evaporates rapidly and may cause tingling, chilling and even temporary numbness Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include "pins and needles", paleness followed by numbness, a hardening an stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered). Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn). Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include "pins and needles", paleness followed by numbness, a hardening an stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered).
Chronic	Principal route of occupational exposure to the gas is by inhalation. It is generally accepted that the fluorocarbons are less toxic than the corresponding halogenated aliphatic based on chlorine. Repeated inhalation exposure to the fluorocarbon FC-11 does not produce pathologic lesions of the liver and other visceral organs in experimental animals. There has been conjecture in non-scientific publications that fluorocarbons may cause leukemia, cancer, sterility and birth defects; these have not been verified by current research. The high incidence of cancer, spontaneous abortion and congenital anomalies amongst hospital personnel, repeatedly exposed to fluorine-containing general anaesthetics, has caused some scientists to call for a lowering of the fluorocarbon exposure standard to 5 ppm since some are mutagens. Limited evidence exists, or practical experience predicts, that the material produces irritation of the respiratory system in a significant number of individuals following inhalation.

R-22 - Reclaimed (A-Gas R22)	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
chlorodifluoromethane	**TOXICITY**	**IRRITATION**
	Inhalation(Rat) LC50: 220000 ppm4h[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*	

CHLORODIFLUOROMETHANE

Chlorofluorocarbons may enter the human organism by inhalation, ingestion, or dermal contact. Inhalation is the most common and important route of entry, and exhalation is the most significant route of elimination from the body. Controlled studies with volunteer subjects and experimental animals have provided substantial data from exposures to a number of the chlorofluorocarbons.
CFCs and HCFCs are known to sensitise the heart to adrenalin-induced arrhythmias.
CFCs:

- can be absorbed across the alveolar membrane, gastro- intestinal tract, or the skin;
- are absorbed rapidly into the blood, following inhalation;
- are absorbed into the blood at a decreasing rate as blood concentration increases;
- once in the blood, are absorbed by various tissues;
- will reach a stable blood level if exposure is sufficiently long, indicating an equilibrium between the air containing the chlorofluorocarbons and the blood;
- are still absorbed by body tissue, after the initial blood level stabilization, and continue to enter the body.

Studies with animals indicate that chlorofluorocarbons are rapidly absorbed after inhalation and are distributed by blood into practically all tissues of the body. The highest concentrations are usually found in fatty or lipid-containing tissues. However, chlorofluorocarbons are also found in organs with a good blood supply, e.g., heart, lung, kidney, muscle. Results from animal and human metabolic studies have demonstrated the resistance of chlorofluorocarbons to breakdown or metabolic transformation in biological systems. These results suggest that chlorofluorocarbons, in general, are metabolised to a very small degree, if at all, following exposure. Regardless of the route of entry, chlorofluorocarbons are eliminated almost exclusively through the respiratory tract via exhaled air. No significant recovery of chloro fluorocarbons or their metabolites has been reported in studies attempting to identify metabolic transformation products via elimination in urine or faeces.
The acute inhalation toxicity of chlorofluorocarbons has been extensively studied. The chlorofluorocarbons generally show low acute inhalation toxicity. The symptomatology of acute intoxication involves CNS effects, secondary effects on the cardiovascular system, and irritation of the respiratory tract. At high concentrations, human subjects experienced a tingling sensation, humming in the ears, and apprehension. EEG changes were noted as well as slurred speech and de- creased performance in psychological tests. An exposure to an 11% (545 g/m3) concentration of CFC-12 for 11 min caused a significant degree of cardiac arrhythmia, followed by a decrease in consciousness with amnesia after 10 min. Significant acute reduction in the ventilatory lung capacity of hairdressers using chlorofluorocarbon-containing hairsprays was observed in several studies. Cases of neurological effects attributed to occupational exposure to chlorofluorocarbons have been reported. Non-occupational exposure and accidental or abusive inhalation of aerosols have also been documented, the main symptoms being CNS depression and cardiovascular reactions. Cardiac arrhythmia, possibly aggravated by elevated levels of catecholamines due to stress or by moderate hypercapnia (a condition where there is too much carbon dioxide (CO2) in the blood), is suggested as the cause of these adverse responses, which may lead to death.
The limited information available on the acute oral toxicity of chlorofluorocarbons indicates low toxicity. When applied dermally in high doses,CFCs cause various degrees of irritation but no other significant effects. Limited studies indicate that individuals with a prior history of skin reaction to deodorant sprays containing CFC-11 or CFC-12 may become sensitised to dermal applications of certain chlorofluorocarbons.
The available information indicates that the fully halogenated chlorofluorocarbons have little or no mutagenic or carcinogenic potential. Negative results have been obtained in vitro using bacteria and mammalian cells with or without metabolic activation and in the dominant lethal test.
Long-term carcinogenicity studies (by oral and inhalation routes) with CFC-11 and CFC-12 in rats and mice showed negative results. Although a tumourigenic response in the nasal cavity was observed in rats upon inhalation of CFC-113, this response was considered equivocal. The tumours were of various morphologies and the incidences were not dose-related
it has been also suggested that supersensitive 5-HT(1B/1D) receptors may be involved in the pathophysiology of obsessive compulsive disorders (OCD). In the 5-HT(1B/1D) agonist field, since the discovery of sumatriptan (26) (a 5-HT(1B/1D) receptor agonist) as an effective treatment for migraine headache, intensive research in this area has led to several second-generation compounds, a few of which have either entered the market place or are in late clinical trials. Beside the antimigraine activity of the 5-HT(1B/1D) agonists in clinical evaluation or already on the market, other potential therapeutic evaluations (such as gastric motor effect, bipolar disorder, autism, anti-aggressive effects) with these drugs are being investigated
Cerebral haemorrhage, subarachnoid haemorrhage, stroke, and other cerebrovascular events have been reported in patients treated with 5-HT1 agonists; and some have resulted in fatalities. In a number of cases, it appears possible that the cerebrovascular events were primary, the agonist having been administered in the incorrect belief that the symptoms experienced were a consequence of migraine, when they were not. It should be noted that patients with migraine may be at increased risk of certain cerebrovascular events (e.g., stroke, haemorrhage, transient ischemic attack).
An 18% increase in mean pulmonary artery pressure was seen following dosing with one 5-HT1 agonist in a study evaluating subjects undergoing cardiac catheterisation.
5-HT1 Agonists may cause vasospastic reactions other than coronary artery vasospasm such as peripheral and gastrointestinal vascular ischaemia. Significant

Continued...

	elevations in systemic blood pressure have been reported on rare occasions Very rare gastrointestinal ischaemic events including ischemic colitis and gastrointestinal infarction or necrosis have been reported with 5HT1 agonists; these may present as bloody diarrhea or abdominal pain. Disinfection by products (DBPs) re formed when disinfectants such as chlorine, chloramine, and ozone react with organic and inorganic matter in water. The observations that some DBPs such as trihalomethanes (THMs), di-/trichloroacetic acids, and 3-chloro-4-(dichloromethyl)-5-hydroxy-2(5H)-furanone (MX) are carcinogenic in animal studies have raised public concern over the possible adverse health effects of DBPs. To date, several hundred DBPs have been identified. Numerous haloalkanes and haloalkenes have been tested for carcinogenic and mutagenic activities. n general, the genotoxic potential is dependent on the nature, number, and position of halogen(s) and the molecular size of the compound. Short-chain monohalogenated (excluding fluorine) alkanes and alkenes are potential direct-acting alkylating agents, particularly if the halogen is at the terminal end of the carbon chain or at an allylic position. Dihalogenated alkanes are also potential alkylating or cross-linking agents (either directly or after GSH conjugation),particularly if they are vicinally substituted (e.g., 1,2-dihaloalkane) or substituted at the two terminal ends of a short to medium-size (e.g., 2-7) alkyl moiety (i.e., alpha, omega-dihaloalkane). Fully halogenated haloalkanes tend to act by free radical or nongenotoxic mechanisms (such as generating peroxisome-proliferative intermediates) or undergo reductive dehalogenation to yield haloalkenes that in turn could be activated to epoxides. Haloalkenes are of concern because of potential to generate genotoxic intermediates after epoxidation. The concern for haloalkenes may be diminished if the double bond is internal or sterically hindered. The cancer concern levels of the 14 haloalkanes and haloalkenes, have been rated based on available screening cancer bioassay (pulmonary adenoma assay) and genotoxicity data. Five brominated and iodinated methane and ethane derivatives are given a moderate rating. Beyond the fact that bromine and iodine are better leaving groups than chlorine, there is also evidence that brominated THMs may be preferentially activated by a theta-class glutathione S-transferase (GSTT1-1) to mutagens in Salmonella even at low substrate concentrations Furthermore, there are human carcinogenicity implications because of polymorphism in GSTT1-1. Human subpopulations with expressed GSTT1-1 may be at a greater risk to brominate THMs than humans who lack the gene. Six, two, and one haloalkanes/ haloalkene(s) are given low-moderate, marginal, and low concern, respectively. The substance is 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.

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

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

SECTION 12 Ecological information

Toxicity

R-22 - Reclaimed (A-Gas R22)

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

chlorodifluoromethane

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	250mg/l	2
EC50(ECx)	96h	Algae or other aquatic plants	250mg/l	2
EC50	48h	Crustacea	433mg/l	2

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

On the basis of the available evidence concerning properties and predicted or observed environmental fate and behavior, the material may present a danger to the structure and/ or functioning of the stratospheric ozone layer.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
chlorodifluoromethane	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
chlorodifluoromethane	LOW (LogKOW = 1.08)

Mobility in soil

Ingredient	Mobility
chlorodifluoromethane	LOW (KOC = 23.74)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▸ Evaporate residue at an approved site. ▸ Return empty containers to supplier. If containers are marked non-returnable establish means of disposal with manufacturer prior to purchase. ▸ Ensure damaged or non-returnable cylinders are gas-free before disposal.

Continued...

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO

Land transport (UN)

UN number	1018
UN proper shipping name	CHLORODIFLUOROMETHANE (REFRIGERANT GAS R 22)
Transport hazard class(es)	Class: 2.2 Subrisk: Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: Not Applicable Limited quantity: 120 ml

Air transport (ICAO-IATA / DGR)

UN number	1018
UN proper shipping name	Refrigerant gas R 22; Chlorodifluoromethane
Transport hazard class(es)	ICAO/IATA Class: 2.2 ICAO / IATA Subrisk: Not Applicable ERG Code: 2L
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	Special provisions: Not Applicable Cargo Only Packing Instructions: 200 Cargo Only Maximum Qty / Pack: 150 kg Passenger and Cargo Packing Instructions: 200 Passenger and Cargo Maximum Qty / Pack: 75 kg Passenger and Cargo Limited Quantity Packing Instructions: Forbidden Passenger and Cargo Limited Maximum Qty / Pack: Forbidden

Sea transport (IMDG-Code / GGVSee)

UN number	1018
UN proper shipping name	CHLORODIFLUOROMETHANE (REFRIGERANT GAS R 22)
Transport hazard class(es)	IMDG Class: 2.2 IMDG Subrisk: Not Applicable
Packing group	Not Applicable
Environmental hazard	Not Applicable
Special precautions for user	EMS Number: F-C, S-V Special provisions: Not Applicable Limited Quantities: 120 mL

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

Not Applicable

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

Product name	Group
chlorodifluoromethane	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
chlorodifluoromethane	Not Available

Continued...

SECTION 15 Regulatory information

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

chlorodifluoromethane is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
UNEP (United Nations Environment Programme) Montreal Protocol Ozone Depletors - Annex C
Singapore Permissible Exposure Limits of Toxic Substances

National Inventory Status

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

SECTION 16 Other information

Revision Date	24/12/2019
Initial Date	11/06/2008

SDS Version Summary

Version	Date of Update	Sections Updated
7.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
8.1	24/12/2019	Appearance, Use

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
PC—STEL: Permissible Concentration-Short Term Exposure Limit
IARC: International Agency for Research on Cancer
ACGIH: American Conference of Governmental Industrial Hygienists
STEL: Short Term Exposure Limit
TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations
ES: Exposure Standard
OSF: Odour Safety Factor
NOAEL :No Observed Adverse Effect Level
LOAEL: Lowest Observed Adverse Effect Level
TLV: Threshold Limit Value
LOD: Limit Of Detection
OTV: Odour Threshold Value
BCF: BioConcentration Factors
BEI: Biological Exposure Index
AIIC: Australian Inventory of Industrial Chemicals
DSL: Domestic Substances List
NDSL: Non-Domestic Substances List
IECSC: Inventory of Existing Chemical Substance in China
EINECS: European INventory of Existing Commercial chemical Substances
ELINCS: European List of Notified Chemical Substances
NLP: No-Longer Polymers
ENCS: Existing and New Chemical Substances Inventory
KECI: Korea Existing Chemicals Inventory
NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances
TSCA: Toxic Substances Control Act

Continued...

TCSI: Taiwan Chemical Substance Inventory
INSQ: Inventario Nacional de Sustancias Químicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

end of SDS