

# A-Gas (UK) Ltd

Chemwatch: **1009** Version No: **6.1** 

Safety data sheet according to REACH Regulation (EC) No 1907/2006, as amended by UK REACH Regulations SI 2019/758

# Chemwatch Hazard Alert Code: 2

Issue Date: **20/09/2018**Print Date: **30/11/2022**L.REACH.GB.EN

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

#### 1.1. Product Identifier

Product name	HALON 1301			
Synonyms	C-Br-F3; Halon 1301; bromofluoroform; trifluorobromomethane; trifluoromonobromomethane; methane, bromotrifluoro-; monobromotrifluoromethane; Refrigerant 13B1 Halocarbon 13B1 Arcton 13B1 Freon 13B1; Halon 1301 F-13B1; Halon 1301 Fire Extinguishant; Freon 13B1			
Proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)			
Chemical formula	CBrF3			
Other means of identification	Not Available			
CAS number	75-63-8			
EC number	200-887-6			
REACH registration number	01-2119952611-41-XXXX			

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

Relevant identified uses	The main use of Halons has been as fire suppressants in fire extinguishers. The various properties of the different Halons were utilised to produce specialist fire extinguishers for specific applications. Halon has also been used for research purposes, to track the circulation of species in the atmosphere. Halons have also been added to pesticide preparations, as propellants in sprays.  Formerly used in refrigeration systems, fire extinguishing systems, metal and pharmaceutical processing, local anesthetics, glass chillers. The ozone layer depleting properties of Halon 1301 mean that amendments to the Montreal protocol (1987) resolved that Halons as a class be phased out by 1 January 1994 in Developed Countries; with total phase out in Developing Countries by 2010, however lack of suitable replacements has lead to the development of the Australian Halon Management Strategy which provides a framework for responsible management of Halon stocks by year 2030.
Uses advised against	Not Applicable

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

Registered company name	A-Gas (UK) Ltd	
Address	Banyard Road, Portbury West Bristol BS20 7XH United Kingdom	
Telephone	+44 (0) 1275 376600	
Fax	[+44] (0) 1275 376601	
Website	www.agas.com	
Email	info.uk@agas.com	

# 1.4. Emergency telephone number

Association / Organisation	A-Gas (UK) Ltd	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+44 (0) 1275 376600	+44 20 3901 3542
Other emergency telephone numbers	Not Available	+44 808 164 9592

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

# **SECTION 2 Hazards identification**

# 2.1. Classification of the substance or mixture

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Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567 <sup>[1]</sup> H280 - Gases Under Pressure (Liquefied Gas), H315 - Skin Corrosion/Irritation Category 2, H319 - Serious Eye Damage/Eye Irritation Category 2, H335 - Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, H420 - Hazardous to the Ozone Layer Category 1

Legend:

1. Classified by Chemwatch; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567

#### 2.2. Label elements

# Hazard pictogram(s)





Signal word

Warning

# Hazard statement(s)

H280	Contains gas under pressure; may explode if heated.	
H315	Causes skin irritation.	
H319	Causes serious eye irritation.	
H335	May cause respiratory irritation.	
H420	Harms public health and the environment by destroying ozone in the upper atmosphere.	

#### Supplementary statement(s)

**EUH044** Risk of explosion if heated under confinement.

#### Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.	
P102	Keep out of reach of children.	
P103	Read carefully and follow all instructions.	

# Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.	
P261	Avoid breathing gas	
P280	Wear protective gloves, protective clothing, eye protection and face protection.	
P264	Wash all exposed external body areas thoroughly after handling.	

# Precautionary statement(s) Response

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

# Precautionary statement(s) Storage

P405	Store locked up.	
P410+P403	Protect from sunlight. Store in a well-ventilated place.	
P403+P233	Store in a well-ventilated place. Keep container tightly closed.	

# Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
P502	Refer to manufacturer or supplier for information on recovery or recycling.

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#### 2.3. Other hazards

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

# **SECTION 3 Composition / information on ingredients**

#### 3.1.Substances

1.CAS NO 2.EC NO 3.Index No 4.REACH NO	%[weight]	Name	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	SCL / M-Factor	Nanoform Particle Characteristics
1.75-63-8 2.200-887-6 3.Not Available 4.01-2119952611-41-XXXX	100	<u>bromotrifluoromethane</u>	Gases Under Pressure (Liquefied Gas), Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Hazardous to the Ozone Layer Category 1; H280, H315, H319, H335, H420, EUH044 [1]	Not Available	Not Available

Legend:

1. Classified by Chemwatch; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567; 3. Classification drawn from C&L; \* EU IOELVs available; [e] Substance identified as having endocrine disrupting properties

# 3.2.Mixtures

See 'Information on ingredients' in section 3.1

#### **SECTION 4 First aid measures**

#### 4.1. Description of first aid measures

instruction.

4.1. Description of first aid mo	easures
Eye Contact	<ul> <li>If product comes in contact with eyes remove the patient from gas source or contaminated area.</li> <li>Take the patient to the nearest eye wash, shower or other source of clean water.</li> <li>Open the eyelid(s) wide to allow the material to evaporate.</li> <li>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.</li> <li>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.</li> <li>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)</li> <li>Transport to hospital or doctor.</li> <li>Even when no pain persists and vision is good, a doctor should examine the eye as delayed damage may occur.</li> <li>If the patient cannot tolerate light, protect the eyes with a clean, loosely tied bandage.</li> <li>Ensure verbal communication and physical contact with the patient.</li> <li>DO NOT allow the patient to rub the eyes</li> <li>DO NOT allow the patient to tightly shut the eyes</li> <li>DO NOT introduce oil or ointment into the eye(s) without medical advice</li> <li>DO NOT use hot or tepid water.</li> </ul>
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	<ul> <li>Following exposure to gas, remove the patient from the gas source or contaminated area.</li> <li>NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure the safety of the rescuer.</li> <li>Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>If the patient is not breathing spontaneously, administer rescue breathing.</li> <li>If the patient does not have a pulse, administer CPR.</li> <li>If medical oxygen and appropriately trained personnel are available, administer 100% oxygen.</li> </ul>

▶ Keep the patient warm, comfortable and at rest while awaiting medical care.

► MONITOR THE BREATHING AND PULSE, CONTINUOUSLY.

F Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further

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	Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.
Ingestion	<ul> <li>Not considered a normal route of entry.</li> <li>For advice, contact a Poisons Information Centre or a doctor.</li> <li>Avoid giving milk or oils.</li> <li>Avoid giving alcohol.</li> </ul>

#### 4.2 Most important symptoms and effects, both acute and delayed

See Section 11

#### 4.3. Indication of any immediate medical attention and special treatment needed

for 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

- $\begin{tabular}{l} \begin{tabular}{l} \begin{tabu$
- 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)

#### 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

For frost-bite caused by liquefied petroleum gas:

- If part has not thawed, place in warm water bath (41-46 C) for 15-20 minutes, until the skin turns pink or red.
- ► Analgesia may be necessary while thawing.
- If there has been a massive exposure, the general body temperature must be depressed, and the patient must be immediately rewarmed by whole-body immersion, in a bath at the above temperature.
- Shock may occur during rewarming.
- Administer tetanus toxoid booster after hospitalization.
- Prophylactic antibiotics may be useful.
- The patient may require anticoagulants and oxygen.

[Shell Australia 22/12/87]

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.
- F 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

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# **SECTION 5 Firefighting measures**

# 5.1. 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.

#### 5.2. Special hazards arising from the substrate or mixture

Fire Incompatibility

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

#### 5.3. Advice for firefighters

5.3. Advice for firefighters		
Fire Fighting	GENERAL	
	Alert Fire Brigade and tell them location and nature of hazard.	
	<ul> <li>Wear breathing apparatus and protective gloves.</li> </ul>	
	Fight fire from a safe distance, with adequate cover.	
	▶ Use water delivered as a fine spray to control fire and cool adjacent area.	
	▶ Containers may explode when heated - Ruptured cylinders may rocket	
	<ul> <li>Fire exposed containers may vent contents through pressure relief devices.</li> </ul>	
	<ul> <li>High concentrations of gas may cause asphyxiation without warning.</li> </ul>	
	▶ 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)	
	Combustion products include:	
Fire/Explosion Hazard	carbon dioxide (CO2)	
riie/Explosioii nazaiu	hydrogen bromide	
	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.	
	▶ Non combustible.	
	▶ Not considered to be a significant fire risk.	
	Heating may cause expansion or decomposition leading to violent rupture of containers.	
	▶ May emit corrosive, poisonous fumes.	
	Vented gas is more dense than air and may collect in pits, basements.	

#### **SECTION 6 Accidental release measures**

# 6.1. Personal precautions, protective equipment and emergency procedures

See section 8

# 6.2. Environmental precautions

See section 12

# 6.3. Methods and material for containment and cleaning up

Minor Spills	Environmental hazard - contain spillage.  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.
Major Spills	Environmental hazard - contain spillage.  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.  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.

#### 6.4. Reference to other sections

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

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# 7.1. 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.  DO NOT transfer gas from one cylinder to another.
Fire and explosion protection	See section 5
Other information	<ul> <li>Do NOT store halogenated aliphatics in areas containing alkali or alkaline earth metals such as powdered aluminum, zinc, or beryllium</li> <li>Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open.</li> <li>Such compounds should be sited and built in accordance with statutory requirements.</li> <li>The storage compound should be kept clear and access restricted to authorised personnel only.</li> <li>Cylinders stored in the open should be protected against rust and extremes of weather.</li> </ul>

# 7.2. Conditions for safe storage, including any incompatibilities

	Se, including any meetipationalies
Suitable container	<ul> <li>DO NOT use aluminium or galvanised containers</li> <li>Cylinder:</li> <li>Ensure the use of equipment rated for cylinder pressure.</li> <li>Ensure the use of compatible materials of construction.</li> <li>Valve protection cap to be in place until cylinder is secured, connected.</li> <li>Cylinder must be properly secured either in use or in storage.</li> </ul>
Storage incompatibility	<ul> <li>Haloalkanes:         <ul> <li>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.</li> <li>may react with the lighter divalent metals to produce more reactive compounds analogous to Grignard reagents.</li> <li>may produce explosive compounds following prolonged contact with metallic or other azides</li> <li>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 .</li> </ul> </li> <li>BRETHERICK L.: Handbook of Reactive Chemical Hazards         <ul> <li>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.</li> <li>Compressed gases may contain a large amount of kinetic energy over and above that potentially available from the energy of reaction produced by the gas in chemical reaction with other substances</li> </ul> </li> <li>Segregate from metal halides active metals.</li> </ul>















- X Must not be stored together
- ${f 0}~-$  May be stored together with specific preventions
- + May be stored together

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

# 7.3. Specific end use(s)

See section 1.2

# **SECTION 8 Exposure controls / personal protection**

#### 8.1. Control parameters

Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
Not Available	Not Available	Not Available

<sup>\*</sup> Values for General Population

# Occupational Exposure Limits (OEL)

# INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Not Available						

#### Not Applicable

#### **Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
bromotrifluoromethane	3,000 ppm	4,200 ppm	40,000 ppm

Ingredient	Original IDLH	Revised IDLH
bromotrifluoromethane	40,000 ppm	Not Available

#### **Occupational Exposure Banding**

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
bromotrifluoromethane	E	≤ 0.1 ppm
Notes:	Occupational exposure banding is a process of assigning chemicals into adverse health outcomes associated with exposure. The output of this parange of exposure concentrations that are expected to protect worker	rocess is an occupational exposure band (OEB), which corresponds to

#### 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.

May act as a simple asphyxiants; these are gases which, when present in high concentrations, reduce the oxygen content in air below that required to support breathing, consciousness and life; loss of consciousness, with death by suffocation may rapidly occur in an oxygen deficient atmosphere.

CARE: Most simple asphyxiants are odourless or possess low odour and there is no warning on entry into an oxygen deficient atmosphere. If there is any doubt, oxygen content can be checked simply and quickly. It may not be appropriate to only recommend an exposure standard for simple asphyxiants rather it is essential that sufficient oxygen be maintained.

The recommended TLV-TWA is thought to minimise the potential of CNS and cardiovascular involvement observed in controlled studies conducted in animals and humans.

#### 8.2. Exposure controls

# 8.2.1. Appropriate engineering controls

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

 $Process\ controls\ which\ involve\ changing\ the\ way\ a\ job\ activity\ or\ process\ is\ done\ to\ reduce\ the\ risk.$ 

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

# 8.2.2. Personal protection











# Eye and face protection

Hands/feet 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.

#### Skin protection

# See Hand protection below

- ► Butyl rubber gloves
  - Butyl rubber gloves should be used when handling halogenated aliphatics .
  - $\cdot$   $\;$  Nitrile, PVC-coated nitrile, and PVC protective equipment are not recommended
- 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

#### see Other protection being

# Halogen-selective detectors use a specialized sensor that allows the monitor to detect compounds containing fluorine, chlorine, bromine, and iodine with-out interference from other species. These detectors are typically easy to use, feature higher sensitivity than the nonselective detectors (detection limits are typically <5 ppm when used as an area monitor and <1.4 gm/yr

Compound-Specific Detectors are typically capable of detecting the presence of a single compound without interference

#### Other protection

from other compounds.

• Protective overalls, closely fitted at neck and wrist.

[<0.05 oz/yr] when used as a leak pinpointer).

- Frotective ove
- Ensure availability of lifeline in confined spaces.

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► Staff should be trained in all aspects of rescue work.

#### **Respiratory protection**

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

- Latridge 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.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
- 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.

#### 8.2.3. Environmental exposure controls

See section 12

# **SECTION 9 Physical and chemical properties**

# 9.1. Information on basic physical and chemical properties

Appearance	

Halons are a family of chemicals similar to chlorofluorocarbons (CFCs), but containing at least one atom of bromine. Like CFCs, Halons are very unreactive and stable, non-flammable and non-toxic.

Halons are also part of a group of chemicals known as the volatile organic compounds (VOCs).

Packed as liquid under pressure and remains liquid only under pressure. Sudden release of pressure or leakage may result in rapid vapourisation with generation of large volumes of gas.

Clear, colourless gas, at normal temperature and pressure, with a slight ethereal odour. Water insoluble. Very soluble in chloroform.

Physical state	Liquified Gas	Relative density (Water = 1)	1.54 liquid
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	-168 to -166	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	-57.8	Molecular weight (g/mol)	148.92
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	100
Vapour pressure (kPa)	1619 @ 25 C	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	5.25	VOC g/L	Not Available
Nanoform Solubility	Not Available	Nanoform Particle Characteristics	Not Available
Particle Size	Not Available		

#### 9.2. Other information

Not Available

# **SECTION 10 Stability and reactivity**

10.1.Reactivity

See section 7.2

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10.2. Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>	
10.3. Possibility of hazardous reactions	e section 7.2	
10.4. Conditions to avoid	ee section 7.2	
10.5. Incompatible materials	See section 7.2	
10.6. Hazardous decomposition products	See section 5.3	

#### **SECTION 11 Toxicological information**

#### 11.1. Information on toxicological effects

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs.

Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

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.

Acute intoxication by halogenated aliphatic hydrocarbons appears to take place over two stages. Signs of a reversible narcosis are evident in the first stage and in the second stage signs of injury to organs may become evident, a single organ alone is (almost) never involved. 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.

Inhaled

Depression of the central nervous system is the most outstanding effect of most halogenated aliphatic hydrocarbons. Inebriation and excitation, passing into narcosis, is a typical reaction. In severe acute exposures there is always a danger of death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin)

In the case of iodised and brominated compounds, exposure effects cannot be described by simple central nervous system depression produced by other halogenated aliphatic hydrocarbons. Headache, nausea, ataxia (loss of muscle co-ordination), tremors, speech difficulties, visual disturbances, convulsions, paralysis, delirium, mania and apathy are all evidence of additional effects.

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.

Symptoms of asphyxia (suffocation) may include headache, dizziness, shortness of breath, muscular weakness, drowsiness and ringing in the ears. If the asphyxia is allowed to progress, there may be nausea and vomiting, further physical weakness and unconsciousness and, finally, convulsions, coma and death. Significant concentrations of the non-toxic gas reduce the oxygen level in the air. As the amount of oxygen is reduced from 21 to 14 volume %, the pulse rate accelerates and the rate and volume of breathing increase.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.

Weakly narcotic. Inhalation of high concentrations can produce central nervous system depression, which can lead to loss of co-ordination and impaired judgment. Prolonged exposure may cause loss of consciousness, and death. Exposure at 10% to 15% in air caused a decrease in human performance of five of six psychomotor tasks. At 15% a feeling of impending unconsciousness developed. Lightheadedness, paresthesia and diminished performance were reported during exposures at up to 10%. Auriculoventricular dissociation and premature ventricular contractions were recorded during exposures at the highest around 16%. Thermal decomposition products are highly irritating in high concentrations and may be harmful if exposure is prolonged

Ingestion

Not normally a hazard due to physical form of product.

Considered an unlikely route of entry in commercial/industrial environments

Skin Contact

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.

The material may accentuate any pre-existing dermatitis condition

Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds. lesions or abrasions.

Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.

In common with other halogenated aliphatics, fluorocarbons may cause dermal problems due to a tendency to remove natural oils from the

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skin causing irritation and the development of dry, sensitive skin. They do not appear to be appreciably absorbed.

Open cuts, abraded or irritated skin should not be exposed to this material

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.

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).

Eye

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures..

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.

### Chronic

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.

Principal route of occupational exposure to the gas is by inhalation.

Chronic poisoning from ionic bromides has historically resulted from medical use of bromides but not from exposure in the environment or workplace. In the absence of other signs of poisoning, there may be depression, hallucinations and schizophrenia-like psychosis. Bromides may also cause sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness, inability to speak, difficulty speaking, weakness, fatigue, a spinning sensation, stupor, coma, decreased appetite, nausea, vomiting, an acne-like rash on the face (bronchoderma), legs and trunk, swelling of the bronchi and a profuse discharge from the nostrils. There may also be inco-ordination and very brisk reflexes.

# bromotrifluoromethane

TOXICITY	IRRITATION
Inhalation(Rat) LC50: 70598.308 ppm4h <sup>[2]</sup>	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

# BROMOTRIFLUOROMETHANE

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.

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.

Acute Toxicity	×	Carcinogenicity	×
Skin Irritation/Corrosion	<b>~</b>	Reproductivity	×
Serious Eye Damage/Irritation	<b>~</b>	STOT - Single Exposure	<b>~</b>
Respiratory or Skin sensitisation	×	STOT - Repeated Exposure	×
Mutagenicity	×	Aspiration Hazard	×

Legend:

- 🗶 Data either not available or does not fill the criteria for classification
- Data available to make classification

# 11.2 Information on other hazards

#### 11.2.1. Endocrine Disruption Properties

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Not Available

#### 11.2.2. Other Information

See Section 11.1

#### **SECTION 12 Ecological information**

#### 12.1. Toxicity

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

Harmful to aquatic organisms.

For haloalkanes and haloalkenes:

#### **Environmental fate:**

Certain haloalkane gases in the atmosphere can also contribute to the greenhouse effect by restricting heat loss from the Earth's atmosphere through absorbing infrared emissions from the surface. Generally haloalkanes contributing to the greenhouse effect consist of a fully or partly fluorinated carbon backbone.

Gas-phase reactions with OH radicals are the major tropospheric loss process for the haloalkanes. In addition photooxidation reactions with O3 and NO3 radicals can result in transformation.

#### For halons:

At a global level releases of halons have serious environmental consquences. Their long lifetimes in the atmosphere mean that some end up in the higher atmosphere (stratosphere) where they can destroy the ozone layer, thus reducing the protection it offers the earth from the sun's harmful UV rays. Compared to other similar groups of chemicals, Halons are potent ozone depleters. Halons also contribute to Global Warming (through "the Greenhouse Effect").

#### For Bromide:

Environmental Fate: Bromide ions may be introduced to the environment after the breakdown of various salts and complexes or after the degradation of organic compounds that contain carbon bonded to bromine. Bromides may also affect the growth of micro-organisms and have been used for this purpose in industry. Bromides in drinking water are occasionally subject to disinfection processes involving ozone of chlorine. Bromide may be oxidize to produce hypobromous acid which in turn may react with natural organic matter to form brominated compounds.

Following release of ozone-depleting substances into the atmosphere, they eventually enter the troposphere where they persist undegraded. Subsequently they diffuse into the stratosphere and degrade slowly. In the stratosphere, these substances react slowly with oxygen free radicals and release halogen atoms which catalytically destroy ozone, producing irreversible damage. Use of these substances has been restricted by the Montreal Protocol on Substances that Deplete the Ozone Layer (1988) and also by US EPA Regulation 3093/94.

DO NOT discharge into sewer or waterways.

#### 12.2. Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
bromotrifluoromethane	HIGH	нідн

# 12.3. Bioaccumulative potential

Ingredient	Bioaccumulation
bromotrifluoromethane	LOW (LogKOW = 1.86)

#### 12.4. Mobility in soil

Ingredient	Mobility
bromotrifluoromethane	LOW (KOC = 48.64)

#### 12.5. Results of PBT and vPvB assessment

	P	В	Т
Relevant available data	Not Available	Not Available	Not Available
PBT	×	×	×
vPvB	×	×	×
PBT Criteria fulfilled?			
vibua.			No

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# 12.6. Endocrine Disruption Properties

Not Available

#### 12.7. Other adverse effects

One or more ingredients within this SDS has the potential of causing ozone depletion and/or photochemical ozone creation.

# **SECTION 13 Disposal considerations**

# 13.1. Waste treatment methods

Product / Packaging disposal	<ul> <li>Evaporate residue at an approved site.</li> <li>Return empty containers to supplier. If containers are marked non-returnable establish means of disposal with manufacturer prior to purchase.</li> <li>Ensure damaged or non-returnable cylinders are gas-free before disposal.</li> <li>If extinguisher cylinders contain unused product send to National Halon Bank or other licenced facility for disposal/recovery. DO NOT allow contents to enter the atmosphere.</li> </ul>
Waste treatment options	Not Available
Sewage disposal options	Not Available

# **SECTION 14 Transport information**

# **Labels Required**

	2
Marine Pollutant	NO
HAZCHEM	2TE

# Land transport (ADR-RID)

14.1. UN number	1009		
14.2. UN proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)		
14.3. Transport hazard class(es)	Class 2.2 Subrisk Not Applicable		
14.4. Packing group	Not Applicable		
14.5. Environmental hazard	Not Applicable		
	Hazard identification (Kemler	2) 20	
14.6. Special precautions for user	Classification code	2A	
	Hazard Label	2.2	
	Special provisions	662	
	Limited quantity	120 ml	
	Tunnel Restriction Code	3 (C/E)	

# Air transport (ICAO-IATA / DGR)

	•			
14.1. UN number	1009	1009		
14.2. UN proper shipping name	Bromotrifluoromethane; Refrigerant gas R 13B1			
14.3. Transport hazard class(es)	ICAO/IATA Class ICAO / IATA Subrisk ERG Code	2.2  Not Applicable  2L		
14.4. Packing group	Not Applicable			
14.5. Environmental hazard	Not Applicable			

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	Special provisions	Not Applicable
	Cargo Only Packing Instructions	200
	Cargo Only Maximum Qty / Pack	150 kg
14.6. Special precautions for user	Passenger and Cargo Packing Instructions	200
400.	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)

14.1. UN number	1009		
14.2. UN proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)		
14.3. Transport hazard class(es)	IMDG Class 2.2 IMDG Subrisk Not Applicable		
14.4. Packing group	Not Applicable		
14.5. Environmental hazard	Not Applicable		
14.6. Special precautions for user	EMS Number F-C, S-V  Special provisions Not Applicable  Limited Quantities 120 mL		

# Inland waterways transport (ADN)

14.1. UN number	1009		
14.2. UN proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)		
14.3. Transport hazard class(es)	2.2 Not Applicable		
14.4. Packing group	Not Applicable		
14.5. Environmental hazard	Not Applicable		
14.6. Special precautions for user	Classification code 2A Special provisions 662 Limited quantity 120 ml Equipment required PP Fire cones number 0		

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

Not Applicable

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

Product name	Group
bromotrifluoromethane	Not Available

# 14.9. Transport in bulk in accordance with the ICG Code

Product name	Ship Type
bromotrifluoromethane	Not Available

# **SECTION 15 Regulatory information**

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

bromotrifluoromethane is found on the following regulatory lists

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UNEP (United Nations Environment Programme) Montreal Protocol Ozone Depletors - Annex A

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

# 15.2. Chemical safety assessment

For further information please look at the Chemical Safety Assessment and Exposure Scenarios prepared by your Supply Chain if available.

#### **ECHA SUMMARY**

Ingredient	CAS number	Index No	ECHA Dossier	
bromotrifluoromethane	75-63-8	Not Available	01-2119952611-41-XXXX	

Harmonisation (C&L Inventory)	Hazard Class and Category Code(s)	Pictograms Signal Word Code(s)	Hazard Statement Code(s)
1	Comp.	GHS04; Dgr	H280
2	Liq.; STOT SE 3; Ozone 1; Skin Irrit. 2; Eye Irrit. 2; STOT SE 3	GHS07; GHS04; Dgr	H280; H336; H420; H315; H319; H335

 $Harmonisation \ \textit{Code 1} = \textit{The most prevalent classification}. \ \textit{Harmonisation Code 2} = \textit{The most severe classification}.$ 

# **National Inventory Status**

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

# **SECTION 16 Other information**

Revision Date	20/09/2018
Initial Date	01/05/2003

# Full text Risk and Hazard codes

H336	May cause drowsiness or dizziness.	

# **SDS Version Summary**

Version	Date of Update	Sections Updated
5.1	19/01/2017	Acute Health (eye), Acute Health (inhaled), Acute Health (skin), Advice to Doctor, CAS Number, Classification, Disposal, Environmental, First Aid (swallowed), Storage (storage incompatibility), Storage (suitable container), Toxicity and Irritation (Other), Use
6.1	20/09/2018	Appearance, Environmental, Fire Fighter (fire/explosion hazard), Fire Fighter (fire incompatibility), Personal Protection (other), Personal Protection (hands/feet), Storage (storage requirement), Use

# Other information

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

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

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

EN 166 Personal eye-protection

EN 340 Protective clothing

EN 374 Protective gloves against chemicals and micro-organisms

EN 13832 Footwear protecting against chemicals

EN 133 Respiratory protective devices

#### **Definitions and abbreviations**

PC—TWA: Permissible Concentration-Time Weighted Average

PC—STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

ES: Exposure Standard

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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
TCSI: Taiwan Chemical Substance Inventory

INSQ: Inventario Nacional de Sustancias Químicas

NCL National Chamical Inventors

NCI: National Chemical Inventory

FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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