



R12

A-Gas (U.S. Headquarters)

Chemwatch Hazard Alert Code: 1

Chemwatch: 1028

Version No: 6.1

Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

Issue Date: 02/06/2023

Print Date: 11/12/2023

L.GHS.USA.EN

SECTION 1 Identification

Product Identifier

Product name	R12
Synonyms	CCl2F2; difluorodichloromethane; dichlorodifluoromethane; CFC12 CFC-12 F-12 Fluorocarbon 12 Freon F-12 Propellant 12; Refrigerant 12 chlorofluorocarbon propellant Fluorocarbon aerosol; R12 Ledon-12 Freon FC 12 Algofrene type 2 Arcton 6; Genetron 12 Halon Isotron 12 Refrigerant Gas CFC12 R12; Freon 12; Refrigerant Gas R12; Frigen 12; Forane 12; Isceon 12; Genetrol 12; Genetron 12
Proper shipping name	Dichlorodifluoromethane or Refrigerant gas R 12
Chemical formula	CCl2F2
Other means of identification	Not Available
CAS number	75-71-8

Recommended use of the chemical and restrictions on use

Relevant identified uses	Used as a refrigerant, blowing agent, aerosol propellant, solvent, degreasing agent and for therapeutic use. Transferred as a liquid in and out of refrigeration equipment by controlled pressure decanting through flexible pipework. The Montreal Protocol on Substances that Deplete the Ozone Layer has seen a significant decline in its use. Chlorofluorocarbons (CFCs) are used in a variety of applications because of their low toxicity, reactivity and flammability. Every permutation of fluorine, and chlorine based on methane and ethane has been examined and most have been commercialized. Furthermore, many examples are known for higher numbers of carbon as well as related compounds containing bromine. Uses include refrigerants, blowing agents, propellants in medicinal applications and degreasing solvents.
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Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	A-Gas (U.S. Headquarters)
Address	1100 Haskins Rd. Bowling Green, OH 43402 United States
Telephone	14198678990
Fax	1-419-867-3279
Website	www.agas.com/us
Email	tammy.myers@agas.com

Emergency phone number

Association / Organisation	PERS	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	1-800-633-8253	+1 855-237-5573
Other emergency telephone numbers	International 1-801-629-0667	+61 3 9573 3188

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SECTION 2 Hazard(s) identification

Classification of the substance or mixture

NFPA 704 diamond



Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Gases Under Pressure (Compressed Gas), Hazardous to the Ozone Layer Category 1
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Label elements

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

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

Hazard(s) not otherwise classified

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.
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.
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Precautionary statement(s) Disposal

P502	Refer to manufacturer/supplier for information on recovery/recycling.
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SECTION 3 Composition / information on ingredients

Substances

CAS No	%[weight]	Name
75-71-8	100	dichlorodifluoromethane

Mixtures

See section above for composition of Substances

SECTION 4 First-aid measures

Description of first aid measures

Eye Contact	<ul style="list-style-type: none"> ▶ 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.
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	<p>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.</p> <ul style="list-style-type: none"> ▶ 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. <p>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.</p>
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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.
Inhalation	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Not considered a normal route of entry. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol.

Most important symptoms and effects, both acute and delayed

See Section 11

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)

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.

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- 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.
- 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 CURRRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 Fire-fighting 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
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Special protective equipment and precautions for fire-fighters

Fire Fighting	<p>GENERAL</p> <ul style="list-style-type: none"> ▸ 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.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▸ 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. <p>Decomposes on heating and produces acrid and toxic fumes of:</p> <ul style="list-style-type: none"> ▸ 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. <p>Decomposition may produce toxic fumes of:</p> <p>carbon monoxide (CO) carbon dioxide (CO2) hydrogen chloride phosgene hydrogen fluoride other pyrolysis products typical of burning organic material.</p> <p>Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.</p>

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	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ 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	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ 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.

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

SECTION 7 Handling and storage

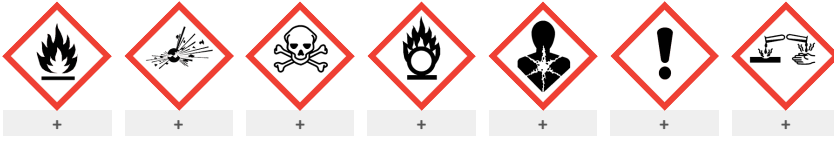
Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> · 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. <ul style="list-style-type: none"> ▶ DO NOT transfer gas from one cylinder to another.
Other information	<ul style="list-style-type: none"> · Do NOT store halogenated aliphatics in areas containing alkali or alkaline earth metals such as powdered aluminum, zinc, or beryllium ▶ 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.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ DO NOT use aluminium or galvanised containers ▶ Cylinder: <ul style="list-style-type: none"> ▶ 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.
Storage incompatibility	<p>Haloalkanes:</p> <ul style="list-style-type: none"> ▶ 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 . <p>BREThERICK L.: Handbook of Reactive Chemical Hazards</p> <ul style="list-style-type: none"> ▶ 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. <p>Dichlorodifluoromethane:</p> <ul style="list-style-type: none"> ▶ undergoes slow decomposition on contact with water ▶ reacts, possibly violently, with barium, sodium and potassium ▶ reacts violently with molten aluminium, magnesium ▶ undergoes thermal decomposition when exposed to red-hot surfaces or fire, forming chlorine, hydrogen fluoride, or chloride, phosgene and carbonyl fluoride ▶ attacks some plastics, rubber and coatings ▶ CFCs may react with strong oxidising or reducing agents.

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



- X — Must not be stored together
O — 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
US OSHA Permissible Exposure Limits (PELs) Table Z-1	dichlorodifluoromethane	Dichlorodifluoromethane	1000 ppm / 4950 mg/m ³	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	dichlorodifluoromethane	Dichlorodifluoromethane	1000 ppm / 4950 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
dichlorodifluoromethane	3,000 ppm	10,000 ppm	50,000 ppm

Ingredient	Original IDLH	Revised IDLH
dichlorodifluoromethane	15,000 ppm	Not Available

MATERIAL DATA

for dichlorodifluoromethane:
IDLH Level: 15000 ppm

The recommended TLV-TWA should provide an ample margin of safety to prevent cardiac sensitisation and systemic injury. Studies with human volunteers demonstrated that arrhythmias may be expected after exposure to concentrations in the range between 27000 and 110000 pm. Extensive studies show that repeated 8-hour exposures by volunteers, to 1000 ppm, produce no acute toxic effects.

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"> Safety glasses with side shields. Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] 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
Hands/feet protection	<ul style="list-style-type: none"> Butyl rubber gloves <ul style="list-style-type: none"> Butyl rubber gloves should be used when handling halogenated aliphatics . Nitrile, PVC-coated nitrile, and PVC protective equipment are not recommended When handling sealed and suitably insulated cylinders wear cloth or leather gloves.
Body protection	See Other protection below

Other protection

- 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 (<0.05 oz/yr) when used as a leak pinpointer).
 - Compound-Specific Detectors are typically capable of detecting the presence of a single compound without interference from other compounds.
- ▶ 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.

Respiratory protection

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

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

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

** - Continuous-flow or positive pressure demand.

A(All classes) = Organic vapours, B AUS or B1 = Acid gases, 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 deg C)

- ▶ 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**Information on basic physical and chemical properties**

Appearance	Clear, colourless liquefied gas or compressed gas with a faint sweetish odour; does not dissolve in water. Dissolves many urethane components. Critical temperature: 111.8 deg. C. Critical pressure: 4125 kPa. Chlorofluorocarbons (CFCs) are fully halogenated paraffin hydrocarbons that contain only carbon (C), chlorine (Cl), and fluorine (F), produced as volatile derivative of methane, ethane, and propane. They are also commonly known by brand name Freon. Because CFCs contribute to ozone depletion in the upper atmosphere, the manufacture of such compounds has been phased out under the Montreal Protocol, and they are being replaced with other products such as hydrofluorocarbons (HFCs). The physical properties of CFCs and HCFCs are tunable by changes in the number and identity of the halogen atoms. In general, they are volatile but less so than their parent alkanes. The decreased volatility is attributed to the molecular polarity induced by the halides, which induces intermolecular interactions. The CFCs have still higher boiling points because the chloride is even more polarizable than fluoride.		
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Physical state	Compressed Gas	Relative density (Water = 1)	1.3 @ 25 C
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)	-158	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	-30	Molecular weight (g/mol)	120.9
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	380 (BuAc=1)	Explosive properties	Not Available

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Flammability	Not Applicable	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)	652 @ 25 C	Gas group	Not Available
Solubility in water	Not Applicable	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	4.2 @ 25 C	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur. ▶ Extremely high 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	<p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Exposure to high concentrations of dichlorodifluoromethane causes a reduction in the respiratory minute volume, bronchioconstriction and reduced compliance amongst various animal species.</p> <p>Elimination from the body is rapid. Dogs exhaled within 1 hour all the fluorocarbon inhaled during a 6-20 minute exposure at 8000-12000 ppm.</p> <p>Inhaled material appears rapidly in the blood, bile and cerebrospinal fluid and urine of anaesthetised rabbits and dogs, Dichlorodifluoromethane has a very low acute inhalation toxicity and acts like a weak narcotic.</p> <p>Common, generalised symptoms associated with non-toxic gas inhalation include :</p> <ul style="list-style-type: none"> ▶ 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. <p>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. 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)</p> <p>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.</p> <p>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.</p>
Ingestion	<p>Overexposure is unlikely in this form.</p> <p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p>

Skin Contact	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.	
	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.	
	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. Open cuts, abraded or irritated skin should not be exposed to this material Material on the skin evaporates rapidly and may cause tingling, chilling and even temporary numbness 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). 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..	
Chronic	Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. 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.	
dichlorodifluoromethane	TOXICITY	IRRITATION
	Inhalation(Rat) LC50: >800000 ppm4h ^[1]	Not Available
	Oral (Rat) LD50: >1000 mg/kg ^[1]	
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	

DICHLORODIFLUOROMETHANE	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:	
	<ul style="list-style-type: none"> - 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. <p>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.</p> <p>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.</p> <p>Numerous haloalkanes and haloalkenes have been tested for carcinogenic and mutagenic activities. In general, the genotoxic potential is dependent on the nature, number, and position of halogen(s) and the molecular size of the compound.</p>	

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

Mutagenicity ✘

Aspiration Hazard ✘

Legend: ✘ – Data either not available or does not fill the criteria for classification
 ✔ – Data available to make classification

SECTION 12 Ecological information

Toxicity

dichlorodifluoromethane	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<2.3-10	7
	EC50	72h	Algae or other aquatic plants	~67.216mg/l	2
	EC50	48h	Crustacea	49.6mg/l	2
	EC50	96h	Algae or other aquatic plants	32.56mg/l	2
	LC50	96h	Fish	71.35mg/l	2
	EC50(ECx)	96h	Algae or other aquatic plants	32.56mg/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*

log Kow : 2.16 controlled ozone depleting gases: phase out by 1996 (C) controlled ozone depleting potential: 1

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.

Following release of CFCs into the atmosphere, they eventually enter the troposphere where they persist undegraded. Subsequently they diffuse into the stratosphere and degrade slowly (half-lives of about 20 years). In the stratosphere, CFCs react slowly with oxygen free radicals and release chlorine atoms which catalytically destroy ozone producing irreversible damage. Use of CFCs has been restricted by the Montreal Protocol on Substances that Deplete the Ozone Layer (1988) and also by US EPA Regulation 3093/94.

For dichlorodifluoromethane:

Environmental fate:

Based on a vapour pressure of 4,850 mm Hg at 25 deg C, dichlorodifluoromethane is expected to exist solely in the gas-phase in the ambient atmosphere. Gas-phase dichlorodifluoromethane is extremely stable in the troposphere. This compound does not react with photochemically produced hydroxyl radicals, ozone molecules or nitrate radicals in the troposphere. This compound will gradually diffuse into the stratosphere above the ozone layer where it will slowly degrade due to direct photolysis from UV-C radiation and contribute to the catalytic removal of stratospheric ozone.

DO NOT discharge into sewer or waterways.

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.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
dichlorodifluoromethane	HIGH (Half-life = 360 days)	HIGH (Half-life = 882.5 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
dichlorodifluoromethane	LOW (BCF = 10)

Mobility in soil

Ingredient	Mobility
dichlorodifluoromethane	LOW (KOC = 48.64)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	
	<ul style="list-style-type: none"> 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

Continued...

purchase.
▶ Ensure damaged or non-returnable cylinders are gas-free before disposal.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO

Shipping container and transport vehicle placarding and labeling may vary from the below information. Products that are regulated for transport will be packaged and marked as Dangerous Goods in Limited Quantities according to US DOT, IATA and IMDG regulations. In case of reshipment, it is the responsibility of the shipper to determine the appropriate labels and markings in accordance with applicable transport regulations.

Land transport (DOT)

14.1. UN number or ID number	1028	
14.2. UN proper shipping name	Dichlorodifluoromethane or Refrigerant gas R 12	
14.3. Transport hazard class(es)	Class	2.2
	Subsidiary Hazard	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Hazard Label	2.2
	Special provisions	T50

Air transport (ICAO-IATA / DGR)

14.1. UN number	1028	
14.2. UN proper shipping name	Refrigerant gas R 12; Dichlorodifluoromethane	
14.3. Transport hazard class(es)	ICAO/IATA Class	2.2
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	2L
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. 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)

14.1. UN number	1028	
14.2. UN proper shipping name	DICHLORODIFLUOROMETHANE (REFRIGERANT GAS R 12)	
14.3. Transport hazard class(es)	IMDG Class	2.2
	IMDG Subsidiary Hazard	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

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

Not Applicable

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

Product name	Group
dichlorodifluoromethane	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
dichlorodifluoromethane	Not Available

SECTION 15 Regulatory information

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

dichlorodifluoromethane is found on the following regulatory lists

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

US - Massachusetts - Right To Know Listed Chemicals

US Clean Air Act (CAA) Stratospheric Ozone Protection - Class I substances

US CWA (Clean Water Act) - Toxic Pollutants

US DOE Temporary Emergency Exposure Limits (TEELs)

US EPA Integrated Risk Information System (IRIS)

US EPCRA Section 313 Chemical List

US NIOSH Recommended Exposure Limits (RELs)

US OSHA Permissible Exposure Limits (PELs) Table Z-1

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

US TSCA New Chemical Exposure Limits (NCEL)

Additional Regulatory Information

Not Applicable

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Section 311/312 hazard categories

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	Yes
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	No
Acute toxicity (any route of exposure)	No

Reproductive toxicity	No
Skin Corrosion or Irritation	No
Respiratory or Skin Sensitization	No
Serious eye damage or eye irritation	No
Specific target organ toxicity (single or repeated exposure)	No
Aspiration Hazard	No
Germ cell mutagenicity	No
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

Name	Reportable Quantity in Pounds (lb)	Reportable Quantity in kg
dichlorodifluoromethane	5000	2270

US. EPCRA Section 313 Toxic Release Inventory (TRI) (40 CFR 372)

This product contains the following EPCRA section 313 chemicals subject to the reporting requirements of section 313 of the Emergency Planning and Community Right-To-Know-Act of 1986 (40 CFR 372):

CAS No	%[weight]	Name
75-71-8	100	dichlorodifluoromethane

This information must be included in all SDSs that are copied and distributed for this material.

Additional Federal Regulatory Information

Not Applicable

State Regulations

US. California Proposition 65

None Reported

Additional State Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (dichlorodifluoromethane)
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	No (dichlorodifluoromethane)
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	02/06/2023
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Initial Date	28/11/2005
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SDS Version Summary

Version	Date of Update	Sections Updated
5.1	08/09/2018	Toxicological information - Acute Health (inhaled), First Aid measures - Advice to Doctor, Physical and chemical properties - Appearance, Hazards identification - Classification, Ecological Information - Environmental, Exposure controls / personal protection - Personal Protection (other), Exposure controls / personal protection - Personal Protection (hands/feet), Handling and storage - Storage (storage requirement), Toxicological information - Toxicity and Irritation (Other), Identification of the substance / mixture and of the company / undertaking - Use
6.1	02/06/2023	Expiration. Review and Update

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
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration

- ▶ 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
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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