

## 1,2-DICHLOROTETRAFLUOROETHANE

### A-Gas (U.S. Headquarters)

Chemwatch: 1958

Version No: 5.1

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

Chemwatch Hazard Alert Code: 1

Issue Date: 20/06/2022

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L.GHS.USA.EN

#### SECTION 1 Identification

##### Product Identifier

Product name	1,2-DICHLOROTETRAFLUOROETHANE
Synonyms	C2-Cl2-F4; ClF2C-CClF2; CFC-114; CFC114; ethane, 1,2-dichloro-1,1,2,2-tetrafluoroethane; sym-dichlorofluoroethane; Arcton Cryofluoran F-114 FC-114 Fluorane 114 Fluorocarbon 114; Freon 114 Frigen 114 Frigiderm Genetron Halocarbon Refrigerant 114; Propellant 114
Proper shipping name	1,2-Dichloro-1,1,2,2- tetrafluoroethane or Refrigerant gas R 114
Chemical formula	C2-Cl2-F4 C2Cl2F4
Other means of identification	Not Available
CAS number	76-14-2

##### Recommended use of the chemical and restrictions on use

Relevant identified uses	Refrigerant and air conditioner, aerosol propellant and blowing agent, in fire extinguishers, and as a dielectric fluid. 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.
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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	<a href="http://www.agas.com/us">www.agas.com/us</a>
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

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

Una vez conectado y si el mensaje no está en su idioma preferido, por favor marque 02

#### 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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## 1,2-DICHLOROTETRAFLUOROETHANE

## 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
76-14-2	>98	<u>1,2-dichlorotetrafluoroethane</u>

## 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"> <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> </ul> <p><b>DO NOT</b> allow the patient to rub the eyes  <b>DO NOT</b> allow the patient to tightly shut the eyes  <b>DO NOT</b> introduce oil or ointment into the eye(s) without medical advice  <b>DO NOT</b> use hot or tepid water.</p>
Skin Contact	If skin contact occurs:

Continued...

## 1,2-DICHLOROTETRAFLUOROETHANE

	<ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
Inhalation	<ul style="list-style-type: none"> <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> <li>▶ Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction.</li> <li>▶ Keep the patient warm, comfortable and at rest while awaiting medical care.</li> <li>▶ <b>MONITOR THE BREATHING AND PULSE, CONTINUOUSLY.</b></li> <li>▶ Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.</li> </ul>
Ingestion	<ul style="list-style-type: none"> <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>

**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

**DO NOT** administer sympathomimetic drugs as they may cause ventricular arrhythmias.

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

Continued...

## 1,2-DICHLOROTETRAFLUOROETHANE

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

BRONSTEIN, A.C. and CURRANCE, P.L.

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

## SECTION 5 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

## Special protective equipment and precautions for fire-fighters

<b>Fire Fighting</b>	<p>----- GENERAL -----</p> <ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus and protective gloves.</li> <li>▶ Fight fire from a safe distance, with adequate cover.</li> <li>▶ Use water delivered as a fine spray to control fire and cool adjacent area.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered to be a significant fire risk.</li> <li>▶ Heating may cause expansion or decomposition leading to violent rupture of containers.</li> <li>▶ May emit corrosive, poisonous fumes.</li> <li>▶ Containers may explode when heated - Ruptured cylinders may rocket</li> <li>▶ Fire exposed containers may vent contents through pressure relief devices.</li> <li>▶ High concentrations of gas may cause asphyxiation without warning.</li> <li>▶ May decompose explosively when heated or involved in fire.</li> <li>▶ Contact with gas may cause burns, severe injury and/ or frostbite.</li> </ul> <p>Decomposition may produce toxic fumes of: carbon monoxide (CO) carbon dioxide (CO<sub>2</sub>) hydrogen chloride phosgene hydrogen fluoride other pyrolysis products typical of burning organic material.</p> <p><b>Contains low boiling substance:</b> Closed containers may rupture due to pressure buildup under fire conditions.</p> <ul style="list-style-type: none"> <li>▶ Vented gas is more dense than air and may collect in pits, basements.</li> </ul>

## 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

<b>Minor Spills</b>	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> <li>▶ Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used.</li> <li>▶ <b>DO NOT</b> enter confined spaces where gas may have accumulated.</li> <li>▶ Increase ventilation.</li> </ul>
<b>Major Spills</b>	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> <li>▶ Clear area of all unprotected personnel and move upwind.</li> <li>▶ Alert Emergency Authority and advise them of the location and nature of hazard.</li> <li>▶ Wear breathing apparatus and protective gloves.</li> <li>▶ Prevent by any means available, spillage from entering drains and water-courses.</li> <li>▶ Remove leaking cylinders to a safe place.</li> <li>▶ Fit vent pipes. Release pressure under safe, controlled conditions</li> <li>▶ Burn issuing gas at vent pipes.</li> </ul>

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## 1,2-DICHLOROTETRAFLUOROETHANE

- ▶ 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.

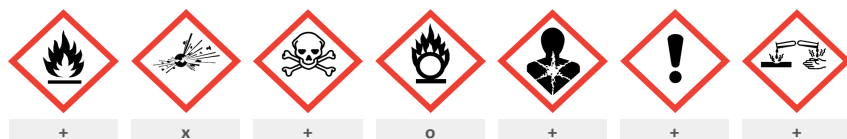
## SECTION 7 Handling and storage

## Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>· 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</li> <li>· The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines.</li> <li>· Fully-welded types of pressure gauges, where the bourdon tube sensing element is welded to the gauge body, are recommended.</li> <li>· Before connecting gas cylinders, ensure manifold is mechanically secure and does not contain another gas. <ul style="list-style-type: none"> <li>▶ <b>DO NOT transfer gas from one cylinder to another.</b></li> </ul> </li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <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>

## Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT use aluminium or galvanised containers</b></li> <li>▶ Cylinder: <ul style="list-style-type: none"> <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> </li> </ul>
<b>Storage incompatibility</b>	<p>Dichlorotetrafluoroethane:</p> <ul style="list-style-type: none"> <li>▶ undergoes thermal decomposition when exposed to red hot surfaces, forming toxic substances that may include chlorine, phosgene, carbonyl fluoride</li> <li>▶ reacts violently with strong reducing agents and especially the alkali, magnesium and magnesium alloys, zinc, aluminium alloys (&gt;2% magnesium) and light metals</li> <li>▶ reacts with chemically active metals, acids, acid fumes, barium, lithium, sodium</li> <li>▶ reaction with finely divided aluminium results in a self-sustaining reaction with very high heat</li> <li>▶ reacts with strong oxidisers, especially under high temperatures</li> <li>▶ attacks some plastics (methacrylate polymers, polyethylene and polystyrene), rubber and coatings</li> <li>▶ CFCs may react with strong oxidising or reducing agents.</li> </ul> <p>Haloalkanes:</p> <ul style="list-style-type: none"> <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 range 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> <p>BRETHERRICK L.: Handbook of Reactive Chemical Hazards</p> <ul style="list-style-type: none"> <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>



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

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## 1,2-DICHLOROTETRAFLUOROETHANE

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US OSHA Permissible Exposure Limits (PELs) Table Z-1	1,2-dichlorotetrafluoroethane	Dichlorotetrafluoroethane	1000 ppm / 7000 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	1,2-dichlorotetrafluoroethane	Dichlorotetrafluoroethane	1000 ppm / 7000 mg/m <sup>3</sup>	Not Available	Not Available	Not Available

## Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
1,2-dichlorotetrafluoroethane	140 ppm	1,600 ppm	9,500 ppm
1,2-dichlorotetrafluoroethane	3,000 ppm	10,000 ppm	50,000 ppm

Ingredient	Original IDLH	Revised IDLH
1,2-dichlorotetrafluoroethane	15,000 ppm	Not Available

## MATERIAL DATA


for 1,2-dichlorotetrafluoroethane:

The substance produces narcosis and asphyxia at extremely high doses. The potential for cardiac sensitisation is moderate. The recommended TLV-TWA is thought to provide a wide margin in safety preventing systemic toxicity and an adequate margin in preventing cardiac sensitisation.

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.

## Exposure controls

<b>Appropriate engineering controls</b>	<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>
<b>Individual protection measures, such as personal protective equipment</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ 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.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ When handling sealed and suitably insulated cylinders wear cloth or leather gloves.</li> </ul>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Protective overalls, closely fitted at neck and wrist.</li> <li>▶ Eye-wash unit.</li> <li>▶ Ensure availability of lifeline in confined spaces.</li> <li>▶ Staff should be trained in all aspects of rescue work.</li> </ul>

## 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

Continued...

## 1,2-DICHLOROTETRAFLUOROETHANE

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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), 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

<b>Appearance</b>	At room conditions it is a colourless gas with a perceptible odour that is sweet (slightly ethereal) and chloroform-like in character. When in liquid form it is also colourless. It is non-corrosive, non-irritating and non-flammable. Soluble in alcohol and ether. NOTE: This substance has been implicated in the depletion of the planet earth's stratospheric ozone layer with consequent increases in the levels of ultra-violet radiation reaching the surface. Consult latest Government regulations on its use.		
<b>Physical state</b>	Compressed Gas	<b>Relative density (Water = 1)</b>	1.456 @ 25 C
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	-94	<b>Viscosity (cSt)</b>	Not Applicable
<b>Initial boiling point and boiling range (°C)</b>	4	<b>Molecular weight (g/mol)</b>	170.92
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Available	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	100
<b>Vapour pressure (kPa)</b>	216 @ 25 C	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	5.9	<b>VOC g/L</b>	Not Available

## SECTION 10 Stability and reactivity

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

## SECTION 11 Toxicological information

## Information on toxicological effects

<b>Inhaled</b>	<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</p>
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## 1,2-DICHLOROTETRAFLUOROETHANE

	<p>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>When inhaled dichlorotetrafluoroethane acts like a weak narcotic and has low toxicity. High concentrations produced clinical signs of tremor, convulsions and incoordination. The potential for cardiac sensitisation is moderate and can be induced with endogenous adrenaline at levels of 50,000-800,000 ppm in dogs. Dogs survived eight hour exposures at 142,000-150,000 with slight blood changes and symptoms ranging from incoordination to occasional convulsions.</p> <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.</p> <p>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>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.</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>				
<b>Ingestion</b>	<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>				
<b>Skin Contact</b>	<p>Repeated spraying produced local irritation in rat skin.</p> <p>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.</p> <p>Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.</p> <p>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.</p> <p>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.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Material on the skin evaporates rapidly and may cause tingling, chilling and even temporary numbness</p> <p>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.</p>				
<b>Eye</b>	<p>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).</p> <p>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..</p>				
<b>Chronic</b>	<p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Principal route of occupational exposure to the gas is by inhalation.</p> <p>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.</p>				
<b>1,2-dichlorotetrafluoroethane</b>	<table border="1"> <thead> <tr> <th>TOXICITY</th> <th>IRRITATION</th> </tr> </thead> <tbody> <tr> <td>Oral (Rat) LD50: &gt;2250 mg/kg<sup>[2]</sup></td> <td>Not Available</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Oral (Rat) LD50: >2250 mg/kg <sup>[2]</sup>	Not Available
TOXICITY	IRRITATION				
Oral (Rat) LD50: >2250 mg/kg <sup>[2]</sup>	Not Available				
<b>Legend:</b>	<p>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</p>				

<b>1,2-DICHLOROTETRAFLUOROETHANE</b>	<p>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.</p> <p>CFCs and HCFCs are known to sensitise the heart to adrenalin-induced arrhythmias.</p> <p>CFCs:</p> <ul style="list-style-type: none"> <li>• can be absorbed across the alveolar membrane, gastro- intestinal tract, or the skin;</li> <li>• are absorbed rapidly into the blood, following inhalation;</li> <li>• are absorbed into the blood at a decreasing rate as blood concentration increases;</li> <li>• once in the blood, are absorbed by various tissues;</li> </ul>
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Continued...



## 1,2-DICHLOROTETRAFLUOROETHANE

· will reach a stable blood level if exposure is sufficiently long, indicating an equilibrium between the air containing the chlorofluorocarbons and the blood;

· are still absorbed by body tissue, after the initial blood level stabilization, and continue to enter the body.

Studies with animals indicate that chlorofluorocarbons are rapidly absorbed after inhalation and are distributed by blood into practically all tissues of the body. The highest concentrations are usually found in fatty or lipid-containing tissues.

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

	Endpoint	Test Duration (hr)	Species	Value	Source
1,2-dichlorotetrafluoroethane	BCF	1008h	Fish	15-28	7
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 : 2.82 Koc : 300-815 Half-life (hr) air : 175200 Half-life (hr) H2O surface water : 4 Henry's atm m3 /mol: 2.8 BCF : 10-82 controlled ozone depleting gases: phase out by 1996 (C) controlled ozone depleting potential: 1 Bioaccumulation : not sig processes Abiotic: photol Rxn singlet O only

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.

**DO NOT discharge into sewer or waterways.**

## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
1,2-dichlorotetrafluoroethane	HIGH	HIGH

## Bioaccumulative potential

Ingredient	Bioaccumulation
1,2-dichlorotetrafluoroethane	LOW (BCF = 34)

## Mobility in soil

Ingredient	Mobility
1,2-dichlorotetrafluoroethane	LOW (Log KOC = 224.7)

## SECTION 13 Disposal considerations

## Waste treatment methods

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

## SECTION 14 Transport information

## Labels Required



Marine Pollutant

NO

Shipping container, transport vehicle placarding, and labeling may vary from the below information. This depends on the quantity shipped, the applicability of excepted quantity requirements, limited quantity requirements, and/or special provisions 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	1958	
14.2. UN proper shipping name	1,2-Dichloro-1,1,2,2- tetrafluoroethane or Refrigerant gas R 114	
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	1958	
14.2. UN proper shipping name	Refrigerant gas R 114; 1,2-Dichloro-1,1,2,2-tetrafluoroethane	
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	1958	
14.2. UN proper shipping name	REFRIGERANT GAS R 114; 1,2-DICHLORO-1,1,2,2-TETRAFLUOROETHANE	
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**

Continued...

Not Applicable

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

Product name	Group
1,2-dichlorotetrafluoroethane	Not Available

**14.7.3. Transport in bulk in accordance with the IGC Code**

Product name	Ship Type
1,2-dichlorotetrafluoroethane	Not Available

**SECTION 15 Regulatory information****Safety, health and environmental regulations / legislation specific for the substance or mixture****1,2-dichlorotetrafluoroethane is found on the following regulatory lists**

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

US - Massachusetts - Right To Know Listed Chemicals

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

US DOE Temporary Emergency Exposure Limits (TEELs)

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)**

Continued...

## 1,2-DICHLOROTETRAFLUOROETHANE

None Reported

**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
76-14-2	>98	1,2-dichlorotetrafluoroethane

*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 - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (1,2-dichlorotetrafluoroethane)
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 (1,2-dichlorotetrafluoroethane)
Russia - FBEPH	Yes
<i>Legend:</i>	<i>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.</i>

**SECTION 16 Other information**

<b>Revision Date</b>	20/06/2022
<b>Initial Date</b>	25/04/2002

**SDS Version Summary**

Version	Date of Update	Sections Updated
3.1	29/01/2010	Hazards identification - Classification
5.1	20/06/2022	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

Continued...

**1,2-DICHLOROTETRAFLUOROETHANE**

- 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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