



Wormald Halon 1301 (Wormald Halon 1301)

Wormald

Chemwatch: 72-6316

Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 1

Issue Date: 14/12/2016

Print Date: 20/12/2016

L.GHS.AUS.EN

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

Product Identifier

Product name	Wormald Halon 1301 (Wormald Halon 1301)
Chemical Name	bromotrifluoromethane
Synonyms	Not Available
Proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)
Other means of identification	Not Available

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

Relevant identified uses	<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> <p>Use in closed pressurised systems fitted with temperature and pressure safety relief valves which are vented to allow safe dispersal.</p> <p>Operators should be trained in procedures for safe use of this material.</p> <p>Fire protection agent for total flooding of rooms containing electrical equipment such as computer rooms as well as flammable liquid storage and Class A risks such as records rooms and libraries.</p>
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Details of the supplier of the safety data sheet

Registered company name	Wormald
Address	Unit 2, 2-8 South Street Rydalmere NSW 2116 Australia
Telephone	133 166
Fax	Not Available
Website	www.wormald.com.au
Email	admin@wormaldaus.com.au

Emergency telephone number

Association / Organisation	Wormald
Emergency telephone numbers	133 166
Other emergency telephone numbers	000


SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Gas under Pressure (Liquefied gas), Skin Corrosion/Irritation Category 1B, Serious Eye Damage Category 1, Hazardous to the Ozone Layer Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Continued...

GHS label elements	
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SIGNAL WORD	DANGER
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Hazard statement(s)

H280	Contains gas under pressure; may explode if heated.
H314	Causes severe skin burns and eye damage.
H318	Causes serious eye damage.
H420	Harms public health and the environment by destroying ozone in the upper atmosphere.
AUH044	Risk of explosion if heated under confinement

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

Precautionary statement(s) Response

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

Precautionary statement(s) Storage

P405	Store locked up.
P410+P403	Protect from sunlight. Store in a well-ventilated place.

Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
P502	Refer to manufacturer/supplier for information on recovery/recycling.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
75-63-8	100	<u>bromotrifluoromethane</u>

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. Hold the eyelid(s) open and pour water slowly over the eyeball(s) at the inner corners, letting the water run out of the outer corners. ▶ The patient may be in great pain and wish to keep the eyes closed. It is important that the material is rinsed from the eyes to prevent further damage. ▶ Ensure that the patient looks up, and side to side as the eye is rinsed in order to better reach all parts of the eye(s) ▶ Transport to hospital or doctor.
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	<ul style="list-style-type: none"> ▶ 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 or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor. <p>In case of cold burns (frost-bite):</p> <ul style="list-style-type: none"> ▶ Move casualty into warmth before thawing the affected part; if feet are affected carry if possible ▶ Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbing ▶ DO NOT apply hot water or radiant heat. ▶ Apply a clean, dry, light dressing of "fluffed-up" dry gauze bandage ▶ If a limb is involved, raise and support this to reduce swelling ▶ If an adult is involved and where intense pain occurs provide pain killers such as paracetamol ▶ Transport to hospital, or doctor ▶ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.
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.

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.
- ▶ 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 CURRANCE, P.L.

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

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

SMALL FIRE: Use extinguishing agent suitable for type of surrounding fire.

LARGE FIRE: Cool cylinder.

DO NOT direct water at source of leak or venting safety devices as icing may occur.

Special hazards arising from the substrate or mixture

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

Fire Fighting	<p>-----</p> <p>GENERAL</p> <p>-----</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. ▶ DO NOT approach cylinders suspected to be hot. ▶ Cool fire exposed cylinders with water spray from a protected location. ▶ If safe to do so, remove cylinders from path of fire.
Fire/Explosion Hazard	<p>.....</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)</p> <p>carbon dioxide (CO2)</p> <p>hydrogen bromide</p> <p>hydrogen fluoride</p> <p>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> <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.

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	<ul style="list-style-type: none"> ▶ May emit corrosive, poisonous fumes. ▶ Vented gas is more dense than air and may collect in pits, basements.
HAZCHEM	Not Applicable

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. ▶ Clear area of personnel. ▶ Stop leak only if safe to so do. ▶ Remove leaking cylinders to safe place.
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. ▶ Consider evacuation. ▶ Increase ventilation. ▶ No smoking or naked lights within area. ▶ 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. Before disconnecting gas cylinder, isolate supply line segment proximal to cylinder, remove trapped gas in supply line with aid of vacuum pump ·When connecting or replacing cylinders take care to avoid airborne particulates violently ejected when system pressurises. ·Consider the use of doubly-contained piping; diaphragm or bellows sealed, soft seat valves; backflow prevention devices; flash arrestors; and flow monitoring or limiting devices. Gas cabinets, with appropriate exhaust treatment, are recommended, as is automatic monitoring of the secondary enclosures and work areas for release. ▶ DO NOT transfer gas from one cylinder to another.
Other information	<ul style="list-style-type: none"> ▶ Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open. ▶ Such compounds should be sited and built in accordance with statutory requirements. ▶ The storage compound should be kept clear and access restricted to authorised personnel only. ▶ Cylinders stored in the open should be protected against rust and extremes of weather. ▶ Cylinders in storage should be properly secured to prevent toppling or rolling. ▶ Cylinder valves should be closed when not in use. ▶ Where cylinders are fitted with valve protection this should be in place and properly secured.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ DO NOT use aluminium or galvanised containers
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	<ul style="list-style-type: none"> ▶ Cylinder: ▶ Ensure the use of equipment rated for cylinder pressure. ▶ Ensure the use of compatible materials of construction. ▶ Valve protection cap to be in place until cylinder is secured, connected. ▶ Cylinder must be properly secured either in use or in storage. ▶ Cylinder valve must be closed when not in use or when empty. ▶ Segregate full from empty cylinders. <p>WARNING: Suckback into cylinder may result in rupture.</p>
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>BREITHERICK 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. ▶ may react with brass and steel. ▶ may react explosively with strong oxidisers ▶ may degrade rubber, and plastics such as methacrylate polymers, polyethylene and polystyrene, paint and coatings ▶ 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

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	bromotrifluoromethane	Trifluorobromomethane	6090 mg/m3 / 1000 ppm	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
bromotrifluoromethane	Bromotrifluoromethane; (Trifluorobromomethane)	3,000 ppm	25,000 ppm	40,000 ppm

Ingredient	Original IDLH	Revised IDLH
bromotrifluoromethane	50,000 ppm	40,000 ppm

MATERIAL DATA

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


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. Air normally has 21 percent oxygen by volume, with 18 percent regarded as minimum under normal atmospheric pressure to maintain consciousness / life. At pressures significantly higher or lower than normal atmospheric pressure, expert guidance should be sought.

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <ul style="list-style-type: none"> Process controls which involve changing the way a job activity or process is done to reduce the risk.
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	Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> Chemical goggles. Full face shield may be required for supplementary but never for primary protection of eyes. Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> When handling sealed and suitably insulated cylinders wear cloth or leather gloves. Insulated gloves: <p>NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> Protective overalls, closely fitted at neck and wrist. Eye-wash unit. Ensure availability of lifeline in confined spaces. Staff should be trained in all aspects of rescue work. Rescue gear: Two sets of SCBA breathing apparatus Rescue Harness, lines etc.
Thermal hazards	Not Available

Respiratory protection

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

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 / Class1	-
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 ** - Continuous-flow or positive pressure demand

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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

- 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	Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include "pins and needles", paleness followed by numbness, a hardening and stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered).
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	Colourless liquefied gas with a sweet odour; not miscible with water. Containers are equipped with pressure and temperature relief devices, but rupture may occur under fire conditions and toxic decomposition by-product may be formed if used in fires over 480 deg Celcius		
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Physical state	Liquified Gas	Relative density (Water = 1)	1.57
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	480
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	-58	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	100
Vapour pressure (kPa)	1372 @21C	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	5.2	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	<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>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. Most subjects developed bradycardia (reduced pulse rate). Bradycardia is encountered in dogs when administration is limited to upper respiratory tract (oropharyngeal and nasal areas). Cardiac arrhythmias can be experimentally induced in animals (species dependency is pronounced with dogs and monkeys requiring lesser amounts of fluorocarbon FC-11 than rats or mice).</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</p>
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	<p>death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin)</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>In the case of iodised and brominated compounds, exposure effects cannot be described by simple central nervous system depression produced by other halogenated aliphatic hydrocarbons. Headache, nausea, ataxia (loss of muscle co-ordination), tremors, speech difficulties, visual disturbances, convulsions, paralysis, delirium, mania and apathy are all evidence of additional effects.</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. The ability to maintain attention and think clearly is diminished and muscular coordination is somewhat disturbed. As oxygen decreases from 14-10% judgement becomes faulty; severe injuries may cause no pain. Muscular exertion leads to rapid fatigue.</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>
<p>Ingestion</p>	<p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</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>
<p>Skin Contact</p>	<p>The material can produce chemical burns following direct contact with the skin.</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>538053lgas</p> <p>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>Eye</p>	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</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>
<p>Chronic</p>	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.</p> <p>Principal route of occupational exposure to the gas is by inhalation.</p> <p>Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn from therapeutic use due to their toxicity.</p> <p>In test animals, brominated vegetable oils (BVOs), historically used as emulsifiers in certain soda-based soft drinks, produced damage to the heart and kidneys in addition to increasing fat deposits in these organs. In extreme cases BVO caused testicular damage, stunted growth and produced lethargy and fatigue.</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</p>

Wormald Halon 1301 (Wormald Halon 1301)

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.

Wormald Halon 1301 (Wormald Halon 1301)	TOXICITY	IRRITATION
	Not Available	Not Available
bromotrifluoromethane	TOXICITY	IRRITATION
	Inhalation (rat) LC50: 430 mg/L/4hr ^[2]	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

Wormald Halon 1301 (Wormald Halon 1301)	<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. Short-chain monohalogenated (excluding fluorine) alkanes and alkenes are potential direct-acting alkylating agents, particularly if the halogen is at the terminal end of the carbon chain or at an allylic position. Dihalogenated alkanes are also potential alkylating or cross-linking agents (either directly or after GSH conjugation), particularly if they are vicinally substituted (e.g., 1,2-dihaloalkane) or substituted at the two terminal ends of a short to medium-size (e.g., 2-7) alkyl moiety (i.e., alpha, omega-dihaloalkane).</p>
Wormald Halon 1301 (Wormald Halon 1301) & BROMOTRIFLUOROMETHANE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>

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

Legend: ✗ – Data available but does not fill the criteria for classification
 ✓ – Data required to make classification available
 ☐ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
bromotrifluoromethane	LC50	96	Fish	50.376mg/L	3
bromotrifluoromethane	EC50	96	Algae or other aquatic plants	170.520mg/L	3
bromotrifluoromethane	EC50	384	Crustacea	11.971mg/L	3

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

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.

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.

Organic substances containing chlorine, if primarily present in the atmospheric compartment and if their lifetime is long enough can reach the stratosphere and decompose through photolysis and other chemical reaction (e.g. with OH radical). Chlorine atoms can then participate in the catalytic ozone destruction cycles. The atmospheric lifetime is too short to enable a significant fraction of the compound emitted to reach the stratosphere

Haloalkanes do not hydrolyse easily.

Environmental fate:

Bromide ion may be introduced to the environment after the dissociation of various salts and complexes or the degradation of organobromide compounds.

Bromides may also affect the growth of micro-organisms and have been used for this purpose in industry.

Bromides in drinking water are occasionally subject to disinfection processes involving ozone of chlorine. Bromide may be oxidised to produce hypobromous acid which in turn may react with natural organic matter to form brominated compounds. The formation of bromoform has been well documented, as has the formation of bromoacetic acids, bromopicrin, cyanogen bromide, and bromoacetone. Bromates may also be formed following ozonation or chlorination if pH is relatively high. Bromates may be animal carcinogens.

DO NOT discharge into sewer or waterways.

Persistence and degradability

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

Bioaccumulative potential

Ingredient	Bioaccumulation
bromotrifluoromethane	LOW (LogKOW = 1.86)

Mobility in soil

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

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG)

UN number	1009				
UN proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)				
Transport hazard class(es)	<table border="0"> <tr> <td>Class</td> <td>2.2</td> </tr> <tr> <td>Subrisk</td> <td>Not Applicable</td> </tr> </table>	Class	2.2	Subrisk	Not Applicable
Class	2.2				
Subrisk	Not Applicable				

Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Limited quantity	120 ml

Air transport (ICAO-IATA / DGR)

UN number	1009	
UN proper shipping name	Bromotrifluoromethane; Refrigerant gas R 13B1	
Transport hazard class(es)	ICAO/IATA Class	2.2
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	2L
Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	200
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	200
	Passenger and Cargo Maximum Qty / Pack	75 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	Forbidden

Sea transport (IMDG-Code / GGVSee)

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

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

Not Applicable

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture****BROMOTRIFLUOROMETHANE(75-63-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (bromotrifluoromethane)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y

Continued...

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Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	<i>Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)</i>

SECTION 16 OTHER INFORMATION**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.

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

www.chemwatch.net

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

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

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

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