

# Coogee Chemicals Sodium Hypochlorite

## Coogee

Chemwatch: 63-4453

Version No: 8.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 28/06/2024

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L.GHS.AUS.EN.E

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

#### Product Identifier

Product name	Coogee Chemicals Sodium Hypochlorite
Chemical Name	Not Applicable
Synonyms	Product code: 3600
Proper shipping name	HYPOCHLORITE SOLUTION
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Bleaching Agent, Disinfectant, Oxidising agent.
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#### Details of the manufacturer or supplier of the safety data sheet

Registered company name	Coogee
Address	Cnr of Patterson and Kwinana Beach Roads Kwinana WA Australia
Telephone	+61 8 9439 8200
Fax	+61 8 9439 8300
Website	<a href="http://www.coogee.com.au">www.coogee.com.au</a>
Email	<a href="mailto:enquiry@coogee.com.au">enquiry@coogee.com.au</a>

#### Emergency telephone number

Association / Organisation	Coogee
Emergency telephone number(s)	1800 800 655
Other emergency telephone number(s)	Not Available


### SECTION 2 Hazards identification

#### Classification of the substance or mixture

**HAZARDOUS CHEMICAL. DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.**

Poisons Schedule	S5
Classification <sup>[1]</sup>	Corrosive to Metals Category 1, Skin Corrosion/Irritation Category 1B, Serious Eye Damage/Eye Irritation Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### Label elements

Hazard pictogram(s)	
Signal word	<b>Danger</b>

#### Hazard statement(s)

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H410	Very toxic to aquatic life with long lasting effects.
AUH031	Contact with acid liberates toxic gas.

#### Supplementary statement(s)

Not Applicable

#### Precautionary statement(s) Prevention

## Coogee Chemicals Sodium Hypochlorite

P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.

## Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].

## Precautionary statement(s) Storage

P405	Store locked up.
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## Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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## SECTION 3 Composition / information on ingredients

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
7681-52-9	10-30	<a href="#">sodium hypochlorite</a>
1310-73-2	<1	<a href="#">sodium hydroxide</a>
7732-18-5	>60	<a href="#">water</a>
<b>Legend:</b> 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available		

## SECTION 4 First aid measures

## Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>
Inhalation	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▶ Transport to hospital, or doctor.</li> <li>▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.</li> <li>▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.</li> </ul> <p><b>This must definitely be left to a doctor or person authorised by him/her.</b> (ICSC13719)</p>
Ingestion	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

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

For acute or repeated exposures to hypochlorite solutions:

- ▶ Release of small amounts of hypochlorous acid and acid gases from the stomach following ingestion, is usually too low to cause damage but may be irritating to mucous membranes. Buffering with antacid may be helpful if discomfort is evident.
- ▶ Evaluate as potential caustic exposure.
- ▶ Decontaminate skin and eyes with copious saline irrigation. Check exposed eyes for corneal abrasions with fluorescein staining.
- ▶ Emesis or lavage and catharsis may be indicated for mild caustic exposure.
- ▶ Chlorine exposures require evaluation of acid/base and respiratory status.
- ▶ Inhalation of vapours or mists may result in pulmonary oedema.

ELLENHORN and BARCELOUX: Medical Toxicology.

Excellent warning properties force rapid escape of personnel from chlorine vapour thus most inhalations are mild to moderate. If escape is not possible, exposure to high concentrations for a very short time can result in dyspnea, haemophysis and cyanosis with later complications being tracheobroncho-pneumonitis and pulmonary oedema. Oxygen, intermittent positive pressure breathing apparatus and aerosolised bronchodilators are of therapeutic value where chlorine inhalation has been light to moderate. Severe inhalation should result in hospitalisation and treatment for a respiratory emergency.

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Any chlorine inhalation in an individual with compromised pulmonary function (COPD) should be regarded as a severe inhalation and a respiratory emergency. [CCINFO, Dow 1988]

Effects from exposure to chlorine gas include pulmonary oedema which may be delayed. Observation in hospital for 48 hours is recommended  
Diagnosed asthmatics and those people suffering from certain types of chronic bronchitis should receive medical approval before being employed in occupations involving chlorine exposure.

If burn is present, treat as any thermal burn, after decontamination.  
for corrosives:

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.
- ▶ Where eyes have been exposed, flush immediately with water and continue to irrigate with normal saline during transport to hospital.
- ▶ **DO NOT use emetics.** Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.
- ▶ Skin burns should be covered with dry, sterile bandages, following decontamination.
- ▶ **DO NOT attempt neutralisation as exothermic reaction may occur.**

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.

EMERGENCY DEPARTMENT

- ▶ Laboratory analysis of complete blood count, serum electrolytes, BUN, creatinine, glucose, urinalysis, baseline for serum aminotransferases (ALT and AST), calcium, phosphorus and magnesium, may assist in establishing a treatment regime.
- ▶ Positive end-expiratory pressure (PEEP)-assisted ventilation may be required for acute parenchymal injury or adult respiratory distress syndrome.
- ▶ Consider endoscopy to evaluate oral injury.
- ▶ Consult a toxicologist as necessary.

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

SECTION 5 Firefighting measures

Extinguishing media

- ▶ Water spray or fog.
- ▶ Foam.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"><li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li><li>▶ Wear full body protective clothing with breathing apparatus.</li></ul>
Fire/Explosion Hazard	May evolve toxic gases (chlorine) when heated to decomposition. <ul style="list-style-type: none"><li>▶ Non combustible.</li><li>▶ Not considered a significant fire risk, however containers may burn.</li></ul> Decomposition may produce toxic fumes of: hydrogen chloride May emit corrosive fumes.
HAZCHEM	2X

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	<ul style="list-style-type: none"><li>▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.</li><li>▶ Check regularly for spills and leaks.</li><li>▶ Clean up all spills immediately.</li><li>▶ Avoid breathing vapours and contact with skin and eyes.</li></ul>
Major Spills	<ul style="list-style-type: none"><li>▶ Clear area of personnel and move upwind.</li><li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li></ul>

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

SECTION 7 Handling and storage

Precautions for safe handling

## Coogee Chemicals Sodium Hypochlorite

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>Avoid all personal contact, including inhalation.</li> <li>Wear protective clothing when risk of exposure occurs.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> </ul>

## Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>Lined metal can, lined metal pail/ can.</li> <li>Plastic pail.</li> </ul> <p>For low viscosity materials</p> <ul style="list-style-type: none"> <li>Drums and jerricans must be of the non-removable head type.</li> <li>Where a can is to be used as an inner package, the can must have a screwed enclosure.</li> </ul>
<b>Storage incompatibility</b>	<p>Contact with acids, organics, reducing agents (eg. amines), metallic powders and heat sources produces toxic fumes of chlorine. May be decomposed by hot water releasing chlorine fumes.</p> <ul style="list-style-type: none"> <li>Contact with acids produces toxic fumes</li> </ul> <p>Contact with acids produces toxic fumes of chlorine</p> <ul style="list-style-type: none"> <li>Avoid any contamination of this material as it is very reactive and any contamination is potentially hazardous</li> </ul>

## 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	sodium hydroxide	Sodium hydroxide	Not Available	Not Available	2 mg/m3	Not Available

Ingredient	Original IDLH	Revised IDLH
sodium hypochlorite	Not Available	Not Available
sodium hydroxide	10 mg/m3	Not Available
water	Not Available	Not Available

## MATERIAL DATA

## Exposure controls

<b>Appropriate engineering controls</b>	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.
<b>Individual protection measures, such as personal protective equipment</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>Chemical goggles.</li> <li>Full face shield may be required for supplementary but never for primary protection of eyes.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>Wear chemical protective gloves, e.g. PVC.</li> <li>Wear safety footwear or safety gumboots, e.g. Rubber</li> <li>When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.</li> </ul>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>Overalls.</li> <li>PVC Apron.</li> </ul>

## Respiratory protection

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

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
  - The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
  - Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
  - Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
  - Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
  - Use approved positive flow mask if significant quantities of dust becomes airborne.
  - Try to avoid creating dust conditions.
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## SECTION 9 Physical and chemical properties

## Information on basic physical and chemical properties

<b>Appearance</b>	Clear yellow coloured alkaline liquid with chlorine odour; miscible with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.17-1.22
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature</b>	Not Available

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Coogee Chemicals Sodium Hypochlorite

		(°C)	
pH (as supplied)	>11.5	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	-25	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	>100	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)	80-95
Vapour pressure (kPa)	2.3	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"><li>▶ Unstable in the presence of incompatible materials.</li><li>▶ Product is considered stable.</li></ul>
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

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	Based on available data, the classification criteria are not met.
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	Based on available data, the classification criteria are not met.
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	Based on available data, the classification criteria are not met.

Inhaled	Chlorine vapour is extremely irritating to the upper respiratory tract and lungs Symptoms of exposure to chlorine include coughing, choking, breathing difficulty, chest pain, headache, vomiting, pulmonary oedema. Inhalation may cause lung congestion, bronchitis and loss of consciousness.
Ingestion	The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	resulting in permanent injury. The material can produce chemical burns following direct contact with the skin. Skin contact will result in rapid drying, bleaching, leading to chemical burns on prolonged contact
Eye	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.
Chronic	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. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Reduced respiratory capacity may result from chronic low level exposure to chlorine gas. Chronic poisoning may result in coughing, severe chest pains, sore throat and haemoptysis (bloody sputum).

Coogee Chemicals Sodium Hypochlorite	TOXICITY	IRRITATION
	Not Available	Not Available
sodium hypochlorite	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >10000 mg/kg <sup>[1]</sup>	Eye (Rodent - rabbit): 1.31mg - Mild

Coogee Chemicals Sodium Hypochlorite

	Inhalation (Rat) LC50: >2.625 mg/l4h <sup>[1]</sup>	Eye (Rodent - rabbit): 10mg - Moderate
	Oral (Mouse) LD50: 5800 mg/kg <sup>[2]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
		Skin (Human): 4%/48H
		Skin: adverse effect observed (corrosive) <sup>[1]</sup>
		Skin: adverse effect observed (irritating) <sup>[1]</sup>
sodium hydroxide	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: 1350 mg/kg <sup>[2]</sup>	Eye (Primate - monkey): 1%/24H - Severe
	Oral (Rabbit) LD50: 325 mg/kg <sup>[1]</sup>	Eye (Rodent - rabbit): 1% - Severe
		Eye (Rodent - rabbit): 100mg
		Eye (Rodent - rabbit): 1mg/24H - Severe
		Eye (Rodent - rabbit): 1mg/30S - Severe
		Eye (Rodent - rabbit): 400ug - Mild
		Eye (Rodent - rabbit): 50ug/24H - Severe
		Eye: adverse effect observed (irritating) <sup>[1]</sup>
		Skin (Human): 0.15%/96H
		Skin (Human): 2%/24H - Mild
		Skin (Human): 2.50%/24H
		Skin (Rodent - rabbit): 500mg/24H - Severe
		Skin: adverse effect observed (corrosive) <sup>[1]</sup>
water	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: >90000 mg/kg <sup>[2]</sup>	Not Available

**Legend:** 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

SODIUM HYPOCHLORITE	as sodium hypochlorite pentahydrate Hypochlorite salts are classified by IARC as Group 3: <b>NOT</b> classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. Most of the data for toxicity of hypochlorites by the oral route are from studies performed with sodium hypochlorite or chlorine gas. In biological systems, characterised by pH values in the range of 6-8, the most abundant active chemical species is (hypochlorous acid) HOCl, in equilibrium with hypochlorite anion (ClO <sup>-</sup> ).
SODIUM HYDROXIDE	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
WATER	No significant acute toxicological data identified in literature search.
SODIUM HYPOCHLORITE & SODIUM HYDROXIDE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound.

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

Coogee Chemicals Sodium Hypochlorite	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
sodium hypochlorite	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	0.01mg/l	4
	NOEC(ECx)	72h	Algae or other aquatic plants	0.005mg/l	2
	EC50	72h	Algae or other aquatic plants	0.018mg/l	2
	EC50	96h	Algae or other aquatic plants	~0.1~0.4mg/l	2

Continued...

	LC50	96h	Fish	>0.023<0.052mg/L	4
sodium hydroxide	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	34.59-47.13mg/l	4
	EC50(ECx)	48h	Crustacea	34.59-47.13mg/l	4
	LC50	96h	Fish	144-267mg/l	4
water	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
<b>Legend:</b> <i>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</i>					

Prevent, by any means available, spillage from entering drains or water courses.  
**DO NOT** discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
sodium hydroxide	LOW	LOW
water	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
sodium hydroxide	LOW (LogKOW = -3.88)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	Mobility
sodium hydroxide	LOW (Log KOC = 14.3)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"><li>Containers may still present a chemical hazard/ danger when empty.</li><li>Return to supplier for reuse/ recycling if possible.</li><li>Recycle wherever possible.</li><li>Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.</li></ul>
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SECTION 14 Transport information

Labels Required

Marine Pollutant	
HAZCHEM	2X

Land transport (ADG)

14.1. UN number or ID number	1791
14.2. UN proper shipping name	HYPOCHLORITE SOLUTION
14.3. Transport hazard class(es)	Class 8 Subsidiary Hazard Not Applicable
14.4. Packing group	III
14.5. Environmental hazard	Environmentally hazardous
14.6. Special precautions for user	Special provisions 223 Limited quantity 5 L

Air transport (ICAO-IATA / DGR)

14.1. UN number	1791		
14.2. UN proper shipping name	Hypochlorite solution		
14.3. Transport hazard class(es)	ICAO/IATA Class	8	
	ICAO / IATA Subsidiary Hazard	Not Applicable	
	ERG Code	8L	
14.4. Packing group	III		
14.5. Environmental hazard	Environmentally hazardous		
14.6. Special precautions for user	Special provisions	A3 A803	
	Cargo Only Packing Instructions	856	
	Cargo Only Maximum Qty / Pack	60 L	
	Passenger and Cargo Packing Instructions	852	
	Passenger and Cargo Maximum Qty / Pack	5 L	
	Passenger and Cargo Limited Quantity Packing Instructions	Y841	
	Passenger and Cargo Limited Maximum Qty / Pack	1 L	

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	1791		
14.2. UN proper shipping name	HYPOCHLORITE SOLUTION		
14.3. Transport hazard class(es)	IMDG Class	8	
	IMDG Subsidiary Hazard	Not Applicable	
14.4. Packing group	III		
14.5 Environmental hazard	Marine Pollutant		
14.6. Special precautions for user	EMS Number	F-A , S-B	
	Special provisions	223 274 900	
	Limited Quantities	5 L	

14.7. Maritime transport in bulk according to IMO instruments

14.7.1. Transport in bulk according to Annex II of MARPOL and the IBC code  
Not Applicable

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

Product name	Group
sodium hypochlorite	Not Available
sodium hydroxide	Not Available
water	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
sodium hypochlorite	Not Available
sodium hydroxide	Not Available
water	Not Available

SECTION 15 Regulatory information

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

sodium hypochlorite is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic
sodium hydroxide is found on the following regulatory lists
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australian Inventory of Industrial Chemicals (AIIC)
water is found on the following regulatory lists
Australian Inventory of Industrial Chemicals (AIIC)

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (sodium hypochlorite; sodium hydroxide; water)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	28/06/2024
Initial Date	17/06/2016

SDS Version Summary

Version	Date of Update	Sections Updated
7.1	17/09/2021	Hazards identification - Classification
8.1	28/06/2024	Classification change due to full database hazard calculation/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.

Definitions and abbreviations

- PC - TWA: Permissible Concentration-Time Weighted Average
- PC - STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit,
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code
- 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

**Coogee Chemicals Sodium Hypochlorite**

► FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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