



MATERIAL SAFETY DATA SHEETS

179

Dichlorobenzalkonium chloride

1. CHEMICAL IDENTITY

Chemical Name : Dichlorobenzalkonium chloride

Chemical Classification: Toxic

Trade Name :

Synonyms: Alkyl(C₈H₁₇ to C₁₈H₃₇) dimethyl 3,4-dichlorobenzyl ammonium chloride, Tetrosan®

Formula :

CAS No: 8023-53-8

UN No:

Regulated Identification

Shipping Name :

Hazchem Code :

Codes / Label : Toxic

Hazardous Waste ID No :

HAZARDOUS INGREDIENTS	C.A.S. No.	HAZARDOUS INGREDIENTS	C.A.S. No.
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1	Dichlorobenzalkonium chloride	3	
2		4	

2. PHYSICAL / CHEMICAL DATA

Boiling Pt. °C:

Physical State: Solid

Appearance: Colorless crystals

Melting Pt °C: 33-39

Vapour Pressure @ 35°C mmHg:

Odour: Odorless.

Vapour Density(Air =1):

Solubility in water at 30°C g/100ml:

Soluble

Others: Soluble in alcohol.

Specific Gravity (Water =1): 0.891

pH :

3. FIRE / EXPLOSION HAZARD DATA

Flammability :

LEL:

Flash Point °C in OC:

TDG Flammability:

UEL:

Flash Point °C in CC:

Autoignition Temperature °C :

Explosion sensitivity to impact:

Explosion sensitivity to static Electricity:

Hazardous Combustion Products : When heated to decomposition it emits very toxic fumes of hydrogen chloride and nitrogen oxides

Hazardous Polymerization :

Combustible Liquid:

Explosive Material:

Corrosive Material

Flammable Material:

Oxidiser :

Others:

Pyrophoric Material:

Organic Peroxide :

4. REACTIVITY DATA

Chemical Stability :

Incompatibility with other material : Strong oxidizing agents.

Reactivity :

Hazardous : Oxides of carbon.

Reaction Products

5. HEALTH HAZARD DATA

Routes of entry: Inhalation, Ingestion, Skin and Eyes

Effects of Exposure / Symptoms:

Inhalation : Respiratory muscle paralysis, pulmonary edema, occupational asthma, and hypoxemia have been reported. Skin: Dermal necrosis has resulted from exposure in concentrations ranging from 2 to 17.5 Percent. A number of these agents have caused irritant or allergic contact dermatitis. Eyes: Vomiting, diarrhea and abdominal pain may occur. Ingestion of concentrated solutions may produce burns of the mouth, pharynx, and esophagus. Hemorrhagic gi tract necrosis and peritonitis have been reported.

Emergency Treatment :

Inhalation: Move patient to fresh air. Monitor for respiratory distress. Administer oxygen and assist ventilation as required. Treat bronchospasm with beta2 agonist and corticosteroid aerosols.

Skin: Remove contaminated clothing, wash exposed area with copious amounts of water. A physician should examine the area if irritation or pain persists.

Eyes: Foreign materials in the eye may not cause a toxic reaction, but injury from a foreign body may occur. In such cases, the patient should be observed for eye irritation and should seek medical assistance if the irritation becomes significant.

Ingestion: Do not induce emesis - dilution: following ingestion and/or prior to gastric evacuation, immediately dilute with 4 to 8 ounces (120 to 240 ml) of milk or water (not to exceed 15 ml/kg in a child).

LD50 (oral-rat) mg/kg: 730 mg/kg

STEL:

LC50 (rat) mg/kg:

Odour Threshold:

Permissible Exposure Limit:

TLV (ACGIH) :

NFPA Hazard	Health	Flammability	Reactivity	Special
Signals	0	1	0	

6. PREVENTIVE MEASURES

Personal Protective : Wear skin protection. Presence of heat or fire may necessitate use of self-contained breathing apparatus.

Handling : All chemicals should be considered hazardous. Avoid direct physical contact. Use appropriate, approved safety equipment. Untrained individuals should not handle this chemical or its container. Handling should occur in a chemical fume hood.

Storage : Keep in a cool, dry location in a sealed container.

Precautions :

7. EMERGENCY / FIRST AID MEASURES

FIRE:

Fire Extinguishing Media : Use agent most appropriate to extinguish fire.

Special Procedure : Wear a self-contained breathing apparatus in pressure-demand, MSHA/NIOSH (approved or equivalent), and full protective gear.

Unusual Hazards : During a fire, irritating and highly toxic gases may be generated by thermal decomposition or combustion.

EXPOSURE: First Aid Measures:

Inhalation: Move patient to fresh air. Monitor for respiratory distress. Administer oxygen and assist ventilation as required. Treat bronchospasm with beta2 agonist and

corticosteroid aerosols.

Skin: Remove contaminated clothing, wash exposed area with copious amounts of water. A physician should examine the area if irritation or pain persists.

Eyes: Foreign materials in the eye may not cause a toxic reaction, but injury from a foreign body may occur. In such cases, the patient should be observed for eye irritation and should seek medical assistance if the irritation becomes significant.

Ingestion: Do not induce emesis - dilution: following ingestion and/or prior to gastric evacuation, immediately dilute with 4 to 8 ounces (120 to 240 ml) of milk or water (not to exceed 15 ml/kg in a child).

Antidotes / Dosages:

SPILLS :

Steps To Be Taken : Evacuate area and ventilate. Wear protective equipment. If required, use an inert absorbent. Sweep up and place in an appropriate container for disposal. Wash contaminated surfaces.

Waste Disposal Method:

8. ADDITIONAL INFORMATION / REFERENCES

9. MANUFACTURERS / SUPPLIERS DATA

NAME OF FIRM :

Contact person

MAILING ADDRESS :

in Emergency :

TELEPHONE / TELEX NOS :

Local Bodies involved :

TELEGRAPHIC ADDRESS :

Standard Packing :

OTHERS :

Trem Card Details / Ref :

10. DISCLAIMER

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