



## SECTION 5 – REACTIVITY DATA

STABILITY: Stable

CONDITIONS TO AVOID: Avoid extreme heat, flame or sparks.

INCOMPATIBILITY (MATERIALS TO AVOID): Strong acids and oxidizing materials. Avoid mixing with caustic soda or potash. HAZARDOUS DECOMPOSITION OR BYPRODUCTS: I. Toxic / irritating gases and fumes. II. Hydrogen chloride, CO<sub>2</sub>, simple Hydrocarbons, Phosgene and Chlorine.

HAZARDOUS POLYMERIZATION: Will not occur.

## SECTION 6 – HEALTH HAZARD DATA

### INHALATION HEALTH RISKS AND SYMPTOMS OF EXPOSURE

Dizziness may occur at 200ppm; progressively higher levels can cause irritation of the respiratory tract, drunkenness, nausea, incoordination, unconsciousness and even asphyxiation in confined poorly ventilated areas. Overexposure can cause CNS damage.

### SKIN AND EYE CONTACT HEALTH RISKS AND SYMPTOMS OF EXPOSURE

EYES: Product in eyes can result in discomfort, pain and irritation. Vapors may irritate the eyes at about 100ppm. SKIN: Irritation can develop following repeated and/or prolonged contact and may cause drying or flaking of the skin.

### SKIN ABSORPTION HEALTH RISKS AND SYMPTOMS OF EXPOSURE

A single prolonged exposure is not likely to result in material being absorbed through skin in harmful amounts. The LD<sub>50</sub> of Tetrachloroethylene for skin absorption in rabbits is >10,000mg/kg.

### INGESTION HEALTH RISKS AND SYMPTOMS OF EXPOSURE

Single dose oral toxicity is low. Ingestion may result in irritation of the mouth and gastrointestinal tract along with other effects as listed above for inhalation. Vomiting and subsequent aspiration into the lungs may lead to injury of any other body symptoms.

### HEALTH HAZARDS (ACUTE AND CHRONIC)

Tetrachloroethylene has been shown to increase rate of spontaneously occurring malignant tumors in certain lab rats and mice. Other long term inhalation studies in rats failed to show tumorigenic response. Epidemiology studies are limited and have not been established as association between tetrachloroethylene exposure and cancer. Did not cause birth defects in animals. Birth defects unlikely. Prolonged exposure above OSHA permissible limits may result in liver and kidney damage.

### CARCINOGENICITY

NTP CARCINOGEN: Yes

IARC MONOGRAPHS: Yes

OSHA REGULATED: No

Tetrachloroethylene is listed as a potential carcinogen by IARC & NTP. Results of in vitro mutagenicity tests have been negative. Prudent handling practices should be followed to minimize human exposure.

### MEDICAL CONDITIONS GENERALLY AGGRAVATED BY EXPOSURE

Pre-existing eye, skin, and lung conditions.

### EMERGENCY AND FIRST AID PROCEDURES

EYES: Flush with water for at least 15 minutes. Seek medical care if irritation persists or develops. SKIN: Wipe from skin and wash with soap and water. If irritation develops seek medical attention. INHALATION: Remove to fresh air. If breathing is difficult, give oxygen. Give artificial resuscitation if not breathing. INGESTION: Do not induce vomiting. Call a physician under "Other Precautions".

## SECTION 7 – PRECAUTIONS FOR SAFE HANDLING AND USE

### STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

- I. SMALL LEAKS; Wipe up or soak up immediately with inert material. Remove to outdoors.
- II. LARGE SPILLS; Evacuate area, contain liquid, transfer to closed metal containers; keep out of water supply.

### WASTE DISPOSAL METHOD

- I. Reclaim or incinerate the non-hardened product.
- II. Material resulting from the clean-up operations may be hazardous waste and therefore, subject to specific regulations. Dispose of in accordance with local, state and federal regulations at time of disposal.

### PRECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE

In large quantities, lethal concentrations may exist in areas with poor ventilation. Do not use in poorly ventilated or confined spaces without proper respiratory protection. Vapors will collect in low places such as pits, storage tanks and other confined spaces. Do not enter these areas unless special breathing apparatus is used and an observer is present.

### OTHER PRECAUTIONS

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\*\*\* NOTE TO PHYSICIAN: Because rapid absorption may occur through lungs if aspirated and cause systemic effects, the decision of whether to induce vomiting or not should be made by a 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. Do not administer sympathomimetic drugs unless absolutely necessary. No specific antidote. Supportive care. Treatment based on judgment of the physician in response to reactions of the patient.

## **SECTION 8 – CONTROL MEASURES**

### **RESPIRATORY PROTECTION**

I. If ventilation is inadequate to maintain atmospheric levels below the TLV wear a NIOSH approved air purifying organic cartridge respirator. II. For emergency and over exposure, use an approved positive pressure self-contained breathing apparatus. III. In confined or poorly ventilated areas, use an approved positive pressure self-contained breathing apparatus.

### **VENTILATION**

Adequate ventilation should be provided to keep vapor concentrations below acceptable exposure guidelines. Use only with adequate ventilation.

### **PROTECTIVE GLOVES**

Gloves are recommended. Neoprene-latex gloves have been used satisfactorily.

### **EYE PROTECTION**

Splash proof goggles. Only required if handling poses a risk of eye contact.

### **OTHER PROTECTIVE CLOTHING OR EQUIPMENT**

As necessary to prevent skin contact. Selection of specific items such as gloves, boots, apron, or full body suit will depend on operation. Work station conditions should be evaluated by management to determine proper personal protection.

### **WORK / HYGIENIC PRACTICES**

Do not allow eye or skin contact. Avoid breathing vapors. Wash thoroughly after handling and before eating or drinking.

## **SECTION 9 - DISCLAIMER**

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