



Johnson Matthey

Silbraz Flux Powder

Johnson Matthey

Chemwatch Hazard Alert Code: 3

Chemwatch: 7028-03

Version No: 4.1.1.1

Safety Data Sheet according to WHS and ADG requirements

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

Product Identifier

Product name	Silbraz Flux Powder
Synonyms	fluoroborate borate brazing flux flux powder
Other means of identification	Not Available

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

Relevant identified uses	Brazing flux.
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Details of the supplier of the safety data sheet

Registered company name	Johnson Matthey
Address	64 Lillee Crescent vic 3043 Australia
Telephone	1800009580
Fax	1800068335
Website	www.matthey.com.au
Email	Not Available

Emergency telephone number

Association / Organisation	Poisons helpline
Emergency telephone numbers	131126
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	2	
Body Contact	3	
Reactivity	0	
Chronic	3	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	S5
Classification ^[1]	Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4, Acute Toxicity (Inhalation) Category 4, Reproductive Toxicity Category 1B
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

GHS label elements	
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SIGNAL WORD	DANGER
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Hazard statement(s)

Continued...

H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H332	Harmful if inhaled.
H360	May damage fertility or the unborn child.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P281	Use personal protective equipment as required.
P261	Avoid breathing dust/fumes.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P363	Wash contaminated clothing before reuse.
P301+P312	IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1332-77-0	10-60	<u>potassium tetraborate</u>
16871-90-2	1-10	<u>potassium fluorosilicate</u>
7440-42-8	1-10	<u>boron</u>
		NOTE: In the course of normal use the product evolves
7664-39-3		<u>hydrofluoric acid</u>
7637-07-2		<u>boron trifluoride</u>
Not avail.		<u>welding fumes</u>
	balance	other non hazardous ingredients

SECTION 4 FIRST AID MEASURES**Description of first aid measures**

Eye Contact	<ul style="list-style-type: none"> ▶ DO NOT attempt to remove particles attached to or embedded in eye . ▶ Lay victim down, on stretcher if available and pad BOTH eyes, make sure dressing does not press on the injured eye by placing thick pads under dressing, above and below the eye. ▶ Seek urgent medical assistance, or transport to hospital. <p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ 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. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ 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. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Urgent hospital treatment is likely to be needed. ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

Silbrazo Flux Powder

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

- ▶ **INDUCE** vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

Indication of any immediate medical attention and special treatment needed

Following acute or short term repeated exposure to hydrofluoric acid:

- ▶ Subcutaneous injections of Calcium Gluconate may be necessary around the burnt area. Continued application of Calcium Gluconate Gel or subcutaneous Calcium Gluconate should then continue for 3-4 days at a frequency of 4-6 times per day. If a "burning" sensation recurs, apply more frequently.
- ▶ Systemic effects of extensive hydrofluoric acid burns include renal damage, hypocalcaemia and consequent cardiac arrhythmias. Monitor haematological, respiratory, renal, cardiac and electrolyte status at least daily. Tests should include FBE, blood gases, chest X-ray, creatinine and electrolytes, urine output, Ca ions, Mg ions and phosphate ions. Continuous ECG monitoring may be required.
- ▶ Where serum calcium is low, or clinical, or ECG signs of hypocalcaemia develop, infusions of calcium gluconate, or if less serious, oral Sandocal, should be given. Hydrocortisone 500 mg in a four to six hourly infusion may help.
- ▶ Antibiotics should not be given as a routine, but only when indicated.
- ▶ Eye contact pain may be excruciating and 2-3 drops of 0.05% pentocaine hydrochloride may be instilled, followed by further irrigation

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
1. Methaemoglobin in blood	1.5% of haemoglobin	During or end of shift	B, NS, SQ

B: Background levels occur in specimens collected from subjects **NOT** exposed.

NS: Non-specific determinant; Also seen after exposure to other materials

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

Copper, magnesium, aluminium, antimony, iron, manganese, nickel, zinc (and their compounds) in welding, brazing, galvanising or smelting operations all give rise to thermally produced particulates of smaller dimension than may be produced if the metals are divided mechanically. Where insufficient ventilation or respiratory protection is available these particulates may produce "metal fume fever" in workers from an acute or long term exposure.

- ▶ Onset occurs in 4-6 hours generally on the evening following exposure. Tolerance develops in workers but may be lost over the weekend. (Monday Morning Fever)
- ▶ Pulmonary function tests may indicate reduced lung volumes, small airway obstruction and decreased carbon monoxide diffusing capacity but these abnormalities resolve after several months.
- ▶ Although mildly elevated urinary levels of heavy metal may occur they do not correlate with clinical effects.
- ▶ The general approach to treatment is recognition of the disease, supportive care and prevention of exposure.
- ▶ Seriously symptomatic patients should receive chest x-rays, have arterial blood gases determined and be observed for the development of tracheobronchitis and pulmonary edema.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or repeated short term exposures to boron and its compounds:

- ▶ Nausea, vomiting, diarrhoea and epigastric pain, haematemesis and blue-green discolouration of both faeces and vomitus characterise adult boron intoxication.
- ▶ Assess and correct any abnormalities found in airway and circulation.
- ▶ A tidal volume of 10-15 mg/kg should be maintained.
- ▶ Emesis should be induced unless the patient is in coma, is experiencing seizures or has lost the gag reflex. If any of these are present, gastric lavage should be performed with a large-bore tube after endotracheal intubation or in the presence of continuous respiratory action.
- ▶ Activated charcoal is probably not of value though its use might be indicated following gastric evacuation. Catharsis might be useful to eliminate any borates remaining in the gastro-intestinal tract (magnesium sulfate: adults, 30 gms: children 250 mg/kg).
- ▶ Peritoneal dialysis and haemodialysis remove some borates.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to fluorides:

- ▶ Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- ▶ Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- ▶ Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- ▶ For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.
- ▶ Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Fluorides in urine	3 mg/gm creatinine	Prior to shift	B, NS
	10mg/gm creatinine	End of shift	B, NS

B: Background levels occur in specimens collected from subjects **NOT** exposed

NS: Non-specific determinant; also observed after exposure to other exposures.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

Special hazards arising from the substrate or mixture

Fire Incompatibility	<ul style="list-style-type: none"> Reacts with acids producing flammable / explosive hydrogen (H2) gas
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	<ul style="list-style-type: none"> Non combustible. Not considered a significant fire risk, however containers may burn. <p>Decomposition may produce toxic fumes of; hydrogen fluoride, silicon dioxide (SiO2) metal oxides. May emit poisonous fumes. May emit corrosive fumes.</p>

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"> Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment.
Major Spills	<p>If molten:</p> <ul style="list-style-type: none"> Contain the flow using dry sand or salt flux as a dam. All tooling (e.g., shovels or hand tools) and containers which come in contact with molten metal must be preheated or specially coated, rust free and approved for such use. Allow the spill to cool before remelting scrap. <p>Moderate hazard.</p> <ul style="list-style-type: none"> CAUTION: Advise personnel in area. Alert Emergency Services and tell them location and nature of hazard. Control personal contact by wearing protective clothing.

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

SECTION 7 HANDLING AND STORAGE**Precautions for safe handling**

Safe handling	<p>For molten metals:</p> <p>Molten metal and water can be an explosive combination. The risk is greatest when there is sufficient molten metal to entrap or seal off water. Water and other forms of contamination on or contained in scrap or remelt ingot are known to have caused explosions in melting operations. While the products may have minimal surface roughness and internal voids, there remains the possibility of moisture contamination or entrapment.</p> <ul style="list-style-type: none"> Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Prevent concentration in hollows and sumps.
Other information	<ul style="list-style-type: none"> Store in original containers. Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes. Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> Bulk bags: Reinforced bags required for dense materials. Polyethylene or polypropylene container. Check all containers are clearly labelled and free from leaks. Material is corrosive to most metals, glass and other siliceous materials.
Storage incompatibility	<p>Boron trifluoride:</p> <ul style="list-style-type: none"> reacts with moist air, water, steam, producing hydrogen fluoride, boric acid and fluoboric acid reacts violently with allyl chloride, alkyl nitrate, benzyl nitrate, calcium oxide, ethyl ether, iodine, magnesium tetrahydroaluminate, active metals (except magnesium) may explode on contact with monomers corrodes most metals in the presence of moisture <p>Salts of inorganic fluoride:</p> <ul style="list-style-type: none"> react with water forming acidic solutions. are violent reactive with boron, bromine pentafluoride, bromine trifluoride, calcium disilicide, calcium hydride, oxygen difluoride, platinum, potassium. in aqueous solutions are incompatible with sulfuric acid, alkalis, ammonia, aliphatic amines, alkanolamines, alkylene oxides, amides, epichlorohydrin, isocyanates, nitromethane, organic anhydrides, vinyl acetate. corrode metals in presence of moisture may be incompatible with glass and porcelain Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride. These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. The state of subdivision may affect the results. Reacts with acids producing flammable / explosive hydrogen (H2) gas Avoid strong bases.

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	boron	Fume (thermally generated) (respirable dust)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	hydrofluoric acid	Hydrogen fluoride (as F)	Not Available	Not Available	2.6 mg/m3 / 3 ppm	Not Available
Australia Exposure Standards	boron trifluoride	Boron trifluoride	Not Available	Not Available	2.8 mg/m3 / 1 ppm	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
potassium fluorosilicate	Potassium hexafluorosilicate; (Silicate(2-), hexafluoro-, dipotassium)	0.072 mg/m3	0.79 mg/m3	31 mg/m3
boron	Boron	7.9 mg/m3	87 mg/m3	130 mg/m3
hydrofluoric acid	Hydrogen fluoride; (Hydrofluoric acid)	Not Available	Not Available	Not Available
boron trifluoride	Boron trifluoride dihydrate	3.8 mg/m3	44 mg/m3	135 mg/m3
boron trifluoride	Boron trifluoride	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
potassium tetraborate	Not Available	Not Available
potassium fluorosilicate	Not Available	Not Available
boron	Not Available	Not Available
hydrofluoric acid	30 ppm	30 [Unch] ppm
boron trifluoride	100 ppm	25 ppm
welding fumes	Not Available	Not Available

MATERIAL DATA

For inorganic borates and tetraborates:

No data are currently available to establish a causal link between inhalation exposures to sodium tetraborates and chronic respiratory and/or systemic effects.

An occupationally important toxic effect of the sodium tetraborates is their acute irritant effect when in contact with skin and the mucous membranes of the eyes, nose and other sites of the respiratory tract. The irritant properties increase with decreasing water of hydration due to the exothermic effect of hydration. The TLV-TWA of 1 mg/m3 for the anhydrous and pentahydrate forms and 5 mg/m3 for the decahydrate is thought to be protective against the acute irritant effects.

For boron trifluoride:

Odour Threshold Value: 1.5 ppm

Exposure Standards of 0.3 ppm have been suggested in some circles. A concentration of 1 ppm is detectable by smell but is felt to be insufficient as a warning of overexposure, because the odour is not unpleasant.

Odour Safety Factor(OSF)

OSF=71 (boron trifluoride)

For fluorides:

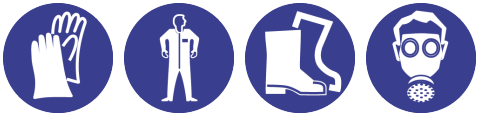
Based on a study in which the threshold for minimum increase in bone density due to fluoride exposure was 3.38 mg/m3 (as fluoride), the present TLV-TWA has been adopted to prevent irritant effects and disabling bone changes. There is also support for the proposition that occupational exposure below the TLV will have no adverse effect on pregnant women or off-spring. IARC has classified fluorides in drinking water as Group 3 carcinogens; i.e. Not classifiable as to its carcinogenicity to humans. Equivocal evidence of carcinogenic activity (osteosarcoma) has been found in male rats administered sodium fluoride in drinking water.

Odour Threshold for hydrogen fluoride: 0.042 ppm

NOTE: Detector tubes for hydrogen fluoride, measuring in excess of 1.5 ppm, are available commercially. Long-term measurements (8 hrs) may be conducted to detect concentrations exceeding 0.25 ppm.

Hydrogen fluoride is a primary irritant which as a gas causes severe respiratory irritation and as a liquid which causes severe and painful burns to the skin and eyes.

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> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Suitability and durability of glove type is dependent on usage.</p> <ul style="list-style-type: none"> ▶ Protective gloves eg. Leather gloves or gloves with Leather facing <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p>

Silbraz Flux Powder

	<ul style="list-style-type: none"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream.
Thermal hazards	Not Available

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

Silbraz Flux Powder

Material	CPI
BUTYL/NEOPRENE	A
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
VITON/NEOPRENE	A
NAT+NEOPR+NITRILE	B
PE	B
PVC	B
SARANEX-23	B
NITRILE	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	B-AUS P2	-	B-PAPR-AUS / Class 1 P2
up to 50 x ES	-	B-AUS / Class 1 P2	-
up to 100 x ES	-	B-2 P2	B-PAPR-2 P2 ^

^ - Full-face

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)

- ▶ 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.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Fine white powder; mixes with water.		
Physical state	Divided Solid	Relative density (Water = 1)	-1.14
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	Not Available
Melting point / freezing point (°C)	600	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Applicable	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 dusts, generated by the material, during the course of normal handling, may be harmful. Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Acute effects of fluoride inhalation include irritation of nose and throat, coughing and chest discomfort. Even brief exposure to high concentrations of inorganic fluoride may cause sore throat, chest pains, pulmonary oedema, and in rare cases irreparable damage to the lungs, and death.</p> <p>A single acute over-exposure may cause nose bleed. Pre-existing respiratory conditions such as emphysema, bronchitis may be aggravated by exposure. Occupational asthma may result from exposure.</p> <p>The severity of effects of exposure to boron trifluoride depend on concentration and duration. Inhalation causes irritation of the throat, coughing and laboured breathing. A concentration of 50 ppm for 30 to 60 minutes can cause fatal massive inflammation and congestion of the lungs. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Borates, as represented by borax, may act as simple respiratory irritants. In a study of the respiratory effects of borax dust on active borax workers, the incidence of respiratory symptoms, pulmonary function and abnormalities of chest radiographs were related to estimated exposures. Dryness of the mouth, nose or throat, dry cough, nose bleeds, sore throat, productive cough, shortness of breath and chest tightness were related to exposures of 4 mg/m³ or more.</p> <p>Inhalation of freshly formed metal oxide particles sized below 1.5 microns and generally between 0.02 to 0.05 microns may result in "metal fume fever". Symptoms may be delayed for up to 12 hours and begin with the sudden onset of thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms include upper respiratory tract irritation accompanied by coughing and a dryness of the mucous membranes, lassitude and a generalised feeling of malaise. Mild to severe headache, nausea, occasional vomiting, fever or chills, exaggerated mental activity, profuse sweating, diarrhoea, excessive urination and prostration may also occur.</p> <p>Acute inhalation exposures to hydrogen fluoride (hydrofluoric acid) vapours produce severe eye, nose, and throat irritation; delayed fever, cyanosis, and pulmonary edema; and may cause death.</p> <p>Even fairly low airborne concentrations of hydrogen fluoride produce rapid onset of eye, nose, and throat irritation. Hydrogen fluoride has a strong irritating odor that is discernible at concentrations of about 0.04 ppm. Higher concentrations of the vapour/ mist may cause corrosion of the throat, nose and lungs, leading to severe inflammation, pulmonary oedema or possible hypocalcaemia.</p>
Ingestion	<p>Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>Fluoride is a general protoplasmic poison which appears to produce at least four major functional derangements; (1) enzyme inhibition, (2) hypocalcaemia, (3) cardiovascular collapse and (4) specific organ damage.</p> <p>Hypocalcaemia which leads to severe reductions in plasma levels of both total calcium and ionic calcium, may appear several hours after exposure producing painful and involuntary muscular contractions (tetany) initially of the extremities (carpedal spasm, twitching of limb muscles, laryngo-spasm, cardiospasm etc). Cardiovascular collapse is probably the principal cause of death in acute fluoride poisoning with sinus tachycardia the commonest cardiac finding and serious cardiac arrhythmias also common. Poisonings also cause major adverse effects on the brain and kidneys.</p> <p>Symptoms of borate poisoning include nausea, vomiting, diarrhoea, epigastric pain. These may be accompanied headache, weakness and a distinctive red skin rash. In severe cases there may be shock, increased heart rate and the skin may appear blue. Vomiting (which may be violent) is often persistent and vomitus and faeces may contain blood.</p>
Skin Contact	<p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The skin is readily penetrated by the fluoride ion causing liquefaction necrosis of the soft tissues and decalcification and corrosion of bone. Healing is delayed and necrotic changes may continue to occur and spread beneath a layer of tough coagulated skin.</p> <p>Percutaneous absorption of pure liquefied hydrogen fluoride gas produced severe hypocalcaemia, multiple attacks of ventricular fibrillation, and death 9.5 hours after exposure. Skin contact with hydrogen fluoride or solutions containing more than 30 percent hydrogen fluoride produces immediate pain; reactions to more dilute solutions may be delayed for many hours.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Contact of the skin with liquid hydrofluoric acid (hydrogen fluoride) may cause severe burns, erythema, and swelling, vesiculation, and serious crusting. With more serious burns, ulceration, blue-gray discoloration, and necrosis may occur. Solutions of hydrofluoric acid, as dilute as 2%, may cause severe skin burns. Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>It has either been demonstrated or it is expected that when the material is applied to the eye(s) of animals, it produces severe ocular lesions which are present twenty-four hours or more after instillation.</p> <p>Experiments in which a 20-percent aqueous solution of hydrofluoric acid (hydrogen fluoride) was instilled into the eyes of rabbits caused immediate damage in the form of total corneal opacification and conjunctival ischemia; within an hour, corneal stroma edema occurred, followed by necrosis of anterior ocular structures.</p>

Chronic	<p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of: - clear evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects.</p> <p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of: - clear results in appropriate 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>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.</p> <p>Boron trifluoride fumes strongly (dense white mist) in moist air to form corrosive hydrogen fluoride, fluoboric acid and boric acid. The same corrosive substances are produced on contact with the human body. The kidneys are a target organ. The chronic effects are unknown.</p> <p>Chronic poisoning by borates may be characterised gastrointestinal disturbances and skin rash. Chronic absorption of small amounts of borax causes mild gastroenteritis and dermatitis.</p> <p>Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal).</p> <p>Long term exposure to vapour or dust with inorganic fluorides may result in fluorosis, with rheumatic symptoms, stiff joints, mottling of tooth enamel. Other signs may include nausea, vomiting, anorexia, diarrhoea or constipation, weight loss, anaemia, weakness and general ill-health. Polyuria and polydipsia may also occur. Exfoliative dermatitis, atopic dermatitis, stomatitis, gastrointestinal and respiratory allergy, and on occasions, central nervous system involvement have all been described.</p> <p>Repeated human exposures to hydrogen fluoride (6 hours/day for 10-50 days) at concentrations as high as 4.7 ppm were tolerated without severe adverse reaction. At concentrations exceeding 3 ppm, researchers noted burning and irritation of the eyes and nose and burning of the skin. Three subjects who inhaled approximately 3 ppm had severe urinary excretions of 6.7-9.4 mg fluoride/day. One epidemiological study was able to demonstrate that there was no significant change in pulmonary function resulting from occupational exposure to average concentrations of 1.02 ppm hydrogen fluoride.</p>
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	TOXICITY	IRRITATION
Silbraz Flux Powder	Not Available	Not Available
potassium tetraborate	Oral (rat) LD50: 2660 mg/kg ^[2]	Nil reported
potassium fluorosilicate	Oral (rat) LD50: >25-<2000 mg/kg ^[1]	Nil reported
boron	Oral (rat) LD50: 650 mg/kg ^[2]	Not Available
hydrofluoric acid	Inhalation (rat) LC50: 1.1 mg/L/60M ^[2] Inhalation (rat) LC50: 1276 ppm/1hr ^[2]	Eye (human): 50 mg - SEVERE
boron trifluoride	Inhalation (rat) LC50: 1.18 mg/L/4hr ^[2]	Nil reported
welding fumes	Not Available	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

POTASSIUM TETRABORATE	None available: for sodium tetraborate (borax) Reproductive effector in rats. Mutagenic towards bacteria.
BORON	Elemental boron produces lower foetal body weight in rats. As dose levels increase the effects seen include rib effects, increased foetal cardiovascular malformations in the rabbit and severe testicular pathology in the rat, including testicular atrophy and sterility. Reduced foetal weight also occurs in mice.
HYDROFLUORIC ACID	<p>No significant acute toxicological data identified in literature search.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.</p> <p>Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).</p> <p>The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.</p> <p>(liver and kidney damage) [Manufacturer] for hydrogen fluoride (as vapour)</p>
WELDING FUMES	<p>WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.</p> <p>Most welding is performed using electric arc processes - manual metal arc, metal inert gas (MIG) and tungsten inert gas welding (TIG) – and most welding is on mild steel.</p> <p>There has been considerable evidence over several decades regarding cancer risks in relation to welding activities. Several case-control studies reported</p>

Silbraze Flux Powder

excess risks of ocular melanoma in welders. This association may be due to the presence in some welding environments of fumes of thorium-232, which is used in tungsten welding rods.

Different welding environments may present different and complex profiles of exposures. In one study to characterise welding fume aerosol nanoparticles in mild steel metal active gas welding showed a mass median diameter (MMMD) of 200-300 nm. A widespread consensus seems to have formed to the effect that some welding environments, notably in stainless steel welding, do carry risks of lung cancer. This widespread consensus is in part based on empirical evidence regarding risks among stainless steel welders and in part on the fact that stainless steel welding entails moderately high exposure to nickel and chromium VI compounds, which are recognised lung carcinogens. The corollary is that welding without the presence of nickel and chromium VI compounds, namely mild-steel welding, should not carry risk. But it appears that this line of reasoning is not supported by the accumulated body of epidemiologic evidence. While there remained some uncertainty about possible confounding by smoking and by asbestos, and some possible publication bias, the overwhelming evidence is that there has been an excess risk of lung cancer among welders as a whole in the order of 20%-40%. The most begrudging explanation is that there is an as-yet unexplained common reason for excess lung cancer risks that applies to all types of welders. It has been proposed that iron fumes may play such a role, and some Finnish data appear to support this hypothesis, though not conclusively. This hypothesis would also imply that excess lung cancer risks among welders are not unique to welders, but rather may be shared among many types of metal working occupations.

Welders are exposed to a range of fumes and gases (evaporated metal, metal oxides, hydrocarbons, nanoparticles, ozone, oxides of nitrogen (NOx)) depending on the electrodes, filler wire and flux materials used in the process, but also physical exposures such as electric and magnetic fields (EMF) and ultraviolet (UV) radiation. Fume particles contain a wide variety of oxides and salts of metals and other compounds, which are produced mainly from electrodes, filler wire and flux materials. Fumes from the welding of stainless-steel and other alloys contain nickel compounds and chromium[VI] and [III]. Ozone is formed during most electric arc welding, and exposures can be high in comparison to the exposure limit, particularly during metal inert gas welding of aluminium. Oxides of nitrogen are found during manual metal arc welding and particularly during gas welding. Welders who weld painted mild steel can also be exposed to a range of organic compounds produced by pyrolysis.

In one study particle elemental composition was mainly iron and manganese. Ni and Cr exposures were very low in the vicinity of mild steel welders, but much higher in the background in the workshop where there presumably was some stainless steel welding.

Personal exposures to manganese ranged from 0.01-4.93 mg/m3 and to iron ranged from 0.04-16.29 mg/m3 in eight Canadian welding companies. Types of welding identified were mostly (90%) MIG mild steel, MIG stainless steel, and TIG aluminium. Carbon monoxide levels were less than 5.0 ppm (at source) and ozone levels varied from 0.4-0.6 ppm (at source).

Welders, especially in shipyards, may also be exposed to asbestos dust. Physical exposures such as electric and magnetic fields (EMF) and ultraviolet (UV) radiation are also common.

In all, the in vivo studies suggest that different welding fumes cause varied responses in rat lungs in vivo, and the toxic effects typically correlate with the metal composition of the fumes and their ability to produce free radicals. In many studies both soluble and insoluble fractions of the stainless steel welding fumes were required to produce most types of effects, indicating that the responses are not dependent exclusively on the soluble metals.

Lung tumorigenicity of welding fumes was investigated in lung tumour susceptible (A/J) strain of mice. Male mice were exposed by pharyngeal aspiration four times (once every 3 days) to 85 ug of gas metal arc-mild steel (GMA-MS), GMA-SS, or manual metal arc-SS (MMA-SS) fume. At 48 weeks post-exposure, GMA-SS caused the greatest increase in tumour multiplicity and incidence, but did not differ from sham exposure. Tumour incidence in the GMA-SS group versus sham control was close to significance at 78 weeks post exposure. Histopathological analysis of the lungs of these mice showed the GMA-SS group having an increase in preneoplasia/tumour multiplicity and incidence compared to the GMA-MS and sham groups at 48 weeks. The increase in incidence in the GMA-SS exposed mice was significant compared to the GMA-MS group but not to the sham-exposed animals, and the difference in incidence between the GMA-SS and MMA-SS groups was of border-line significance (p = 0.06). At 78 weeks post-exposure, no statistically significant differences.

A significantly higher frequency of micronuclei in peripheral blood lymphocytes (binucleated cell assay) and higher mean levels of both centromere-positive and centromere-negative micronuclei was observed in welders (n=27) who worked without protective device compared to controls (n=30). The rate of micronucleated cells did not correlate with the duration of exposure.

Not available. Refer to individual constituents.

**POTASSIUM
TETRABORATE &
POTASSIUM
FLUOROSILICATE &
BORON &
HYDROFLUORIC ACID &
BORON TRIFLUORIDE**

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.

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
potassium tetraborate	LC50	96	Fish	74mg/L	2
potassium tetraborate	NOEC	768	Fish	0.1mg/L	2
potassium tetraborate	EC50	72	Algae or other aquatic plants	40mg/L	2
potassium tetraborate	EC50	96	Algae or other aquatic plants	15.4mg/L	2
potassium fluorosilicate	EC50	48	Crustacea	ca.35.4mg/L	2
potassium fluorosilicate	EC50	72	Algae or other aquatic plants	>=16.6- <=19.6mg/L	2
potassium fluorosilicate	NOEC	72	Algae or other aquatic plants	ca.10mg/L	2
boron	BCF	336	Algae or other aquatic plants	8.5mg/L	4
boron	EC50	336	Algae or other aquatic plants	8.5mg/L	4
boron	EC50	48	Crustacea	230mg/L	5
boron	NOEC	576	Fish	0.001mg/L	5

Continued...

Silbraz Flux Powder

boron	LC50	96	Fish	74mg/L	2
boron	EC50	96	Algae or other aquatic plants	15.4mg/L	2
hydrofluoric acid	LC50	96	Fish	51mg/L	2
hydrofluoric acid	EC50	48	Crustacea	97mg/L	2
hydrofluoric acid	EC50	96	Crustacea	10.5mg/L	2
hydrofluoric acid	NOEC	504	Crustacea	3.7mg/L	2
hydrofluoric acid	EC50	96	Algae or other aquatic plants	43mg/L	2
boron trifluoride	EC0	48	Crustacea	<5mg/L	1
boron trifluoride	LC50	96	Fish	14mg/L	2
boron trifluoride	EC50	48	Crustacea	21.3mg/L	2
boron trifluoride	EC50	96	Algae or other aquatic plants	3.3mg/L	2
boron trifluoride	NOEC	336	Algae or other aquatic plants	0.4mg/L	2

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

Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms.

Although small amounts of fluorides are conceded to have beneficial effects, two forms of chronic toxic effect, dental fluorosis and skeletal fluorosis may be caused by excessive intake over long periods. Fluorides are absorbed by humans following inhalation of workplace and ambient air that has been contaminated, ingestion of drinking water and foods and dermal contact.

Fluoride accumulates, food-dependently in skeletal tissues of both aquatic and terrestrial vertebrates and invertebrates. Bioaccumulation occurs in marine organisms and, to a lesser extent, fresh water organisms.

For boron and borates:

Environmental fate:

Boron is generally found in nature bound to oxygen and is never found as the free element. Atmospheric boron may be in the form of particulate matter or aerosols as borides, boron oxides, borates, boranes, organoboron compounds, trihalide boron compounds, or borazines. Borates are relatively soluble in water, and will probably be removed from the atmosphere by precipitation and dry deposition. The half-life of airborne particles is usually on the order of days, depending on the size of the particle and atmospheric conditions.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.</p> <ul style="list-style-type: none"> ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Management Authority for disposal. ▶ Bury residue in an authorised landfill. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 TRANSPORT INFORMATION

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

POTASSIUM TETRABORATE(1332-77-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

POTASSIUM FLUOSILICATE(16871-90-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

BORON(7440-42-8) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

HYDROFLUORIC ACID(7664-39-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

BORON TRIFLUORIDE(7637-07-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List Passenger and Cargo Aircraft

WELDING FUMES(NOT AVAIL.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (boron; boron trifluoride; potassium fluorosilicate; hydrofluoric acid)
China - IECSC	N (boron trifluoride)
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (boron)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	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)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
potassium tetraborate	1332-77-0, 12045-78-2, 12228-88-5
hydrofluoric acid	7664-39-3, 790596-14-4
boron trifluoride	7637-07-2, 13319-75-0

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

Continued...

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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TEL (+61 3) 9572 4700.