



Halon 1301

Wormald Australia T/A Wormald Technology

Chemwatch Hazard Alert Code: 3

Chemwatch: 72-6316

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Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

L.GHS.AUS.EN.E

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

Product Identifier

Product name	Halon 1301
Chemical Name	bromotrifluoromethane
Synonyms	BTM
Proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)
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	<p>Fire protection agent for total flooding of rooms containing electrical equipment such as computer rooms as well as flammable liquid storage and Class A risks such as records rooms and libraries.</p> <p>The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.</p> <p>Use in closed pressurised systems fitted with temperature and pressure safety relief valves which are vented to allow safe dispersal.</p> <p>Operators should be trained in procedures for safe use of this material.</p>
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Details of the supplier of the safety data sheet

Registered company name	Wormald Australia T/A Wormald Technology
Address	91 Derby Street Silverwater NSW 2128 Australia
Telephone	02 9638 8210
Fax	Not Available
Website	www.wormald.com.au
Email	wtech@wormald.com.au

Emergency telephone number

Association / Organisation	Wormald
Emergency telephone numbers	133 166
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Gases Under Pressure (Liquefied Gas), Hazardous to the Aquatic Environment Acute Hazard Category 3, Hazardous to the Ozone Layer 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)	
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Signal word	Warning
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Hazard statement(s)

AUH044	Risk of explosion if heated under confinement.
H280	Contains gas under pressure; may explode if heated.
H402	Harmful to aquatic life.
H420	Harms public health and the environment by destroying ozone in the upper atmosphere.

Precautionary statement(s) Prevention

P273	Avoid release to the environment.
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Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

P410+P403	Protect from sunlight. Store in a well-ventilated place.
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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.
P502	Refer to manufacturer or supplier for information on recovery or recycling.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

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

Legend: 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	<ul style="list-style-type: none"> ▶ If product comes in contact with eyes remove the patient from gas source or contaminated area. ▶ Take the patient to the nearest eye wash, shower or other source of clean water. ▶ Open the eyelid(s) wide to allow the material to evaporate. ▶ Gently rinse the affected eye(s) with clean, cool water for at least 15 minutes. Have the patient lie or sit down and tilt the head back. Hold the eyelid(s) open and pour water slowly over the eyeball(s) at the inner corners, letting the water run out of the outer corners. ▶ The patient may be in great pain and wish to keep the eyes closed. It is important that the material is rinsed from the eyes to prevent further damage. ▶ Ensure that the patient looks up, and side to side as the eye is rinsed in order to better reach all parts of the eye(s) ▶ Transport to hospital or doctor. ▶ Even when no pain persists and vision is good, a doctor should examine the eye as delayed damage may occur. ▶ If the patient cannot tolerate light, protect the eyes with a clean, loosely tied bandage. ▶ Ensure verbal communication and physical contact with the patient. <p>DO NOT allow the patient to rub the eyes DO NOT allow the patient to tightly shut the eyes DO NOT introduce oil or ointment into the eye(s) without medical advice DO NOT use hot or tepid water.</p>
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Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor. <p>In case of cold burns (frost-bite):</p> <ul style="list-style-type: none"> ▶ Move casualty into warmth before thawing the affected part; if feet are affected carry if possible ▶ Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbing ▶ DO NOT apply hot water or radiant heat. ▶ Apply a clean, dry, light dressing of "fluffed-up" dry gauze bandage ▶ If a limb is involved, raise and support this to reduce swelling ▶ If an adult is involved and where intense pain occurs provide pain killers such as paracetamol ▶ Transport to hospital, or doctor ▶ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.
Inhalation	<ul style="list-style-type: none"> ▶ Following exposure to gas, remove the patient from the gas source or contaminated area. ▶ NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure the safety of the rescuer. ▶ Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures. ▶ If the patient is not breathing spontaneously, administer rescue breathing. ▶ If the patient does not have a pulse, administer CPR. ▶ If medical oxygen and appropriately trained personnel are available, administer 100% oxygen. ▶ Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction. ▶ Keep the patient warm, comfortable and at rest while awaiting medical care. ▶ MONITOR THE BREATHING AND PULSE, CONTINUOUSLY. ▶ Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.
Ingestion	<ul style="list-style-type: none"> ▶ Not considered a normal route of entry. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

for intoxication due to Freons/ Halons;

A: Emergency and Supportive Measures

- ▶ Maintain an open airway and assist ventilation if necessary
- ▶ Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
- ▶ Monitor the ECG for 4-6 hours

B: Specific drugs and antidotes:

- ▶ There is no specific antidote

C: Decontamination

- ▶ Inhalation; remove victim from exposure, and give supplemental oxygen if available.
- ▶ Ingestion; (a) Prehospital: Administer activated charcoal, if available. **DO NOT** induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)

D: Enhanced elimination:

- ▶ There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.

POISONING and DRUG OVERDOSE, *Californian Poison Control System Ed. Kent R Olson; 3rd Edition*

- ▶ Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
- ▶ No specific antidote.
- ▶ Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
- ▶ If lavage is performed, suggest endotracheal and/or esophageal control.
- ▶ Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
- ▶ Treatment based on judgment of the physician in response to reactions of the patient

For frost-bite caused by liquefied petroleum gas:

- ▶ If part has not thawed, place in warm water bath (41-46 C) for 15-20 minutes, until the skin turns pink or red.
- ▶ Analgesia may be necessary while thawing.
- ▶ If there has been a massive exposure, the general body temperature must be depressed, and the patient must be immediately rewarmed by whole-body immersion, in a bath at the above temperature.
- ▶ Shock may occur during rewarming.
- ▶ Administer tetanus toxoid booster after hospitalization.
- ▶ Prophylactic antibiotics may be useful.
- ▶ The patient may require anticoagulants and oxygen.

[Shell Australia 22/12/87]

For gas exposures:

 BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.

 ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

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

 SECTION 5 Firefighting measures

Extinguishing media

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

LARGE FIRE: Cool cylinder.

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

Special hazards arising from the substrate or mixture

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

Fire Fighting	<hr/> GENERAL <hr/> <ul style="list-style-type: none"> ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus and protective gloves. ▸ Fight fire from a safe distance, with adequate cover. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ DO NOT approach cylinders suspected to be hot. ▸ Cool fire exposed cylinders with water spray from a protected location. ▸ If safe to do so, remove cylinders from path of fire. <hr/> SPECIAL REQUIREMENTS: <hr/> <ul style="list-style-type: none"> ▸ Excessive pressures may develop in a gas cylinder exposed in a fire; this may result in explosion. ▸ Cylinders with pressure relief devices may release their contents as a result of fire and the released gas may constitute a further source of hazard for the fire-fighter. ▸ Cylinders without pressure-relief valves have no provision for controlled release and are therefore more likely to explode if exposed to fire. <hr/> FIRE FIGHTING REQUIREMENTS: <hr/> The need for proximity, entry and special protective clothing should be determined for each incident, by a competent fire-fighting safety professional.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▸ Containers may explode when heated - Ruptured cylinders may rocket ▸ Fire exposed containers may vent contents through pressure relief devices. ▸ High concentrations of gas may cause asphyxiation without warning. ▸ May decompose explosively when heated or involved in fire. ▸ Contact with gas may cause burns, severe injury and/ or frostbite. Decomposition may produce toxic fumes of: carbon monoxide (CO) carbon dioxide (CO2) hydrogen bromide

	<p>hydrogen fluoride other pyrolysis products typical of burning organic material. Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.</p> <ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered to be a significant fire risk. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ May emit corrosive, poisonous fumes. ▶ Vented gas is more dense than air and may collect in pits, basements.
HAZCHEM	2TE

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used. ▶ DO NOT enter confined spaces where gas may have accumulated. ▶ Increase ventilation. ▶ Clear area of personnel. ▶ Stop leak only if safe to so do. ▶ Remove leaking cylinders to safe place. Release pressure under safe controlled conditions by opening valve. ▶ Do not exert excessive pressure on the valve; do not attempt to operate a damaged valve ▶ Orientate cylinder so that the leak is gas, not liquid, to minimise rate of leakage ▶ Keep area clear of personnel until gas has dispersed.
Major Spills	<p>Environmental hazard - contain spillage.</p> <ul style="list-style-type: none"> ▶ Clear area of all unprotected personnel and move upwind. ▶ Alert Emergency Authority and advise them of the location and nature of hazard. ▶ Wear breathing apparatus and protective gloves. ▶ Prevent by any means available, spillage from entering drains and water-courses. ▶ Consider evacuation. ▶ Increase ventilation. ▶ No smoking or naked lights within area. ▶ Stop leak only if safe to so do. ▶ Water spray or fog may be used to disperse vapour. ▶ DO NOT enter confined space where gas may have collected. ▶ Keep area clear until gas has dispersed. ▶ Remove leaking cylinders to a safe place. ▶ Fit vent pipes. Release pressure under safe, controlled conditions ▶ Burn issuing gas at vent pipes. ▶ DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> · Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe dispersal. Use only properly specified equipment which is suitable for this product, its supply pressure and temperature · The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines. · Fully-welded types of pressure gauges, where the bourdon tube sensing element is welded to the gauge body, are recommended. · Before connecting gas cylinders, ensure manifold is mechanically secure and does not containing another gas. Before disconnecting gas cylinder, isolate supply line segment proximal to cylinder, remove trapped gas in supply line with aid of vacuum pump · When connecting or replacing cylinders take care to avoid airborne particulates violently ejected when system pressurises. · Consider the use of doubly-contained piping; diaphragm or bellows sealed, soft seat valves; backflow prevention devices; flash arrestors; and flow monitoring or limiting devices. Gas cabinets, with appropriate exhaust treatment, are recommended, as is automatic monitoring of the secondary enclosures and work areas for release. · Use a pressure reducing regulator when connecting cylinder to lower pressure (<100 psig) piping or systems
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	<ul style="list-style-type: none"> · Use a check valve or trap in the discharge line to prevent hazardous back-flow into the cylinder · Check regularly for spills or leaks. Keep valves tightly closed but do not apply extra leverage to hand wheels or cylinder keys. · Open valve slowly. If valve is resistant to opening then contact your supervisor · Valve protection caps must remain in place unless container is secured with valve outlet piped to use point. · Never insert a pointed object (e.g hooks) into cylinder cap openings as a means to open cap or move cylinder. Such action can inadvertently turn the valve and gas a gas leak. Use an adjustable strap instead of wrench to free an over-tight or rusted cap. · A bubble of gas may buildup behind the outlet dust cap during transportation, after prolonged storage, due to defective cylinder valve or if a dust cap is inserted without adequate evacuation of gas from the line. When loosening dust cap, preferably stand cylinder in a suitable enclosure and take cap off slowly. Never face the dust cap directly when removing it; point cap away from any personnel or any object that may pose a hazard. under negative pressure (relative to atmospheric gas) · Suck back of water into the container must be prevented. Do not allow backfeed into the container. · Do NOT drag, slide or roll cylinders - use a suitable hand truck for cylinder movement · Test for leakage with brush and detergent - NEVER use a naked flame. · Do NOT heat cylinder by any means to increase the discharge rate of product from cylinder. · Leaking gland nuts may be tightened if necessary. · If a cylinder valve will not close completely, remove the cylinder to a well ventilated location (e.g. outside) and, when empty, tag as FAULTY and return to supplier. · Obtain a work permit before attempting any repairs. · DO NOT attempt repair work on lines, vessels under pressure. · Atmospheres must be tested and O.K. before work resumes after leakage. <p>▶ DO NOT transfer gas from one cylinder to another.</p>
Other information	<ul style="list-style-type: none"> ▶ Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open. ▶ Such compounds should be sited and built in accordance with statutory requirements. ▶ The storage compound should be kept clear and access restricted to authorised personnel only. ▶ Cylinders stored in the open should be protected against rust and extremes of weather. ▶ Cylinders in storage should be properly secured to prevent toppling or rolling. ▶ Cylinder valves should be closed when not in use. ▶ Where cylinders are fitted with valve protection this should be in place and properly secured. ▶ Gas cylinders should be segregated according to the requirements of the Dangerous Goods Act. ▶ Preferably store full and empty cylinders separately. ▶ Check storage areas for hazardous concentrations of gases prior to entry. ▶ Full cylinders should be arranged so that the oldest stock is used first. ▶ Cylinders in storage should be checked periodically for general condition and leakage. ▶ Protect cylinders against physical damage. Move and store cylinders correctly as instructed for their manual handling. <p>NOTE: A 'G' size cylinder is usually too heavy for an inexperienced operator to raise or lower.</p>

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ DO NOT use aluminium or galvanised containers ▶ Cylinder: <ul style="list-style-type: none"> ▶ Ensure the use of equipment rated for cylinder pressure. ▶ Ensure the use of compatible materials of construction. ▶ Valve protection cap to be in place until cylinder is secured, connected. ▶ Cylinder must be properly secured either in use or in storage. ▶ Cylinder valve must be closed when not in use or when empty. ▶ Segregate full from empty cylinders. <p>WARNING: Suckback into cylinder may result in rupture. Use back-flow preventive device in piping.</p>
Storage incompatibility	<p>Haloalkanes:</p> <ul style="list-style-type: none"> ▶ are highly reactive:some of the more lightly substituted lower members are highly flammable; the more highly substituted may be used as fire suppressants, not always with the anticipated results. ▶ may react with the lighter divalent metals to produce more reactive compounds analogous to Grignard reagents. ▶ may produce explosive compounds following prolonged contact with metallic or other azides ▶ may react on contact with potassium or its alloys - although apparently stable on contact with a wide range of halocarbons, reaction products may be shock-sensitive and may explode with great violence on light impact; severity generally increases with the degree of halocarbon substitution and potassium-sodium alloys give extremely sensitive mixtures . <p>BREThERICK L.: Handbook of Reactive Chemical Hazards</p> <ul style="list-style-type: none"> ▶ react with metal halides and active metals, eg. sodium (Na), potassium (K), lithium (Li),calcium (Ca), zinc (Zn), powdered aluminium (Al) and aluminium alloys, magnesium (Mg) and magnesium alloys. ▶ may react with brass and steel. ▶ may react explosively with strong oxidisers ▶ may degrade rubber, and plastics such as methacrylate polymers, polyethylene and polystyrene, paint and coatings ▶ Compressed gases may contain a large amount of kinetic energy over and above that potentially available from the energy of reaction produced by the gas in chemical reaction with other substances

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	bromotrifluoromethane	Trifluorobromomethane	1000 ppm / 6090 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
bromotrifluoromethane	3,000 ppm	4,200 ppm	40,000 ppm

Ingredient	Original IDLH	Revised IDLH
bromotrifluoromethane	40,000 ppm	Not Available

MATERIAL DATA

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

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

May act as a simple asphyxiants; these are gases which, when present in high concentrations, reduce the oxygen content in air below that required to support breathing, consciousness and life; loss of consciousness, with death by suffocation may rapidly occur in an oxygen deficient atmosphere.

CARE: Most simple asphyxiants are odourless or possess low odour and there is no warning on entry into an oxygen deficient atmosphere. If there is any doubt, oxygen content can be checked simply and quickly. It may not be appropriate to only recommend an exposure standard for simple asphyxiants rather it is essential that sufficient oxygen be maintained. Air normally has 21 percent oxygen by volume, with 18 percent regarded as minimum under normal atmospheric pressure to maintain consciousness / life. At pressures significantly higher or lower than normal atmospheric pressure, expert guidance should be sought.

Exposure controls

<p>Appropriate engineering controls</p>	<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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> ▸ Areas where cylinders are stored require good ventilation and, if enclosed, need discrete/controlled exhaust ventilation. ▸ Secondary containment and exhaust gas treatment may be required by certain jurisdictions. ▸ Local exhaust ventilation may be required in work areas. ▸ Consideration should be given to the use of diaphragm or bellows-sealed, soft-seat valves; backflow prevention devices and flow-monitoring or limiting devices. ▸ Automated alerting systems with automatic shutdown of gas-flow may be appropriate and may in fact be mandatory in certain jurisdictions. ▸ Respiratory protection in the form of air-supplied or self-contained breathing equipment must be worn if the oxygen concentration in the workplace air is less than 19%. ▸ Cartridge respirators do NOT give protection and may result in rapid suffocation. <p>Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> </tbody> </table> <p>Within each range the appropriate value depends on:</p>	Type of Contaminant:	Air Speed:	gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
Type of Contaminant:	Air Speed:				
gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)				

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	<p>Lower end of the range</p> <p>1: Room air currents minimal or favourable to capture</p> <p>2: Contaminants of low toxicity or of nuisance value only.</p> <p>3: Intermittent, low production.</p> <p>4: Large hood or large air mass in motion</p>	<p>Upper end of the range</p> <p>1: Disturbing room air currents</p> <p>2: Contaminants of high toxicity</p> <p>3: High production, heavy use</p> <p>4: Small hood-local control only</p>
	<p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>	
Personal protection		
Eye and face protection	<ul style="list-style-type: none"> ▶ Chemical goggles. ▶ Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent] 	
Skin protection	See Hand protection below	
Hands/feet protection	<ul style="list-style-type: none"> ▶ When handling sealed and suitably insulated cylinders wear cloth or leather gloves. ▶ Insulated gloves: <p>NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.</p>	
Body protection	See Other protection below	
Other protection	<ul style="list-style-type: none"> ▶ Protective overalls, closely fitted at neck and wrist. ▶ Eye-wash unit. ▶ Ensure availability of lifeline in confined spaces. ▶ Staff should be trained in all aspects of rescue work. ▶ Rescue gear: Two sets of SCBA breathing apparatus Rescue Harness, lines etc. 	

Respiratory protection

Type AX 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 5 x ES	Air-line*	AX-2	AX-PAPR-2 ^
up to 10 x ES	-	AX-3	-
10+ x ES	-	Air-line**	-

* - Continuous Flow; ** - Continuous-flow or positive pressure demand

^ - 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)

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
- ▶ Positive pressure, full face, air-supplied breathing apparatus should be used for work in enclosed spaces if a leak is suspected or the primary containment is to be opened (e.g. for a cylinder change)
- ▶ Air-supplied breathing apparatus is required where release of gas from primary containment is either suspected or demonstrated.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

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

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	<p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Exposure to high concentrations of fluorocarbons may produce cardiac arrhythmias or cardiac arrest due sensitisation of the heart to adrenalin or noradrenalin. Deaths associated with exposures to fluorocarbons (specifically halogenated aliphatics) have occurred in occupational settings and in inhalation of bronchodilator drugs.</p> <p>Bronchospasm consistently occurs in human subjects inhaling fluorocarbons. At a measured concentration of 1700 ppm of one of the commercially available aerosols there is a biphasic change in ventilatory capacity, the first reduction occurring within a few minutes and the second delayed up to 30 minutes. Most subjects developed bradycardia (reduced pulse rate).</p> <p>Bradycardia is encountered in dogs when administration is limited to upper respiratory tract (oropharyngeal and nasal areas).</p>
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	<p>Cardiac arrhythmias can be experimentally induced in animals (species dependency is pronounced with dogs and monkeys requiring lesser amounts of fluorocarbon FC-11 than rats or mice). Sensitivity is increased by injection of adrenalin or cardiac ischaemia/necrosis or pulmonary thrombosis/bronchitis. The cardiotoxic effects of the fluorocarbons originate from irritation of the respiratory tract which in turn reflexively influences the heart rate (even prior to absorption of the fluorocarbon) followed by direct depression of the heart after absorption.</p> <p>Exposure to fluorocarbon thermal decomposition products may produce flu-like symptoms including chills, fever, weakness, muscular aches, headache, chest discomfort, sore throat and dry cough. Complete recovery usually occurs within 24 hours of exposure.</p> <p>Depression of the central nervous system is the most outstanding effect of most halogenated aliphatic hydrocarbons. Inebriation and excitation, passing into narcosis, is a typical reaction. In severe acute exposures there is always a danger of death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin)</p> <p>Acute intoxication by halogenated aliphatic hydrocarbons appears to take place over two stages. Signs of a reversible narcosis are evident in the first stage and in the second stage signs of injury to organs may become evident, a single organ alone is (almost) never involved.</p> <p>In the case of iodised and brominated compounds, exposure effects cannot be described by simple central nervous system depression produced by other halogenated aliphatic hydrocarbons. Headache, nausea, ataxia (loss of muscle co-ordination), tremors, speech difficulties, visual disturbances, convulsions, paralysis, delirium, mania and apathy are all evidence of additional effects.</p> <p>Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure. Symptoms of asphyxia (suffocation) may include headache, dizziness, shortness of breath, muscular weakness, drowsiness and ringing in the ears. If the asphyxia is allowed to progress, there may be nausea and vomiting, further physical weakness and unconsciousness and, finally, convulsions, coma and death. Significant concentrations of the non-toxic gas reduce the oxygen level in the air. As the amount of oxygen is reduced from 21 to 14 volume %, the pulse rate accelerates and the rate and volume of breathing increase. The ability to maintain attention and think clearly is diminished and muscular coordination is somewhat disturbed. As oxygen decreases from 14-10% judgement becomes faulty; severe injuries may cause no pain. Muscular exertion leads to rapid fatigue. Further reduction to 6% may produce nausea and vomiting and the ability to move may be lost. Permanent brain damage may result even after resuscitation at exposures to this lower oxygen level. Below 6% breathing is in gasps and convulsions may occur. Inhalation of a mixture containing no oxygen may result in unconsciousness from the first breath and death will follow in a few minutes.</p> <p>The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.</p>
Ingestion	<p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p> <p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p>
Skin Contact	<p>The material can produce chemical burns following direct contact with the skin.</p> <p>In common with other halogenated aliphatics, fluorocarbons may cause dermal problems due to a tendency to remove natural oils from the skin causing irritation and the development of dry, sensitive skin. They do not appear to be appreciably absorbed. 538053lgas</p> <p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p>
Eye	<p>The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating. When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p> <p>Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures..</p>
Chronic	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>There is some evidence that human exposure to the material may result in developmental toxicity. This evidence is based on animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects.</p> <p>Principal route of occupational exposure to the gas is by inhalation.</p> <p>Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza). Ataxia and generalised hyperreflexia have also been observed. Correlation of neurologic symptoms with blood levels of bromide is inexact. The use of substances such as brompheniramine, as antihistamines, largely reflect current day usage of bromides; ionic bromides have been largely withdrawn</p>

from therapeutic use due to their toxicity.

In test animals, brominated vegetable oils (BVOs), historically used as emulsifiers in certain soda-based soft drinks, produced damage to the heart and kidneys in addition to increasing fat deposits in these organs. In extreme cases BVO caused testicular damage, stunted growth and produced lethargy and fatigue.

Brominism produces slurred speech, apathy, headache, decreased memory, anorexia and drowsiness, psychosis resembling paranoid schizophrenia, and personality changes

Several cases of foetal abnormalities have been described in mothers who took large doses of bromides during pregnancy.

Reproductive effects caused by bromide (which crosses the placenta) include central nervous system depression, brominism, and bronchoderma in the newborn.

It is generally accepted that the fluorocarbons are less toxic than the corresponding halogenated aliphatic based on chlorine.

Repeated inhalation exposure to the fluorocarbon FC-11 does not produce pathologic lesions of the liver and other visceral organs in experimental animals. There has been conjecture in non-scientific publications that fluorocarbons may cause leukemia, cancer, sterility and birth defects; these have not been verified by current research. The high incidence of cancer, spontaneous abortion and congenital anomalies amongst hospital personnel, repeatedly exposed to fluorine-containing general anaesthetics, has caused some scientists to call for a lowering of the fluorocarbon exposure standard to 5 ppm since some are mutagens.

Halon 1301	TOXICITY	IRRITATION
	Not Available	Not Available
bromotrifluoromethane	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; 70598.308 ppm4h ^[2]	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

Halon 1301 & BROMOTRIFLUOROMETHANE	<p>Disinfection by products (DBPs) re formed when disinfectants such as chlorine, chloramine, and ozone react with organic and inorganic matter in water. The observations that some DBPs such as trihalomethanes (THMs), di-/trichloroacetic acids, and 3-chloro-4-(dichloromethyl)-5-hydroxy-2(5H)-furanone (MX) are carcinogenic in animal studies have raised public concern over the possible adverse health effects of DBPs. To date, several hundred DBPs have been identified.</p> <p>Numerous haloalkanes and haloalkenes have been tested for carcinogenic and mutagenic activities. In general, the genotoxic potential is dependent on the nature, number, and position of halogen(s) and the molecular size of the compound. Short-chain monohalogenated (excluding fluorine) alkanes and alkenes are potential direct-acting alkylating agents, particularly if the halogen is at the terminal end of the carbon chain or at an allylic position. Dihalogenated alkanes are also potential alkylating or cross-linking agents (either directly or after GSH conjugation), particularly if they are vicinally substituted (e.g., 1,2-dihaloalkane) or substituted at the two terminal ends of a short to medium-size (e.g., 2-7) alkyl moiety (i.e., alpha, omega-dihaloalkane). Fully halogenated haloalkanes tend to act by free radical or nongenotoxic mechanisms (such as generating peroxisome-proliferative intermediates) or undergo reductive dehalogenation to yield haloalkenes that in turn could be activated to epoxides.</p> <p>Haloalkenes are of concern because of potential to generate genotoxic intermediates after epoxidation. The concern for haloalkenes may be diminished if the double bond is internal or sterically hindered.</p> <p>The cancer concern levels of the 14 haloalkanes and haloalkenes, have been rated based on available screening cancer bioassay (pulmonary adenoma assay) and genotoxicity data. Five brominated and iodinated methane and ethane derivatives are given a moderate rating. Beyond the fact that bromine and iodine are better leaving groups than chlorine, there is also evidence that brominated THMs may be preferentially activated by a theta-class glutathione S-transferase (GSTT1-1) to mutagens in Salmonella even at low substrate concentrations. Furthermore, there are human carcinogenicity implications because of polymorphism in GSTT1-1. Human subpopulations with expressed GSTT1-1 may be at a greater risk to brominate THMs than humans who lack the gene.</p> <p>Six, two, and one haloalkanes/ haloalkene(s) are given low-moderate, marginal, and low concern, respectively.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>
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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

Halon 1301	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

bromotrifluoromethane	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

Legend: 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

On the basis of the available evidence concerning properties and predicted or observed environmental fate and behavior, the material may present a danger to the structure and/ or functioning of the stratospheric ozone layer.

For haloalkanes and haloalkenes:

Environmental fate:

Certain haloalkane gases in the atmosphere can also contribute to the greenhouse effect by restricting heat loss from the Earth's atmosphere through absorbing infrared emissions from the surface. Generally haloalkanes contributing to the greenhouse effect consist of a fully or partly fluorinated carbon backbone.

Gas-phase reactions with OH radicals are the major tropospheric loss process for the haloalkanes. In addition photooxidation reactions with O₃ and NO₃ radicals can result in transformation.

Organic substances containing chlorine, if primarily present in the atmospheric compartment and if their lifetime is long enough can reach the stratosphere and decompose through photolysis and other chemical reaction (e.g. with OH radical). Chlorine atoms can then participate in the catalytic ozone destruction cycles.

The atmospheric lifetime is too short to enable a significant fraction of the compound emitted to reach the stratosphere

Haloalkanes do not hydrolyse easily. Acids do not catalyse the hydrolysis and base catalysis is only important at higher pHs than are observed in the environment.

The apparent hazard of halo- alkanes and alkenes to human health has prompted investigations concerning their fate in subsurface waters and in soil. Although abiotic transformations may be significant within the time scales commonly associated with groundwater movement, biotic process typically proceed much faster,

provided that there are sufficient substrates, nutrients and microbial populations to mediate such transformations. Several bacterial strains including methane-utilising bacteria capable of utilising haloalkanes have been isolated. Microbial dehalogenation by these strains is mediated by enzymes (oxygenase and hydrolase). The biodegradation of haloalkanes can proceed through different pathways. Haloparaffins (C₁₂ to C₁₈) have been reported to be incorporated into fatty acids in bacteria, yeasts, and fungi, resulting in their accumulation in the food chain. Another pathway is the oxygenation at the nonhalogenated end of monohalogenated alkanes by an inherent oxygenase with a tight substrate selectivity. In this case fluoroalkanes were defluorinated, but no dehalogenation was observed with chloro-, bromo-, or iodoalkanes. Chain length was reported to have minor effects on this oxygenation reaction. In general, alpha- and alpha,omega-chlorinated haloalkanes with short carbon chains (C₁ to C₆) are dehalogenated hydrolytically or by a glutathione-dependent mechanism. In contrast, alpha- and alpha,omega-haloalkanes with longer chains, e.g., 1,9-dichlorononane and 1,10-dichlorodecane (1,10-DCD), have been proposed to be dehalogenated by oxidative mechanisms. Studies on the biodegradation of this class of compounds are rare, because haloalkane-degrading microorganisms are not easily found. In water and terrestrial compartments haloalkanes may hydrolyse in the presence of naturally occurring sulfur-containing nucleophiles. Bisulfide ion (HS⁻) is generally the most important nucleophile because it is moderately reactive and is usually present at the highest concentration. When elemental sulfur is present, polysulfides (S₄²⁻ and S₅²⁻) will be more important than HS⁻ at pH 7 (approximately) because they are 60 times more reactive and their equilibrium concentrations increase with increasing pH. The end products of such reactions include a variety of mercaptans and dialkyl sulfides.

Environmental fate:

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

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

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

Bromine reservoirs, such as HBr and BrONO₂, are much more easily broken up by sunlight; causing bromine to be from 10 to 100 times more effective than chlorine at destroying ozone. From 30-60% of bromocarbons released to the atmosphere are man-made (methyl bromide fumigants and halon fire extinguishers) and both compounds are restricted by international agreement

Ecotoxicity:

Although not a significant toxin in mammalian or avian systems it is highly toxic to rainbow trout and Daphnia magna.

Fish LC₅₀ (96 h): bluegill sunfish: 0.52 mg/L (as Br₂); rainbow trout 0.23 mg/L (as Br₂); sheepshead minnow 0.19 mg/L (as Br₂)

Daphnia magna LC₅₀ (48 h): 0.71 mg/L (as Br₂)

Eastern oysters EC₅₀ (96 h): 0.54 mg/L (as Br₂)

Mysid Shrimp LC₅₀ (LC₅₀): 0.17 mg/L (as Br₂)

[*Nalco]

DO NOT discharge into sewer or waterways.

Persistence and degradability

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

Bioaccumulative potential

Ingredient	Bioaccumulation
bromotrifluoromethane	LOW (LogKOW = 1.86)

Mobility in soil

Ingredient	Mobility
bromotrifluoromethane	LOW (KOC = 48.64)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▸ Evaporate residue at an approved site. ▸ Return empty containers to supplier. If containers are marked non-returnable establish means of disposal with manufacturer prior to purchase. ▸ Ensure damaged or non-returnable cylinders are gas-free before disposal.

SECTION 14 Transport information

Labels Required

	
Marine Pollutant	NO
HAZCHEM	2TE

Land transport (ADG)

UN number	1009	
UN proper shipping name	BROMOTRIFLUOROMETHANE (REFRIGERANT GAS R 13B1)	
Transport hazard class(es)	Class	2.2
	Subrisk	Not Applicable
Packing group	Not Applicable	
Environmental hazard	Not Applicable	
Special precautions for user	Special provisions	Not Applicable
	Limited quantity	120 ml

Air transport (ICAO-IATA / DGR)

UN number	1009	
UN proper shipping name	Refrigerant gas R 13B1; Bromotrifluoromethane	
Transport hazard class(es)	ICAO/IATA Class	2.2
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	2L
Packing group	Not Applicable	
Environmental hazard	Not Applicable	

Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	200
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	200
	Passenger and Cargo Maximum Qty / Pack	75 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	Forbidden

Sea transport (IMDG-Code / GGVSee)

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

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

Not Applicable

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

Product name	Group
bromotrifluoromethane	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
bromotrifluoromethane	Not Available

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture****bromotrifluoromethane is found on the following regulatory lists**

Australia - Victoria Environment Protection Regulations 2021 S.R. No. 47/2021 - Chapter 5 - Environmental management - Part 5.1 - Prohibited chemical substances

Australian Inventory of Industrial Chemicals (AIIC)

UNEP (United Nations Environment Programme) Montreal Protocol Ozone Depleters - Annex A

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (bromotrifluoromethane)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes

National Inventory	Status
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	<p>Yes = All CAS declared ingredients are on the inventory</p> <p>No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.</p>

SECTION 16 Other information

Revision Date	25/02/2022
Initial Date	14/12/2016

SDS Version Summary

Version	Date of Update	Sections Updated
6.1	15/04/2021	Classification change due to full database hazard calculation/update.
7.1	25/02/2022	Classification, Supplier Information

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
 PC—STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 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
 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
 FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances