

Sodium Metabisulphite / Fibreglass Cleaner. Gel Coat Destainer POPS Group (The POPS Group Pty Ltd as Trustee for The Pool Shops Trust. Klorman Industries Pty Ltd)

Chemwatch: 5553-45

Version No: 3.1

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

Chemwatch Hazard Alert Code: 3

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L.GHS.AUS.EN.E

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

Product Identifier

Product name	Sodium Metabisulphite / Fibreglass Cleaner. Gel Coat Destainer
Chemical Name	Not Applicable
Synonyms	Not Available
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	Stain Treatment, Reagent Use according to manufacturer's directions.
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Details of the supplier of the safety data sheet

Registered company name	POPS Group (The POPS Group Pty Ltd as Trustee for The Pool Shops Trust. Klorman Industries Pty Ltd)
Address	10-12 Cairns Street Loganholme QLD 4129 Australia
Telephone	+61 7 3209 7884
Fax	+61 7 3209 8635
Website	http://www.poolpro.com.au/ https://klorman-industries.com/
Email	office@poolpro.com.au

Emergency telephone number

Association / Organisation	IXOM
Emergency telephone numbers	+61 3 9663 2130 (International) (24 hours)
Other emergency telephone numbers	+61 1800 033 111

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S5
Classification [1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3
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	Danger
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Hazard statement(s)

AUH031	Contact with acid liberates toxic gas.
H302	Harmful if swallowed.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

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P261	Avoid breathing dust/fumes.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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Not Applicable

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7681-57-4	>=90	sodium metabisulfite
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	If this product comes in contact with the eyes: - Immediately hold eyelids apart and flush the eye continuously with 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. - Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. - Transport to hospital or doctor without delay. - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: - 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	- 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, without delay. - Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema. - Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs). - As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested. - Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered. This must definitely be left to a doctor or person authorised by him/her. (ICSC13719)
Ingestion	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. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

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- ▶ **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

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

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.
- ▶ **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

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

Treat symptomatically.

Depending on the degree of exposure, periodic medical examination is indicated. The symptoms of lung oedema often do not manifest until a few hours have passed and they are aggravated by physical effort. Rest and medical observation is therefore essential. Immediate administration of an appropriate spray, by a doctor or a person authorised by him/her should be considered.

(ICSC24419/24421

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	None known.
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Advice for firefighters

Fire Fighting	▶ 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. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. Decomposition may produce toxic fumes of: sulfur oxides (SOx) sulfur dioxide (SO2) May emit poisonous fumes. May emit corrosive fumes. metal oxides
HAZCHEM	Not Applicable

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	▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes.
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	▶ Control personal contact with the substance, by using protective equipment. ▶ Use dry clean up procedures and avoid generating dust. ▶ Place in a suitable, labelled container for waste disposal.
Major Spills	▶ DO NOT touch the spill material Moderate hazard. ▶ CAUTION: Advise personnel in area. ▶ Alert Emergency Services and tell them location and nature of hazard. ▶ Control personal contact by wearing protective clothing. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Recover product wherever possible. ▶ IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal. ▶ ALWAYS: Wash area down with large amounts of water and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise Emergency Services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▶ 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. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to contact humans, exposed food or food utensils. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	▶ 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. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. For major quantities: ▶ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams). ▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities. Consider storage under inert gas.

Conditions for safe storage, including any incompatibilities

Suitable container	▶ Glass container is suitable for laboratory quantities ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▶ Contact with acids produces toxic fumes ▶ Inorganic reducing agents react with oxidizing agents to generate heat and products that may be flammable, combustible, or otherwise reactive. Their reactions with oxidizing agents may be violent. ▶ Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions. Metabisulfites: ▶ decompose with heat ▶ are slowly oxidised on exposure to air and water ▶ hydrates are bisulfites; conversely when dehydrated they become metabisulfites - a maximum strength of about 40% bisulfite solution is attainable with certain counter-ions ▶ may produce corrosive acids when mixed with water dependent on the counter-ion ▶ react with acids to produce sulfur dioxide (SO₂) ▶ Segregate from alcohol, water. Sulfur dioxide: ▶ reacts with water or steam forming sulfurous acid; reaction may be violent ▶ reacts with acrolein, alcohols, aluminium powder, alkali metals, amines, bromine, pentafluoride, caustics, caesium, acetylene carbide, chlorates, chlorine trifluoride, chromium powder, copper or its alloy powders, diethylzinc, fluorine, lead dioxide, lithium acetylene carbide, metal powders, monolithium acetylde-ammonia, nitryl chloride, potassium acetylene carbide, potassium acetylde, potassium chlorate, rubidium carbide, silver azide, sodium, sodium acetylde, stannous oxide; reaction may be violent ▶ decomposes above 60 deg. C releasing oxides of sulfur ▶ Incompatible with alkalis, alkylene oxides, ammonia, aliphatic amines, alkanolamines, amides, organic anhydrides, caesium monoxide, epichlorohydrin, ferrous oxide, halogens, interhalogens, isocyanates, lithium nitrate, manganese, metal acetylides, metal oxides, perbromyl fluoride, red phosphorus, potassium azide, rubidium acetylde, sodium hydride, sulfuric acid ▶ attacks some plastics, coatings and rubber ▶ attacks metals, especially chemically active metals, in the presence of moisture. Sulfites and hydrosulfites (dithionites) : ▶ may react explosively with strong oxidising agents. ▶ react with water or steam to produce corrosive acid solutions and sulfur oxide fumes - aqueous solutions are incompatible with oxidisers, strong acids, alkalis, ammonia, aliphatic amines, alkanolamines, alkylene oxides, amides, epichlorohydrin, organic anhydrides, isocyanates, nitromethane, vinyl acetate ▶ aqueous solutions attack metals in presence of moisture

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- ▶ generate gaseous sulfur dioxide in contact with oxidising and nonoxidising acids
- ▶ 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.
- ▶ **NOTE:** May develop pressure in containers; open carefully. Vent periodically.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	sodium metabisulfite	Sodium metabisulphite	5 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
sodium metabisulfite	15 mg/m3	64 mg/m3	390 mg/m3

Ingredient	Original IDLH	Revised IDLH
sodium metabisulfite	Not Available	Not Available

MATERIAL DATA

Inorganic sulfites, bisulfites and metabisulfites (sodium, potassium and ammonium salts) liberate sulfur dioxide under certain conditions. Therefore the officially tabled exposure limits for these chemicals normally correspond to the yield of liberated sulfur dioxide. Dithionites may also produce sulfur dioxide

Sulfites have been placed on the U.S. Food and Drug Administration generally recognised as safe (GRAS) list. Sulfur dioxide is an irritant gas and occupational exposure may produce irritation under certain circumstances. Airborne sodium bisulfite, for example, is described by the ACGIH as an irritant to the eyes, skin and mucous membranes of animals; acute exposures by workers produce mild eye and respiratory effects. Inhalation of the dust produces high local concentrations in contact with small areas of sensitive tissue. The mean daily ingestion of dietary sulfite ranges from 0.0011 to 0.14 mmol/kg (to 14 mg/day) and the accepted maximum daily intake (ADI) by the World Health Organisation is 0.7 mg sulfite (as sulfur dioxide)/ kg body weight. The recommended TLV-TWA for sodium bisulfite is thought to be protective against the significant risk of irritant effects associated with higher levels.

Exposed individuals are **NOT** reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV-TWA for example) is being reached, even when distracted by working activities
B	26-550	As "A" for 50-90% of persons being distracted
C	1-26	As "A" for less than 50% of persons being distracted
D	0.18-1	10-50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As "D" for less than 10% of persons aware of being tested

NOTE: Detector tubes for sulfur dioxide, measuring in excess of 0.1 ppm, are commercially available.

Sulfur dioxide is termed a "mild" respiratory irritant.

Odour threshold (detection) is 0.5 ppm with irritation reported above 2 ppm; at 8-12 ppm eyes and nose are strongly irritated. 150 ppm is only tolerable for about a minute because of extreme irritation. At 500 ppm there is a sense of suffocation. Human bronchoconstriction occurs with inhalation at 5 ppm or more and the recommended TLV-TWA, for sulfur dioxide, is thought to provide a reduction of significant risk of adverse respiratory effects such as coughing, increase in sputum production and bronchoconstriction.

The reported effects of SO2 in humans exposed to levels below 2 ppm, together with the potentiation of SO2 toxicity by soot and other particulates, may require a review of exposure standards.

A worker inhaling 4 ppm for 8 hours and doing light-work would absorb about 150 mg of SO2. By comparison, average dietary intake for a 70 kg man has been established at only 50 mg.

Odour Safety Factor(OSF)

OSF=1.8 (sulfur dioxide)

Exposure controls

Appropriate engineering controls	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.	
	The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. 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.	
	Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. 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.	
Type of Contaminant:		Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).		0.25-0.5 m/s (50-100 f/min.)

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	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation) direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion) grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion). Within each range the appropriate value depends on: <table><tr><td>Lower end of the range</td><td>Upper end of the range</td></tr><tr><td>1: Room air currents minimal or favourable to capture</td><td>1: Disturbing room air currents</td></tr><tr><td>2: Contaminants of low toxicity or of nuisance value only.</td><td>2: Contaminants of high toxicity</td></tr><tr><td>3: Intermittent, low production.</td><td>3: High production, heavy use</td></tr><tr><td>4: Large hood or large air mass in motion</td><td>4: Small hood-local control only</td></tr></table> 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 m/s (200-400 f/min) for extraction of solvents generated in a tank 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.	Lower end of the range	Upper end of the range	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents	2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity	3: Intermittent, low production.	3: High production, heavy use	4: Large hood or large air mass in motion	4: Small hood-local control only	0.5-1 m/s (100-200 f/min.) 1-2.5 m/s (200-500 f/min.) 2.5-10 m/s (500-2000 f/min.)
Lower end of the range	Upper end of the range											
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents											
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity											
3: Intermittent, low production.	3: High production, heavy use											
4: Large hood or large air mass in motion	4: Small hood-local control only											
Personal protection												
Eye and face protection	▶ 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. 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	NOTE: ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. 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. 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. Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: · frequency and duration of contact, · chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber. ▶ fluoroelastomer. ▶ polyvinyl chloride.											

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	Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

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.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.

P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties**Information on basic physical and chemical properties**

Appearance	Crystals or Powder with a pungent odour.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Pungent	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	3.5-5	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	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 Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (Not Available%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.

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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	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial 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. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. 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. 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. Sulfur dioxide irritation probably results from the action of sulfurous acid as the highly soluble gas dissolves in mucous fluid. Short-term exposure causes bronchoconstriction measurable as an increase in flow-resistance. The magnitude is concentration-dependent. Chief effects are upper respiratory tract irritation and severe acute exposure may cause oedema of the lungs and possible respiratory paralysis. These exposures have produced severe obstructive and restrictive defects up to 3 months post-exposure; these have failed to respond to bronchodilators. Such exposures have also, on rare occasions, been associated with moderately severe obstructive illness and persistent, productive cough. Systemic effects of acute poisoning are not known but regular exposure may deaden the sense of smell. Symptoms include throat irritation, coughing, tightness of chest, difficulty with breathing, tear formation (lachrymation), eye smarting and suffocating feeling. Substantial exposures produce direct respiratory tract irritation, cough, burning, lachrymation, conjunctival injection, difficulty in swallowing, and otopharyngeal erythema. Other symptoms may include vomiting, diarrhoea, abdominal pain, fever, headache, vertigo, agitation, tremor, convulsions, and peripheral neuritis. High dose acute exposure may produce immediate bronchospasm and pulmonary oedema with respiratory failure/ paralysis, inflammation of the conjunctivae and inflammation of the tongue.
Ingestion	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. Ingestion of sulfite salts may cause gastric irritation as a result of the liberation of sulfurous acid. Rapid oxidation to sulfate (at least in rats) means that sulfites are well tolerated. Large doses however may produce violent colic, diarrhoea, circulatory disturbances, central nervous system depression and, sometimes, death. Sulfite is an endogenous decomposition product found in all tissues as a result of amino-acid catabolism. However individuals with a genetic defect in sulfite oxidase are particularly sensitive to bisulfite and at least one death due to bisulfite-induced neurologic degeneration has been recorded.
Skin Contact	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. The material may accentuate any pre-existing dermatitis condition Open cuts, abraded or irritated skin should not be exposed to this material 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.
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Sulfite and bisulfite salts react irreversibly, through free radical formation, with endogenous substances (including DNA). Some asthmatics are said to be dangerously sensitive to minute amounts of sulfite in food. Symptoms include bronchoconstriction, bronchospasm, gastrointestinal disturbance, flushing, hypotension, tingling sensations, urticaria and angio-oedema and shock. The sulfites belong to a group of substances which induces local or systemic reactions which are identical or similar to allergic reactions and

Continued...

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invoke pseudo-allergic ("anaphylactoid) reactions. The mechanism of this response is still largely unknown but does not involve an antigen-antibody interaction and therefore may appear on first contact with the substance.

Two different oxidation routes of sulfite to sulfate have been identified in the human polymorphonuclear leukocytes. Besides the pathway via sulfite oxidase another route of oxidation via an one electron oxidation step with an intermediate formation of sulfur trioxide radicals has been identified. The contribution of the different pathways is expected to vary substantially due to the great interindividual variation in sulfite oxidase activity. The contribution of the trioxide radical pathway is expected to be high in individuals with low sulfite oxidase activity.

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.

Repeated exposure of animals to airborne sulfur dioxide (SO₂) can produce a thickening of the mucous layer in the trachea and an increase in goblet cells and mucous glands similar to pathological changes found in chronic human bronchitis.

Chronic exposure to sulfur dioxide (SO₂) particulate complexes, present in polluted air, have been associated with the aggravation of chronic cardiovascular diseases such as asthma, chronic pulmonary disease, and coronary artery disease (this may occur at levels of 6-10 ug/m³ for 24 hours). An association exists between persistent cough and sputum production, particularly in women and non-smokers. A 10-year follow study on workers exposed to a mean sulfur dioxide concentration of up to 33 ppm did not reveal an increased prevalence of chronic respiratory disease or decreased pulmonary function.

By contrast, studies of smelter workers, exposed to concentrations below 2 ppm, suggest that chronic respiratory disease may develop and that workers exposed at concentrations exceeding 1 ppm show accelerated loss of pulmonary function.

Although SO₂ is not a carcinogen, the apparent increases in mortalities amongst arsenic-exposed smelter workers was greater when exposures included both high arsenic concentrations and moderate to high SO₂ exposures, suggesting that SO₂ might act as a promoter.

Intermittent exposure of rats to benz[a]pyrene along with inhalation of SO₂ at 4-10 ppm, 1-6 hours per day, 5 days per week, produced substantial increases in respiratory tract squamous cell carcinomas compared to that associated with exposure to B[a]P or SO₂ alone.

Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.

Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.

There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.

Sodium Metabisulphite / Stain Remover For Fibreglass Pools	TOXICITY	IRRITATION
	Not Available	Not Available
sodium metabisulfite	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): IRRITANT *
	Oral (Rat) LD50; 500 mg/kg ^[2]	
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

Sodium Metabisulphite / Stain Remover For Fibreglass Pools	Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production. The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.

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

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SECTION 12 Ecological information

Toxicity

Sodium Metabisulphite / Stain Remover For Fibreglass Pools	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
sodium metabisulfite	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	504h	Crustacea	>10mg/l	1
	EC50	72h	Algae or other aquatic plants	43.8mg/l	2
	EC50	48h	Crustacea	89mg/l	2
	EC50	96h	Algae or other aquatic plants	40mg/l	1
	LC50	96h	Fish	21mg/l	1
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				

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Sulfur dioxide is oxidised rapidly by both homogeneous and heterogeneous reactions and is removed from the atmosphere by precipitation and by dry deposition on surfaces, mainly as sulfuric acid. Because of its high vapor pressure (3,000 mm Hg at 20°C), sulfur dioxide is typically present in a gaseous phase. Some of the sulfur dioxide emitted into the air moves unchanged to various surfaces including soil, water, grass, and vegetation in general.

In the atmosphere, sulfur dioxide can be transformed into sulfuric acid or sulfates by a variety of processes. Sulfur dioxide may be oxidised to sulfur trioxide (SO₃) and sulfate in air photochemically or catalytically. The oxidations generally involve homogeneous-phase reactions (oxidation in the gas phase) and heterogeneous gas-solid reactions (oxidation on the surface of particles). Gas-phase reactions include direct photochemical oxidation of sulfur dioxide and oxidation by reacting with other gases and substances, including O, O₂, O₃, NO, NO₂, NO₃, N₂O₅, OH, hydrocarbons, or some heavy metal ions. In the direct oxidation pathway, sulfur dioxide gas molecules (at different electronically excited states due to solar irradiation) react with each other, forming SO₃, which may be further oxidised by other gases or water drops to form sulfate. Reaction pathways with other gases all result in similar end products: SO₃, or sulfate. Rate constants for sulfur dioxide oxidation by these gases vary from 2x 10⁻²⁴ to 4x10⁻³ cm³ per molecule per second, with the reaction with N₂O₅ being the fastest. Heterogeneous gas-solid reactions include oxidation of sulfur dioxide on the surfaces of activated carbons, metal oxides, and other particles.

Sulfur dioxide may be photochemically or catalytically oxidized to SO₃ and sulfate in air. The oxidations generally involve homogeneous-phase reactions (oxidation in gas or liquid phase) and heterogeneous gas-solid reactions (oxidation on the surface of particles). The atmospheric residence time of sulfur dioxide is about 10 days. Photochemical oxidation involves the reaction of sulfur dioxide with reactive molecules and free radical species, and with products of O₃ and alkene gases. Photochemical oxidation is thought to be initiated by absorption of solar irradiation energy.

Sulfur dioxide can be oxidized by OH radicals in the gas phase relatively quickly, making it a major mechanism for sulfur dioxide conversion. The conversion rates have been characterized to be >1% per hour.

In the atmosphere, aqueous-phase oxidation of sulfur dioxide can occur in cloud, fog, rain, deliquescent aerosol particles, and in surface liquid films on these particles. Once dissolved in these droplets, sulfur dioxide may be oxidised to sulfate via a variety of mechanisms, thus forming acid rain. Such a removal mechanism is commonly termed wet deposition.

Sulfur dioxide can also be removed from air by uptake of plant leaves. It is reported that direct surface uptake of sulfur dioxide is the most significant dry removal process for atmospheric sulfur.

Sulfur dioxide is very soluble in water, and oceans are generally considered to be a sink for sulfur dioxide. It is also possible that oceans can be a source of sulfur dioxide if the equilibrium pressure of sulfur dioxide in surface water exceeds the partial pressure of sulfur dioxide in the air immediately above it. Any potential releases of sulfur dioxide from water would be expected to partition to the atmosphere.

Dissolved sulfur dioxide in the surface layer of the ocean may be slowly oxidised to the sulfate anion (SO₄²⁻) by the combined presence of dissolved O₂ and trace amounts of transition metal salts as catalysts. At ocean depths, dispersed sulfate may be reduced to sulfur dioxide, sulfur, and hydrogen sulfide by the action of bacteria. Sulfur dioxide absorbed by freshwater lakes is less rapidly oxidized than seawater because of the much lower salt content of freshwater.

Soil can absorb sulfur dioxide, with uptake being dependent on the pH and moisture content of the soil.

Acid rain is the leading cause in an increase in heavy metal mobility in soil. When soil is basic pH, heavy metals will form insoluble oxides or hydroxides of sulfate, and when soil is acidic, soluble sulfates will form.

Sulfur dioxide can be reduced to H₂S in heat- and alkali-treated sewage sludge by the sulfate-reducing bacteria, Desulfovibrio desulfuricans or Desulfotomaculum orientis.

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	- Containers may still present a chemical hazard/ danger when empty. - Return to supplier for reuse/ recycling if possible. Otherwise: - 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.
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Sodium Metabisulphite / Stain Remover For Fibreglass Pools

For small quantities:

- ▶ Cautiously add the material to dry butanol in an appropriate solvent.
- ▶ Reaction may be vigorous and exothermic.
- ▶ Large volumes of flammable hydrogen may be generated and venting procedures should be conducted in a flame-proof environment.
- ▶ Neutralise the solution with aqueous acid, filter and burn the liquid portion in an approved incinerator.

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.

A Hierarchy of Controls seems to be common - the user should investigate:

- ▶ Reduction
- ▶ Reuse
- ▶ Recycling
- ▶ Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.

- ▶ **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.

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

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

Product name	Group
sodium metabisulfite	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
sodium metabisulfite	Not Available

SECTION 15 Regulatory information

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

sodium metabisulfite is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (sodium metabisulfite)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes

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National Inventory	Status
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	20/07/2022
Initial Date	18/07/2022

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	20/07/2022	Appearance, Classification

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
 AIC: 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

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