

BISMUTH OXIDE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

BISMUTH(III) OXIDE

OTHER NAMES

Bi₂O₃, "bismuth oxide", "bismuthous oxide", "bismuth(3+) oxide", "bismuth sesquioxide", "bismuth trioxide", "bismuth yellow", "dibismuth trioxide"

PRODUCT USE

Enameling cast iron ceramics, porcelain colours; disinfectants; magnets; vulcanising; fireproofing of paper and polymers; catalysts; astringents.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,

248, WORLI,

MUMBAI- 400030.INDIA.

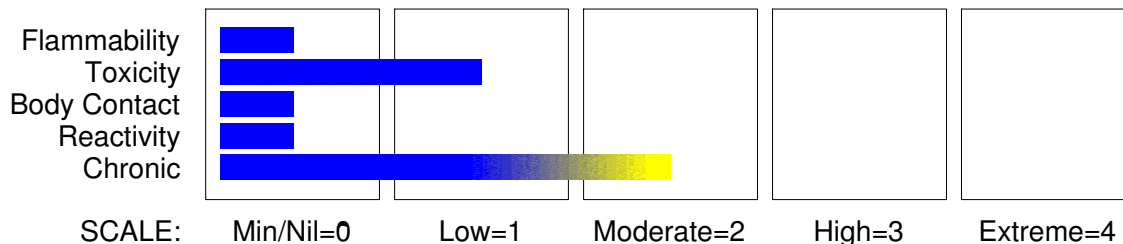
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HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

GHS Classification

Acute Toxicity (Oral) Category 5

EMERGENCY OVERVIEW

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Section 2 - HAZARDS IDENTIFICATION

HAZARD

WARNING

Determined by using GHS criteria:

H303

May be harmful if swallowed

PRECAUTIONARY STATEMENTS

Response

IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
bismuth(III) oxide	1304-76-3	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

EYE

- If this product comes in contact with the eyes:
- Wash out immediately with fresh running water.
 - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
 - If pain persists or recurs seek medical attention.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- 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.

INHALED

- If dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.

NOTES TO PHYSICIAN

Severe bismuth intoxication may be treated with dimercaptol (BAL in oil). Induction of acidosis by administration of ammonium chloride has been claimed to promote mobilisation of bismuth from tissue depots and increase the rate of urinary excretion.

[Martindale: The Extra Pharmacopoeia]

In mouse models D-penicillamine (Cuprimine M.S. & D) is a useful chelating agent.

[Ellenhorn & Barceloux: Medical Toxicology].

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Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

- There is no restriction on the type of extinguisher which may be used.

FIRE FIGHTING

- Use water delivered as a fine spray to control fire and cool adjacent 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.

FIRE INCOMPATIBILITY

None known.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety glasses.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labelled container.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.
- Avoid generating dust.
- Sweep, shovel up. Recover product wherever possible.
- Put residues in labelled plastic bags or other containers for disposal.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

bismuth(III) oxide 500 mg/m³

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Section 6 - ACCIDENTAL RELEASE MEASURES

irreversible or other serious effects or symptoms which could impair an individual's ability to take

protective action is:

bismuth(III) oxide 400 mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:

bismuth(III) oxide 60 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:

bismuth(III) oxide 20 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+) >= 0.1% Toxic (T) >= 3.0%

R50 >= 0.25% Corrosive (C) >= 5.0%

R51 >= 2.5%

else >= 10%

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ + + + + +

+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- When handling DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Avoid physical damage to containers.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.

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Section 7 - HANDLING AND STORAGE

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- bismuth(III) oxide:

CAS:1304- 76- 3 CAS:11090- 09- 8 CAS:163831- 49- 0 CAS:477850- 83- 2

MATERIAL DATA

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if data is available) and
- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization, or cause toxic effects other than by inflammation or by a mechanism of lung overload).

PERSONAL PROTECTION



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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EYE

- Safety glasses.
- 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 lens 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].

HANDS/FEET

Wear general protective gloves, eg. light weight rubber gloves.

OTHER

- Overalls.
- Impervious protective clothing.
- Eyewash unit.

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. 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:
solvent, vapours, degreasing etc., evaporating from tank (in still air)
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)

Air Speed:
0.25- 0.5 m/s (50- 100 f/min)
0.5- 1 m/s (100- 200 f/min.)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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).

1- 2.5 m/s (200- 500 f/min)

2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood - local control only

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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Heavy yellow, odourless powder; does not mix with water. Soluble in hydrochloric and nitric acid.

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: 465.96

Melting Range (°C): 282

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable

Volatile Component (%vol): Negligible

Relative Vapour Density (air=1): >1

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not available

Specific Gravity (water=1): 8.9

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Not applicable

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not available.

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Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Although ingestion is not thought to produce harmful effects (as classified under EC Directives), the material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.

Considered an unlikely route of entry in commercial/industrial environments.

Owing to limited gastro-intestinal absorption, administration of insoluble bismuth compounds by mouth does not usually give rise to acute toxic effects. They are excreted in the faeces. Stomatitis (ulceration of mouth parts) may result following ingestion.

Absorbed bismuth salts permeate the body fluids and tissues and are excreted mainly in the urine but some bismuth is retained in tissues. It is deposited in the metaphyses of young bones and can pass the placenta into the foetus.

Effects of acute bismuth intoxication are gastro-intestinal disturbance, anorexia, headache, malaise, skin reactions, discolouration of mucous membranes and mild jaundice. Albuminuria (albumin in the urine) is an indication of kidney damage. Bismuth may cause a reverse encephalopathy (brain disease) that takes 2 to 10 weeks to reverse spontaneously.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable

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Section 11 - TOXICOLOGICAL INFORMATION

control measures be used in an occupational setting.
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.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by skin contact/absorption and inhalation of generated dust.

Symptoms of chronic bismuth toxicity in humans consist of decreased appetite, weakness, rheumatic pain, diarrhoea, fever, foul breath, gingivitis and dermatitis. A blue line of the gums, the "bismuth line", may persist for years after exposure has ceased. Jaundice and conjunctival haemorrhage are rare, but have been reported. Bismuth neuropathy (kidney damage), with proteinuria may occur. The kidney is the site of highest concentration with liver concentrations being significantly lower. Renal failure may be reversible if treated early but anuria and death have occurred.

As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.

TOXICITY AND IRRITATION

TOXICITY

Oral (rat) LD50: 5000 mg/kg

Oral (mouse) LD50: 10000 mg/kg

IRRITATION

Nil Reported

Section 12 - ECOLOGICAL INFORMATION

No data for bismuth(III) oxide.

Section 13 - DISPOSAL CONSIDERATIONS

- 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 - TRANSPORTATION INFORMATION

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA,
IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

No regulations applicable

No data available for bismuth(III) oxide as CAS: 1304-76-3, CAS: 11090-09-8, CAS: 163831

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Section 15 - REGULATORY INFORMATION

-49-0, CAS: 477850-83-2.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
bismuth(III) oxide	1304- 76- 3, 11090- 09- 8, 163831- 49- 0, 477850- 83- 2

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

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