

AMMONIUM CARBONATE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

AMMONIUM CARBONATE

OTHER NAMES

C-H8-N2-O3, (NH₄)₂CO₃, "carbonic acid, ammonium salt", "carbonic acid, diammonium salt", hartshorn, "diammonium carbonate"

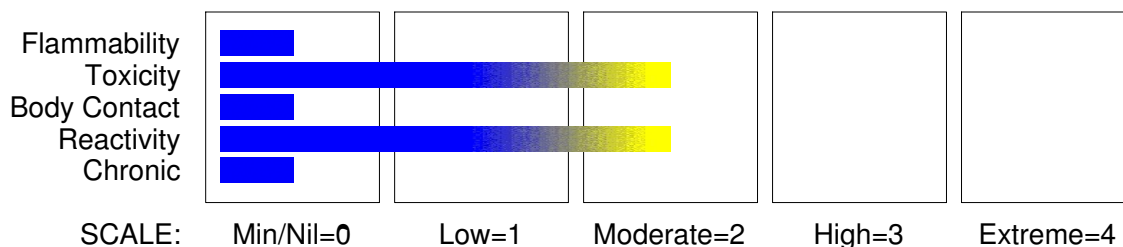
PRODUCT USE

Laboratory reagent. A general food additive e.g. in baking powders. Also used in the manufacture of rubber articles, casein glue and casein colours, in fire extinguishers and smelling salts. Used for washing and defatting woolens, tanning and as a mordant in dyeing.

SUPPLIER

Company: S D FINE- CHEM LIMITED
 Address:
 315- 317, T.V. INDUSTRIAL ESTATE,
 248, WORLI,
 MUMBAI- 400030.INDIA.
 technical@sdfine.com
 Telephone: 91- 22- 24959898
 Telephone: 91- 22- 24959899
 Fax: 91- 22- 24937232

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

continued...

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Section 2 - HAZARDS IDENTIFICATION

HAZARD

- Not hazardous
- No hazards determined by using GHS criteria

PRECAUTIONARY STATEMENTS

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
ammonium carbonate	506-87-6	
as		
ammonium bicarbonate	1066-33-7	>95
ammonium carbamate	1111-78-0	<5
NOTE: Decomposes in moist air/ water to produce ammonia	1336-21-6	

Section 4 - FIRST AID MEASURES

SWALLOWED

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

EYE

- 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

- 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.

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Section 4 - FIRST AID MEASURES

NOTES TO PHYSICIAN

For acute or short term repeated exposures to ammonia and its solutions:

- Mild to moderate inhalation exposures produce headache, cough, bronchospasm, nausea, vomiting, pharyngeal and retrosternal pain and conjunctivitis. Severe inhalation produces laryngospasm, signs of upper airway obstruction (stridor, hoarseness, difficulty in speaking) and, in excessively, high doses, pulmonary oedema.
 - Warm humidified air may soothe bronchial irritation.
 - Test all patients with conjunctival irritation for corneal abrasion (fluorescein stain, slit lamp exam)
 - Dyspneic patients should receive a chest X-ray and arterial blood gases to detect pulmonary oedema.
-

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

Water spray or fog.

Foam.

Dry chemical powder.

Carbon dioxide.

FIRE FIGHTING

Alert Fire Brigade and tell them location and nature of hazard.

- May be violently or explosively reactive.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water courses.

DO NOT approach containers suspected to be hot.

If safe to do so, remove containers from path of fire.

Cool fire exposed containers with water spray from a protected location.

Equipment should be thoroughly decontaminated after use.

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
-

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.

Place in clean drum then flush area with water.

MAJOR SPILLS

Moderate hazard.

Clear area of personnel and move upwind.

Alert Fire Brigade and tell them location and nature of hazard.

- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water courses.

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Section 6 - ACCIDENTAL RELEASE MEASURES

No smoking, naked lights or ignition sources. Increase ventilation.
absorb vapour.
Absorb or cover spill with sand, earth, inert material or vermiculite.
Collect recoverable product into labelled containers for recycling.
Collect residues and seal in labelled drums for disposal.
Wash area down with large quantity of water and prevent runoff into drains.
After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
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:

ammonium carbonate 75 mg/m³

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

ammonium carbonate 15 mg/m³

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

ammonium carbonate 2.5 mg/m³

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

ammonium carbonate 0.75 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.

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Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

Use good occupational work practice. Observe manufacturer's storing and handling recommendations.
Avoid all personal contact, including inhalation.
Avoid breathing mist and vapour, especially at high temperatures.
Wear protective clothing when risk of exposure occurs.
Avoid smoking, naked lights, heat or ignition sources.
Use in a well-ventilated area.
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.

SUITABLE CONTAINER

Glass container.
Polyethylene or polypropylene container.
Polylined drum.
· Check that containers are clearly labelled.
Packaging as recommended by manufacturer.

STORAGE INCOMPATIBILITY

Segregate from acids.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.
Store in original containers.
Keep containers securely sealed.
No smoking, naked lights, heat or ignition sources.
Store in a cool, dry place.
Store in a well-ventilated area.
Store away from incompatible materials.
DO NOT store in pits, depressions, basements or areas where vapours may be trapped.
Protect containers against physical damage.
Check regularly for spills and leaks.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- ammonium carbonate: CAS:506- 87- 6 CAS:10361- 29- 2 CAS:6721- 33- 1
CAS:40956- 82- 9
- ammonium bicarbonate: CAS:1066- 33- 7 CAS:758- 14- 5 CAS:114459- 02- 8
- ammonium carbamate: CAS:1111- 78- 0
- ammonia: CAS:1336- 21- 6 CAS:178115- 93- 0 CAS:125888-
87- 1 CAS:16393- 49- 0 CAS:132103- 60- 7
CAS:7664- 41- 7

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EMERGENCY EXPOSURE LIMITS

Material ammonia	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
		300

ODOUR SAFETY FACTOR (OSF)

OSF=3.8 (ammonium bicarbonate)

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

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

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

· 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).

INGREDIENT DATA

AMMONIUM BICARBONATE:

AMMONIUM CARBAMATE:

AMMONIUM BICARBONATE:

AMMONIUM CARBAMATE:

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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).

AMMONIUM BICARBONATE:

Data for decomposition product.

AMMONIUM CARBAMATE:

OEL STEL (Russia): 25 mg/m³

AMMONIA:

Odour Threshold Value: Variously reported as 0.019 ppm and 55 ppm;

AIHA Value 16.7 ppm (detection)

NOTE: Detector tubes for ammonia, measuring in excess of 1 ppm, are commercially available.

The TLV-TWA is thought to be protective against irritation of the eyes and respiratory tract and minimise discomfort among workers that are not inured to its effects and systemic damage. Acclimatised persons are able to tolerate prolonged exposures of up to 100 ppm without symptoms. Marked irritation has been seen in persons exposed to ammonia concentrations between 50 and 100 ppm only when the exposures involved sudden concentration peaks which do not permit short-term acclimatisation. The detoxification capacity of the liver is significant since the amount of ammonia formed endogenously in the intestines markedly exceeds that from

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

external sources.

Human exposure effects, at vapour concentrations of about:

ppm	Possible Effects
5	minimal irritation
9-50	nasal dryness, olfactory fatigue and moderate irritation
125-137	definite nose, throat and chest irritation
140	slight eye irritation
150	laryngeal spasm
500	30 minute exposures may produce cyclic hypernea, increased blood pressure and pulse rate, and upper respiratory tract irritation which may persist for 24 hours
700	immediate eye irritation
1500-10000	dyspnea, convulsive coughing, chest pain, respiratory spasm, pink frothy sputum, rapid asphyxia and delayed pulmonary oedema which may be fatal. Other effects include runny nose, swelling of the lips, restlessness, headache, salivation, nausea, vomiting, glottal oedema, pharyngitis, tracheitis, and speech difficulties. Bronchopneumonia, asphyxiation due to spasms, inflammation, and oedema of the larynx, may be fatal. Residual effects include hoarseness, productive cough, and decreased respiratory function
>2500	severe eye irritation, with swelling of the eyelids, lachrymation, blepharospasm, palpebral oedema, increased intraocular pressure, oval semi-dilated, fixed pupils, corneal ulceration (often severe) and temporary blindness. Depending on duration of exposure, there may be destruction of the epithelium, corneal and lenticular opacification, and iritis accompanied by hypopyon or haemorrhage and possible loss of pigment from the posterior layer of the iris. Less severe damage is often resolved. In the case of severe damage, symptoms may be delayed; late complications including persistent oedema, vascularisation and corneal scarring, permanent opacity, acute angle glaucoma, staphyloma, cataract, and atrophy of the retina, iris, and symblepharon.

Long-term exposure to sub-acute concentrations or single exposures to high concentrations may produce chronic airway dysfunction, alveolar disease, bronchiolitis, bronchiectasis, emphysema and anxiety neuroses

PERSONAL PROTECTION



EYE

- Chemical goggles.
- Full face shield.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

· 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

Rubber gloves.
Rubber boots.
Safety footwear.

OTHER

Overalls.
· Impervious protective clothing.
Ensure there is ready access to a safety shower.
· 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

Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required.

If risk of overexposure exists, wear SAA approved respirator.

Provide adequate ventilation in warehouse or closed storage areas.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Colourless to white solid with strong odour of ammonia. Decomposes on exposure to air with loss of ammonia and carbon dioxide and converting to ammonium bicarbonate. Composed of a mixture of ammonium carbamate and ammonium bicarbonate. Volatilizes at about 60 C and is soluble in 4 parts of water.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

Molecular Weight: 96.11

Melting Range (°C): 107.5

Solubility in water (g/L): Miscible

pH (1% solution): Not available.

Volatile Component (%vol): Not available.

Relative Vapour Density (air=1): Not available.

Lower Explosive Limit (%): Not available.

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not applicable.

Specific Gravity (water=1): 1.58

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available.

Evaporation Rate: Not available

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not available.

Decomposition Temp (°C): 35- 60

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Presence of heat source.

Presence of incompatible materials.

Storage in unsealed containers.

Stable under normal storage conditions.

Hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual. Human metabolism allows detoxification of ammonia, however toxic effects appear if this mechanism is overwhelmed by other than small doses. Large doses of ammonium salts may produce diarrhoea and may be sufficiently absorbed to produce diuresis and systemic ammonia poisoning. Such poisonings have been described after parenteral administration of the salts and produce flaccidity of facial muscles, tremor, generalised discomfort, anxiety and impairment of motor performance, recognition and of critical flicker fusion. Such a clinical picture resembles that found in terminal liver failure - elevated levels of ammonia are found regularly in advanced liver disease.

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.

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AMMONIUM CARBONATE

Section 11 - TOXICOLOGICAL INFORMATION

Solution of material in moisture on the skin, or perspiration, may increase irritant effects.

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 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 by accidental skin and eye contact and inhalation of generated dusts.

The material is a mild irritant by all exposure routes and is a mild chronic irritant.

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

Not available. Refer to individual constituents.

AMMONIUM BICARBONATE:

TOXICITY

Intravenous (mouse) LD50: 245 mg/kg

IRRITATION

Nil Reported

AMMONIUM CARBAMATE:

TOXICITY

Intravenous (rat) LD50: 39 mg/kg

Intravenous (mouse) LD50: 77 mg/kg

IRRITATION

Nil Reported

AMMONIA:

TOXICITY

Oral (rat) LD50: 350 mg/kg

Oral (human) LDLo: 43 mg/kg

Inhalation (human) LCLo: 5000 ppm/5m

Inhalation (human) TCLo: 20 ppm

Inhalation (rat) LC50: 2000 ppm/4h

Unreported (man) LDLo: 132 mg/kg

Oral (Human) LD: 43 mg/kg

Inhalation (Human) LC: 5000 ppm/4h

Inhalation (Human) TCLo: 408 ppm/4h

Subcutaneous (Mouse) LD: 160 mg/kg

Intravenous (Mouse) LD50: 91 mg/kg

Oral (Cat) LD: 750 mg/kg

Subcutaneous (Rabbit) LD: 200 mg/kg

Intravenous (Rabbit) LD: 10 mg/kg

IRRITATION

Eye (rabbit): 0.25 mg SEVERE

Eye (rabbit): 1 mg/30s SEVERE

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of

AMMONIUM CARBONATE

Section 11 - TOXICOLOGICAL INFORMATION

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.

Section 12 - ECOLOGICAL INFORMATION

No data for ammonium carbonate.
Refer to data for ingredients, which follows:

AMMONIA:

Fish LC50 (96hr.) (mg/l): 0.45- 0.8

In air ammonia is persistent whilst, in water, it biodegrades rapidly to nitrate, producing a high oxygen demand. Ammonia is strongly adsorbed to soil. Ammonia is non-persistent in water (half-life 2 days) and is moderately toxic to fish under normal temperature and pH conditions. Ammonia is harmful to aquatic life at low concentrations but does not concentrate in the food chain.

Drinking Water Standards:

0.5 mg/l (UK max.)

1.5 mg/l (WHO Levels)

Soil Guidelines: none available.

Air Quality Standards: none available.

Prevent, by any means available, spillage from entering drains or water courses.

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.

DO NOT discharge into sewer or waterways.

Toxicity Fish: LC50(96)0.25-8.2mg/l

Toxicity invertebrate: LC50(96)1.1-1.53mg/l

Bioaccumulation: some

Nitrif. inhib.: some

processes Abiotic: oxid

Section 13 - DISPOSAL CONSIDERATIONS

Recycle wherever possible.

Consult manufacturer for recycling options.

Consult State Land Waste Management Authority for disposal.

Treat and neutralise at an effluent treatment plant.

Decontaminate empty containers with dilute acid.

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Section 13 - DISPOSAL CONSIDERATIONS

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

ammonium carbonate (CAS: 506-87-6) is found on the following regulatory lists;
CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food
in General, Unless Otherwise Specified, in Accordance with GMP
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for ammonium carbonate as CAS: 10361-29-2, CAS: 6721-33-1, CAS: 40956-82-9.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
ammonium carbonate	506- 87- 6, 10361- 29- 2, 6721- 33- 1, 40956- 82- 9
ammonium bicarbonate	1066- 33- 7, 758- 14- 5, 114459- 02- 8
ammonia	1336- 21- 6, 178115- 93- 0, 125888- 87- 1, 16393- 49- 0, 132103- 60- 7

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