



# CUPRIC CHLORIDE

GHS Safety Data Sheet

Version No:4

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

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### PRODUCT NAME

CUPRIC CHLORIDE

### OTHER NAMES

Cu-Cl<sub>2</sub>-H<sub>4</sub>-O<sub>2</sub>, Cu-Cl<sub>2</sub>.2H<sub>2</sub>O, "cupric chloride bichloride", "copper (II) chloride dihydrate", "cupric dichloride dihydrate", "copper chloride, anhydrous", Kirticopper, coppertrace, "copper trace", dichlorodiaquocopper

### PROPER SHIPPING NAME

COPPER CHLORIDE

### PRODUCT USE

Used as catalyst for organic and inorganic reactions; in petroleum industry as deodorizing, desulphurizing and purifying agent.

As mordant for dyeing and printing textiles; as oxidizing agent for aniline dyestuffs. Also used in indelible, invisible and laundry-marking inks.

Manufacture of fast black - melanin.

In wet process metallurgy recovering mercury from ores, in refining copper, silver, gold. In tinning baths for iron. Electroplating copper on aluminium.

In photography as a fixer, desensitizer. Colour in pyrotechnic compositions.

Pigments for glass, ceramics. Component of wood preservative, disinfectant.

Component of animal feed supplement.

### 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

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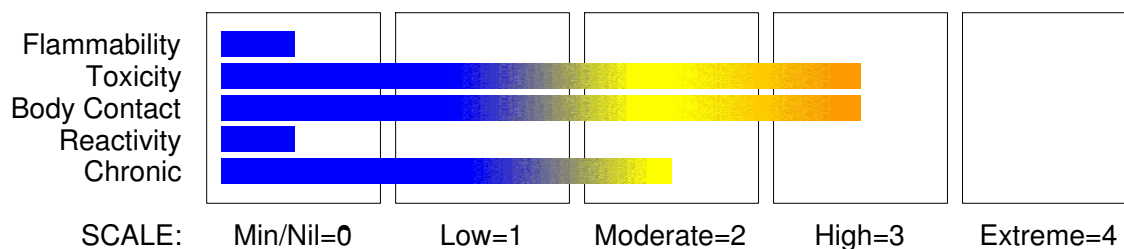
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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION



## Section 2 - HAZARDS IDENTIFICATION

### GHS Classification

Acute Toxicity (Oral) Category 3  
Chronic Aquatic Hazard Category 3  
Metal Corrosion Category 1  
Skin Corrosion/Irritation Category 1C



### EMERGENCY OVERVIEW

#### HAZARD

DANGER  
Determined by using GHS criteria:  
H301 H290 H314 H412  
Toxic if swallowed  
May be corrosive to metals  
Causes severe skin burns and eye damage  
Harmful to aquatic life with long lasting effects

#### PRECAUTIONARY STATEMENTS

##### Prevention

Wear protective gloves/clothing and eye/face protection.  
Wash thoroughly after handling.  
Wash hands thoroughly after handling.  
Do not eat, drink or smoke when using this product.  
Do not breathe dust or mist.

##### Response

IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing. Immediately call a POISON CENTER or doctor/physician.  
IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.  
Wash contaminated clothing before reuse.  
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if

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## Section 2 - HAZARDS IDENTIFICATION

present and easy to do. Continue rinsing.  
Specific treatment: refer to Label or MSDS.  
IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.  
If on skin or hair: remove/take off immediately all contaminated clothing. Rinse with water/shower.  
Absorb spillage to prevent material damage.

### Storage

Store in a corrosive resistant container with a resistant inliner.  
Store locked up.

### Disposal

Dispose of contents and container in accordance with relevant legislation.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
copper chloride	7447-39-4	100

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

### 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 or hair contact occurs:
- Immediately flush body and clothes with large amounts of water, using safety shower if available.
  - Quickly remove all contaminated clothing, including footwear.
  - Wash skin and hair with running water. Continue flushing with water until advised to

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## Section 4 - FIRST AID MEASURES

stop by the Poisons Information Centre.

- Transport to hospital, or doctor.

### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prosthesis 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.

### NOTES TO PHYSICIAN

for copper intoxication:

- Unless extensive vomiting has occurred empty the stomach by lavage with water, milk, sodium bicarbonate solution or a 0.1% solution of potassium ferrocyanide (the resulting copper ferrocyanide is insoluble).
- Administer egg white and other demulcents.
- Maintain electrolyte and fluid balances.
- Morphine or meperidine (Demerol) may be necessary for control of pain.
- If symptoms persist or intensify (especially circulatory collapse or cerebral disturbances, try BAL intramuscularly or penicillamine in accordance with the supplier's recommendations.
- Treat shock vigorously with blood transfusions and perhaps vasopressor amines.
- If intravascular haemolysis becomes evident protect the kidneys by maintaining a diuresis with mannitol and perhaps by alkalinising the urine with sodium bicarbonate.
- It is unlikely that methylene blue would be effective against the occasional methaemoglobinemia and it might exacerbate the subsequent haemolytic episode.
- Institute measures for impending renal and hepatic failure.
- [GOSSELIN, SMITH & HODGE: Commercial Toxicology of Commercial Products]
- A role for activated charcoals or emesis is, as yet, unproven.
- In severe poisoning CaNa<sub>2</sub>EDTA has been proposed.

[ELLENHORN & BARCELOUX: Medical Toxicology].

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the desiccating action of the acid on proteins in specific tissues.

### INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.
- DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.
- Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- Charcoal has no place in acid management.
- Some authors suggest the use of lavage within 1 hour of ingestion.

### SKIN:

- Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.

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## Section 4 - FIRST AID MEASURES

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- Deep second-degree burns may benefit from topical silver sulfadiazine.

### EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. DO NOT use neutralising agents or any other additives. Several litres of saline are required.
  - Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
  - Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).
- [Ellenhorn and Barceloux: Medical Toxicology].
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## Section 5 - FIRE FIGHTING MEASURES

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### EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- 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.
- 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

May emit corrosive fumes.

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

### FIRE INCOMPATIBILITY

None known.

### Personal Protective Equipment

Gloves, boots (chemical resistant).  
Breathing apparatus.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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### EMERGENCY PROCEDURES

#### MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

#### MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area 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:

copper chloride 250 mg/m<sup>3</sup>

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

copper chloride 12.5 mg/m<sup>3</sup>

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

copper chloride 7.5 mg/m<sup>3</sup>

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

copper chloride 2.5 mg/m<sup>3</sup>

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

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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### SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X X + X X +

*+*: 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

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### PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with moisture.
- 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 storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

### SUITABLE CONTAINER

DO NOT use aluminium or galvanised containers.

- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
  - Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- Cans with friction closures and
- low pressure tubes and cartridges may be used.

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Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the

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## Section 7 - HANDLING AND STORAGE

substances are not incompatible with the plastic.

### STORAGE INCOMPATIBILITY

Avoid reaction with oxidising agents.

Avoid contact with alkali metals.

Avoid storage with potassium, sodium, hydrazine, nitromethane, strong oxidisers, acetylene and sodium hypobromite.

A mixture of either sodium or potassium with cupric chloride produces a strong explosion on impact.

Avoid contact with hydrazine, nitromethane, strong oxidisers, acetylene and sodium hypobromite.

### 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.

Air and light sensitive.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

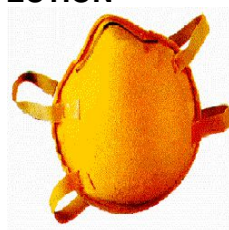
### EXPOSURE CONTROLS

The following materials had no OELs on our records

- copper chloride:

CAS:7447- 39- 4 CAS:10125- 13- 0 CAS:1344- 67- 8  
CAS:423724- 63- 4

### PERSONAL PROTECTION



### EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of 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

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

### HANDS/FEET

Wear chemical protective gloves, eg. PVC.

Wear safety footwear or safety gumboots, eg. Rubber.

### OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

### 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 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:

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)

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

Air Speed:

0.25- 0.5 m/s (50- 100 f/min.)

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.)

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

initial velocity into zone of very high rapid air motion).

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

Fine light blue green deliquescent crystals with slight hydrochloric odour.

Solubility in water =110.4g/100ml @ 0 C. Soluble in alcohol.

Available as dihydrate CAS RN: 10125-13-0, and as

anhydrous copper chloride CAS RN: 1344-67-8 and as CuCl<sub>2</sub> CAS RN: 7447-39-4

Brownish-yellow hygroscopic powder with hydrochloric acid like odour.

Soluble in water. Forms the dihydrate in moist air.

Solubility in water : @ 0 C 70.6g/100ml; : @ 100 C

107.9g/100ml.

Soluble in alcohol, acetone, methanol, hot sulfuric acid.

### PHYSICAL PROPERTIES

Solid.

Mixes with water.

Corrosive.

Acid.

Molecular Weight: 170.48 dihydrate

Melting Range (°C): 100 (dihydrate)

Solubility in water (g/L): Miscible

pH (1% solution): 3.6 (0.2M soln)

Volatile Component (%vol): Nil @ 38C

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

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not available.

Specific Gravity (water=1): 2.54 (dihydrate)

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not applicable.

Evaporation Rate: Non Volatile

Flash Point (°C): Non Flammable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not Applicable

Viscosity: Not Applicable

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# CUPRIC CHLORIDE

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## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

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### CONDITIONS CONTRIBUTING TO INSTABILITY

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

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## Section 11 - TOXICOLOGICAL INFORMATION

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### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Numerous cases of a single oral exposure to high levels of copper have been reported. Consumption of copper-contaminated drinking water has been associated with mainly gastrointestinal symptoms including nausea, abdominal pain, vomiting and diarrhoea. A metallic taste, nausea, vomiting and epigastric burning often occur after ingestion of copper and its derivatives. The vomitus is usually green/blue and discolours contaminated skin. Acute poisonings from the ingestion of copper salts are rare due to their prompt removal by vomiting. Vomiting is due mainly to the local and astringent action of copper ion on the stomach and bowel. Emesis usually occurs within 5 to 10 minutes but may be delayed if food is present in the stomach. Should vomiting not occur, or is delayed, gradual absorption from the bowel may result in systemic poisoning with death, possibly, following within several days. Apparent recovery may be followed by lethal relapse.

Systemic effects of copper resemble other heavy metal poisonings and produce wide-spread capillary damage, kidney and liver damage and central nervous system excitation followed by depression. Haemolytic anaemia (a result of red-blood cell damage) has been described in acute human poisoning. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products.]

Other symptoms of copper poisoning include lethargy, neurotoxicity, and increased blood pressure and respiratory rates. Coma and death have followed attempted suicides using solutions of copper sulfate. Copper is an essential element and most animal tissues have measurable amounts of copper associated with them. Humans have evolved mechanisms which maintain its availability whilst limiting its toxicity (homeostasis). Copper is initially bound in the body to a blood-borne protein, serum albumin and thereafter is more firmly bound to another protein, alpha-ceruloplasmin. Such binding effectively "inactivates" the copper, thus reducing its potential to produce toxic damage. In healthy individuals, bound copper can reach relatively high levels without producing adverse health effects. Excretion in the bile represents the major pathway by which copper is removed from the body when it reaches potentially toxic levels. Copper may also be stored in the liver and bone marrow where it is bound to another protein, metallothionein. A combination of binding and excretion ensures that the body is able to tolerate relatively high loadings of copper.

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## EYE

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

The material may be irritating to the eye, with prolonged contact causing inflammation.

Repeated or prolonged exposure to irritants may produce conjunctivitis.

Copper salts, in contact with the eye, may produce conjunctivitis or even ulceration and turbidity of the cornea.

## SKIN

The material can produce chemical burns following direct contact with the skin.

Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

Entry into the blood-stream, through, for example, cuts, abrasions 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.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

Exposure to copper, by skin, has come from its use in pigments, ointments, ornaments, jewellery, dental amalgams and IUDs and as an antifungal agent and an algicide. Although copper algicides are used in the treatment of water in swimming pools and reservoirs, there are no reports of toxicity from these applications. Reports of allergic contact dermatitis following contact with copper and its salts have appeared in the literature, however the exposure concentrations leading to any effect have been poorly characterised. In one study, patch testing of 1190 eczema patients found that only 13 (1.1%) cross-reacted with 2% copper sulfate in petrolatum. The investigators warned, however, that the possibility of contamination with nickel (an established contact allergen) might have been the cause of the reaction. Copper salts often produce an itching eczema in contact with skin. This is, likely, of a non-allergic nature.

## INHALED

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial number of individuals following inhalation.

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

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.

Copper poisoning following exposure to copper dusts and fume may result in headache, cold sweat and weak pulse. Capillary, kidney, liver and brain damage are the longer term manifestations of such poisoning. Inhalation of freshly formed metal oxide particles sized below 1.5 microns and generally between 0.02 to 0.05 microns may result in "metal fume fever". Symptoms may be delayed for up to 12 hours and begin with the sudden onset of thirst, and a sweet, metallic or foul taste in the mouth. Other symptoms include upper respiratory tract irritation accompanied by coughing and a dryness of the mucous membranes, lassitude and a generalised feeling of malaise. Mild to severe headache, nausea, occasional vomiting, fever or chills, exaggerated mental activity, profuse

# CUPRIC CHLORIDE

## Section 11 - TOXICOLOGICAL INFORMATION

sweating, diarrhoea, excessive urination and prostration may also occur. Tolerance to the fumes develops rapidly, but is quickly lost. All symptoms usually subside within 24-36 hours following removal from exposure.

The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.

Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).

The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.

### CHRONIC HEALTH EFFECTS

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw.

Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

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.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Chronic copper poisoning is rarely recognised in man although in one instance, at least, symptoms more commonly associated with exposures to mercury, namely infantile acrodynia (pink disease), have been described. Tissue damage of mucous membranes may follow chronic dust exposure. A hazardous situation is exposure of a worker with the rare hereditary condition (Wilson's disease or hereditary hepatolenticular degeneration) to copper exposure which may cause liver, kidney, CNS, bone and sight damage and is potentially lethal. Haemolytic anaemia (a result of red-blood cell damage) is common in cows and sheep poisoned by copper derivatives. Overdosing of copper feed supplements has resulted in pigmentary cirrhosis of the liver. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products].

### TOXICITY AND IRRITATION

#### TOXICITY

Oral (human) LDLo: 200 mg/kg

#### IRRITATION

Nil Reported

continued...

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## Section 11 - TOXICOLOGICAL INFORMATION

Oral (rat) LD50: 140 mg/kg  
Oral (rat) LD50: 290 mg/kg  
Oral (mouse) LD50: 209 mg/kg  
Intraperitoneal (mouse) LD50: 9.4 mg/kg  
as copper chloride, dihydrate  
CAS RN: 13933-17-0

Nil Reported

## Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant:Extreme

Fish LC50 (96hr.) (mg/l): 0.286  
Algae IC50 (72hr.) (mg/l): 0.033

Copper is unlikely to accumulate in the atmosphere due to a short residence time for airborne copper aerosols. Airborne coppers, however, may be transported over large distances. Copper accumulates significantly in the food chain.

Drinking Water Standards:

3000 ug/l (UK max)  
2000 ug/l (WHO provisional Guideline)  
1000 ug/l (WHO level where individuals complain)

Soil Guidelines: Dutch Criteria

36 mg/kg (target)  
190 mg/kg (intervention)

Air Quality Standards: no data available.

The toxic effect of copper in the aquatic biota depends on the bio-availability of copper in water which, in turn, depends on its physico-chemical form (ie.speciation). Bioavailability is decreased by complexation and adsorption of copper by natural organic matter, iron and manganese hydrated oxides, and chelating agents excreted by algae and other aquatic organisms. Toxicity is also affected by pH and hardness. Total copper is rarely useful as a predictor of toxicity. In natural sea water, more than 98% of copper is organically bound and in river waters a high percentage is often organically bound, but the actual percentage depends on the river water and its pH.

Copper exhibits significant toxicity in some aquatic organisms. Some algal species are very sensitive to copper with EC50 (96 hour) values as low as 47 ug/litre dissolved copper whilst for other algal species EC50 values of up to 481 ug/litre have been reported. However many of the reportedly high EC50 values may arise in experiments conducted with a culture media containing copper-complexing agents such as silicate, iron, manganese and EDTA which reduce bioavailability.

Toxic effects arising following exposure by aquatic species to copper are typically:

Algae EC50 (96 h)	Daphnia magna LC50 (48- 96 h)	Amphipods LC50 (48- 96 h)	Gastropods LC50 (48- 96 h)	Crab larvae LC50 (48- 96 h)
47- 481 *	7- 54 *	37- 183 *	58- 112 *	50- 100 *

\* ug/litre

Exposure to concentrations ranging from one to a few hundred micrograms per litre has led to sublethal effects and effects on long-term survival. For high bioavailability waters, effect concentrations for several sensitive species may be below 10 ug Cu/litre.

In fish, the acute lethal concentration of copper ranges from a few ug/litre to several mg/litre, depending both on test species and exposure conditions. Where the value is less than 50 ug Cu/litre, test waters generally have a low dissolved organic carbon (DOC)

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level, low hardness and neutral to slightly acidic pH. Exposure to concentrations ranging from one to a few hundred micrograms per litre has led to sublethal effects and effects on long-term survival. Lower effect concentrations are generally associated with test waters of high bioavailability.

In summary:

Responses expected for high concentration ranges of copper \*

Total dissolved Cu concentration range (ug/litre)	Effects of high availability in water
1- 10	Significant effects are expected for diatoms and sensitive invertebrates, notably cladocerans. Effects on fish could be significant in freshwaters with low pH and hardness.
10- 100	Significant effects are expected on various species of microalgae, some species of macroalgae, and a range of invertebrates, including crustaceans, gastropods and sea urchins. Survival of sensitive fish will be affected and a variety of fish show sublethal effects.
100- 1000	Most taxonomic groups of macroalgae and invertebrates will be severely affected. Lethal levels for most fish species will be reached.
>1000	Lethal concentrations for most tolerant organisms are reached.

\* Sites chosen have moderate to high bioavailability similar to water used in most toxicity tests.

In soil, copper levels are raised by application of fertiliser, fungicides, from deposition of highway dusts and from urban, mining and industrial sources. Generally, vegetation rooted in soils reflects the soil copper levels in its foliage. This is dependent upon the bioavailability of copper and the physiological requirements of species concerned.

Typical foliar levels of copper are:

Uncontaminated soils (0.3- 250 mg/kg)	Contaminated soils (150- 450 mg/kg)	Mining/smelting soils
6.1- 25 mg/kg	80 mg/kg	300 mg/kg

Plants rarely show symptoms of toxicity or of adverse growth effects at normal soil concentrations of copper. Crops are often more sensitive to copper than the native flora, so protection levels for agricultural crops range from 25 mg Cu/kg to several hundred mg/kg, depending on country. Chronic and or acute effects on sensitive species occur at copper levels occurring in some soils as a result of human activities such as copper fertiliser addition, and addition of sludge.

When soil levels exceed 150 mg Cu/kg, native and agricultural species show chronic effects. Soils in the range 500-1000 mg Cu/kg act in a strongly selective fashion allowing the survival of only copper-tolerant species and strains. At 2000 Cu mg/kg most species cannot survive. By 3500 mg Cu/kg areas are largely devoid of vegetation cover. The organic content of the soil appears to be a key factor affecting the bioavailability of copper.

On normal forest soils, non-rooted plants such as mosses and lichens show higher copper concentrations. The fruiting bodies and mycorrhizal sheaths of soil fungi associated with higher plants in forests often accumulate copper to much higher levels than plants at the same site. International Programme on Chemical Safety (IPCS): Environmental Health

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## Section 12 - ECOLOGICAL INFORMATION

Criteria 200.

The material is classified as an ecotoxin\* because the Fish LC50 (96 hours) is less than or equal to 0.1 mg/l

\* Classification of Substances as Ecotoxic (Dangerous to the Environment)

Appendix 8, Table 1

Compiler's Guide for the Preparation of International Chemical Safety Cards: 1993

Commission of the European Communities.

## Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Treat and neutralise at an approved treatment plant. Treatment should involve : Mixing or slurring in water; Neutralisation followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
- 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 MSDS and observe all notices pertaining to the product.

## Section 14 - TRANSPORTATION INFORMATION



Labels Required: CORROSIVE  
HAZCHEM: 2Z

### UNDG:

Dangerous Goods Class: 8  
UN Number: 2802  
Shipping Name: COPPER CHLORIDE

Subrisk: None  
Packing Group: III

### Air Transport IATA:

ICAO/IATA Class: 8  
UN/ID Number: 2802  
ERG Code: 8L

ICAO/IATA Subrisk: None  
Packing Group: III

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## Section 14 - TRANSPORTATION INFORMATION

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Shipping name:COPPER CHLORIDE

### Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	2802	Packing Group:	III
EMS Number:	F- A, S- B	Marine Pollutant:	Extreme

Shipping name:COPPER CHLORIDE

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## Section 15 - REGULATORY INFORMATION

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### REGULATIONS

copper chloride (CAS: 7447-39-4) is found on the following regulatory lists;  
WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established

copper chloride (CAS: 10125-13-0) is found on the following regulatory lists;  
WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established

No data available for copper chloride as CAS: 1344-67-8, CAS: 423724-63-4.

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## Section 16 - OTHER INFORMATION

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### INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
copper chloride	7447- 39- 4, 10125- 13- 0, 1344 - 67- 8, 423724- 63- 4

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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