# Rowe Scientific Ammonium Iron (II) Sulphate

## ROWE SCIENTIFIC

Chemwatch Hazard Alert Code: **2**

Chemwatch: **18-5385**
Version No: **8.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Issue Date: **26/04/2024**
Print Date: **26/04/2024**
L.GHS.AUS.EN.E

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

### Product Identifier

| | |
|---|---|
| **Product name** | Rowe Scientific Ammonium Iron (II) Sulphate |
| **Chemical Name** | ammonium ferrous sulfate |
| **Synonyms** | CA2147; CA6384 |
| **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** | Used as an analytical standard |

### Details of the manufacturer or supplier of the safety data sheet

| | |
|---|---|
| **Registered company name** | **ROWE SCIENTIFIC** |
| **Address** | 11 Challenge Boulevard Wangara WA 6065 Australia |
| **Telephone** | +61 8 9302 1911 |
| **Fax** | +61 8 9302 1905 |
| **Website** | http://rowe.com.au/ |
| **Email** | rowewa@rowe.com.au |

### Emergency telephone number

| | |
|---|---|
| **Association / Organisation** | **ROWE SCIENTIFIC** |
| **Emergency telephone numbers** | +61 8 9302 1911 (24 Hrs) |
| **Other emergency telephone numbers** | Not Available |

## SECTION 2 Hazards identification

### Classification of the substance or mixture

| | |
|---|---|
| **Poisons Schedule** | Not Applicable |
| **Classification [1]** | Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 2A |
| ***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)** |  |
| **Signal word** | **Warning** |

### Hazard statement(s)

| | |
|---|---|
| **H315** | Causes skin irritation. |
| **H319** | Causes serious eye irritation. |

### Precautionary statement(s) Prevention

| | |
|---|---|
| **P280** | Wear protective gloves, protective clothing, eye protection and face protection. |
| **P264** | Wash all exposed external body areas thoroughly after handling. |

### 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. |
| **P337+P313** | If eye irritation persists: Get medical advice/attention. |
| **P302+P352** | IF ON SKIN: Wash with plenty of water. |
| **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

Not Applicable

**Precautionary statement(s) Disposal**

Not Applicable

## SECTION 3 Composition / information on ingredients

### Substances

See section below for composition of Mixtures

### Mixtures

| CAS No | %[weight] | Name |
|---|---|---|
| 10045-89-3 | >98 | ammonium ferrous sulfate |
| *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:<br>- Wash out immediately with fresh running water.<br>- 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.<br>- Seek medical attention without delay; if pain persists or recurs seek medical attention.<br>- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. |
| **Skin Contact** | If skin contact occurs:<br>- Immediately remove all contaminated clothing, including footwear.<br>- Flush skin and hair with running water (and soap if available).<br>- Seek medical attention in event of irritation. |
| **Inhalation** | - If fumes, aerosols or combustion products are inhaled remove from contaminated area.<br>- Other measures are usually unnecessary. |
| **Ingestion** | - If swallowed do **NOT** induce vomiting.<br>- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.<br>- Observe the patient carefully.<br>- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.<br>- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.<br>- Seek medical advice. |

### Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater that 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex)are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

## 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. |

### Advice for firefighters

| | |
|---|---|
| **Fire Fighting** | - Alert Fire Brigade and tell them location and nature of hazard.<br>- Wear breathing apparatus plus protective gloves in the event of a fire.<br>- Prevent, by any means available, spillage from entering drains or water courses.<br>- Use fire fighting procedures suitable for surrounding area.<br>- **DO NOT** approach containers suspected to be hot.<br>- Cool fire exposed containers with water spray from a protected location.<br>- If safe to do so, remove containers from path of fire.<br>- Equipment should be thoroughly decontaminated after use. |
| **Fire/Explosion Hazard** | - Non combustible.<br>- Not considered a significant fire risk, however containers may burn.<br>Decomposition may produce toxic fumes of:<br>nitrogen oxides (NOx)<br>sulfur oxides (SOx)<br>metal oxides |
| **HAZCHEM** | Not Applicable |

**Continued...**

## 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** | ‣ Clean up all spills immediately.<br>‣ Avoid contact with skin and eyes.<br>‣ Wear impervious gloves and safety glasses.<br>‣ Use dry clean up procedures and avoid generating dust.<br>‣ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).<br>‣ Do NOT use air hoses for cleaning<br>‣ Place spilled material in clean, dry, sealable, labelled container. |
| **Major Spills** | Moderate hazard.<br>‣ **CAUTION**: Advise personnel in area.<br>‣ Alert Emergency Services and tell them location and nature of hazard.<br>‣ Control personal contact by wearing protective clothing.<br>‣ Prevent, by any means available, spillage from entering drains or water courses.<br>‣ Recover product wherever possible.<br>‣ **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.<br>‣ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.<br>‣ 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** | ‣ Limit all unnecessary personal contact.<br>‣ Wear protective clothing when risk of exposure occurs.<br>‣ Use in a well-ventilated area.<br>‣ When handling **DO NOT** eat, drink or smoke.<br>‣ Always wash hands with soap and water after handling.<br>‣ Avoid physical damage to containers.<br>‣ Use good occupational work practice.<br>‣ Observe manufacturer's storage and handling recommendations contained within this SDS. |
| **Other information** | ‣ Store in original containers.<br>‣ Keep containers securely sealed.<br>‣ Store in a cool, dry, well-ventilated area.<br>‣ Store away from incompatible materials and foodstuff containers.<br>‣ Protect containers against physical damage and check regularly for leaks.<br>‣ Observe manufacturer's storage and handling recommendations contained within this SDS. |

### Conditions for safe storage, including any incompatibilities

| | |
|---|---|
| **Suitable container** | ‣ Glass container is suitable for laboratory quantities<br>‣ Polyethylene or polypropylene container.<br>‣ Check all containers are clearly labelled and free from leaks. |
| **Storage incompatibility** | ‣ WARNING: Avoid or control reaction with peroxides. All ***transition metal*** peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.<br>‣ The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.<br>‣ Avoid reaction with borohydrides or cyanoborohydrides<br>‣ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.<br>‣ 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.<br>‣ The state of subdivision may affect the results. |

## 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 | ammonium ferrous sulfate | Iron salts, soluble (as Fe) | 1 mg/m3 | Not Available | Not Available | Not Available |

**Emergency Limits**

| Ingredient | TEEL-1 | TEEL-2 | TEEL-3 |
|---|---|---|---|
| ammonium ferrous sulfate | 15 mg/m3 | 170 mg/m3 | 1,000 mg/m3 |
| ammonium ferrous sulfate | 14 mg/m3 | 160 mg/m3 | 950 mg/m3 |
| ammonium ferrous sulfate | 26 mg/m3 | 280 mg/m3 | 1,700 mg/m3 |
| ammonium ferrous sulfate | 9.6 mg/m3 | 110 mg/m3 | 640 mg/m3 |

| Ingredient | Original IDLH | Revised IDLH |
|---|---|---|
| ammonium ferrous sulfate | Not Available | Not Available |

**MATERIAL DATA**

**Continued...**

## Exposure controls

| | |
|---|---|
| **Appropriate engineering controls** | General exhaust is adequate under normal operating conditions. |
| **Individual protection measures, such as personal protective equipment** |  |
| **Eye and face protection** | ▸ Safety glasses with side shields.<br>▸ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]<br>▸ 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]. |
| **Skin protection** | See Hand protection below |
| **Hands/feet protection** | 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.<br>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.<br>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.<br>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:<br>· frequency and duration of contact,<br>· chemical resistance of glove material,<br>· glove thickness and<br>· dexterity<br>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).<br>· 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.<br>· 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.<br>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.<br>· Contaminated gloves should be replaced.<br>As defined in ASTM F-739-96 in any application, gloves are rated as:<br>· Excellent when breakthrough time > 480 min<br>· Good when breakthrough time > 20 min<br>· Fair when breakthrough time < 20 min<br>· Poor when glove material degrades<br>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.<br>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.<br>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.<br>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:<br>· 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.<br>· 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<br>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.<br>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.<br>▸ polychloroprene.<br>▸ nitrile rubber.<br>▸ butyl rubber.<br>▸ fluorocaoutchouc.<br>▸ polyvinyl chloride.<br>Gloves should be examined for wear and/ or degradation constantly. |
| **Body protection** | See Other protection below |
| **Other protection** | ▸ Overalls.<br>▸ P.V.C apron.<br>▸ Barrier cream.<br>▸ Skin cleansing cream.<br>▸ Eye wash unit. |

## Respiratory protection

Type -P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

| Required Minimum Protection Factor | Half-Face Respirator | Full-Face Respirator | Powered Air Respirator |
|---|---|---|---|
| up to 10 x ES | P1<br>Air-line* | -<br>- | PAPR-P1<br>- |
| 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

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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)

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

| | |
|---|---|
| **Appearance** | Pale green-blue odourless crystals or crystalline powder. Soluble in water. Oxidises (turns brown) and effloresces in air. Insoluble in alcohol. |

| | | | |
|---|---|---|---|
| **Physical state** | Divided Solid | **Relative density (Water = 1)** | 1.864 @ 20 C |
| **Odour** | Not Available | **Partition coefficient n-octanol / water** | Not Available |
| **Odour threshold** | Not Available | **Auto-ignition temperature (°C)** | Not Applicable |
| **pH (as supplied)** | Not Applicable | **Decomposition temperature (°C)** | 100-110 |
| **Melting point / freezing point (°C)** | 100-110 (Decomp) | **Viscosity (cSt)** | Not Applicable |
| **Initial boiling point and boiling range (°C)** | Not Applicable | **Molecular weight (g/mol)** | 392.13 |
| **Flash point (°C)** | Not Applicable | **Taste** | Not Available |
| **Evaporation rate** | Not Applicable | **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 Applicable |
| **Vapour pressure (kPa)** | Not Applicable | **Gas group** | Not Available |
| **Solubility in water** | Miscible | **pH as a solution (1%)** | 3-5 5% Solution |
| **Vapour density (Air = 1)** | >1 | **VOC g/L** | Not Available |

## SECTION 10 Stability and reactivity

| | |
|---|---|
| **Reactivity** | See section 7 |
| **Chemical stability** | ‣ Unstable in the presence of incompatible materials.<br>‣ Product is considered stable.<br>‣ Hazardous polymerisation will not occur. |
| **Possibility of hazardous reactions** | See section 7 |
| **Conditions to avoid** | See section 7 |
| **Incompatible materials** | See section 7 |
| **Hazardous decomposition products** | See section 5 |

## SECTION 11 Toxicological information

### Information on toxicological effects

| | |
|---|---|
| **Inhaled** | Generated dust may be discomforting |
| **Ingestion** | Ingestion of large amounts causes nausea, vomiting, diarrhoea, gastro-intestinal bleeding, liver damage, hypotension and coma.<br>Accidental ingestion of the material may be damaging to the health of the individual.<br><br>Sulfate salts are poorly absorbed from the gastro-intestinal tract but because of osmotic activity are able to draw water from the lumen to produce diarrhoea (purging). Sulfate ion usually has little toxicological potential.<br><br>Iron poisoning, although rare, may result in epigastric pain and vomiting followed over 6-8 hours by shock, and in severe case coma and death.Other symptoms may include pink urine, black stool and liver damage.<br><br>The toxicity of iron compounds increases in proportion to their solubility in the gastrointestinal tract. Vomitus frequently contains blood, due in part to capillary dilation and blood loss through gastrointestinal walls (diapedesis). Watery diarrhoea with ribbons of bowel mucosa contribute to cardiovascular collapse from fluid and electrolyte loss. Although a quiescent period may follow some victims relapse within 12 hours into lethal secondary shock. During relapse a profound metabolic acidosis is encountered. This has been attributed to hydrolysis of ferric ions in blood as well as increases in the level of lactic and citric acids. Respiratory changes resulting from acidosis are often evident. Postmortem examination often reveals liver damage consisting of periportal haemorrhagic necrosis. Poisoning may also produce a metallic taste, restlessness, lethargy, hypotonia, coma, pallor or cyanosis, fast, weak pulse, hypotension, hyperventilation (due to acidosis), shock, vasomotor instability and cardiovascular collapse. Pneumonitis, pulmonary oedema and haemorrhage, convulsions, liver impairment with jaundice, hypoglycaemia, multiple coagulation defects, kidney damage with anuria, pancreatic damage, vascular damage, hypovolaemia, haemoconcentration, profound shock and vascular collapse have been reported. Survivors may display gastric scarring or obstruction, pyloric obstruction or stenosis, mild hepatic scirrhosis or neuralgic sequelae.<br>Human metabolism allows detoxification of ammonia, however toxic effects appear if this mechanism is overwhelmed by other than small doses.<br>Ingestion of ammonium salts may produce local irritation, nausea, vomiting and diarrhoea. Very large doses of ammonium salts may produce a drop in blood pressure, collapse, central nervous system disorders, spasms, narcosis, respiratory paralysis and haemolysis.<br>Large doses of ammonium salts 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. |
| **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 |

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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
Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.
Solution of material in moisture on the skin, or perspiration, may increase irritant effects
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**

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.
Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

**Chronic**

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).
Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.
Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.
Chronic excessive iron exposure has been associated with haemosiderosis and consequent possible damage to the liver and pancreas. Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.
Such exposure may also produce conjunctivitis, choroiditis, retinitis (both inflammatory conditions involving the eye) and siderosis of tissues if iron remains in these tissues. Siderosis is a form of pneumoconiosis produced by iron dusts. Siderosis also includes discoloration of organs, excess circulating iron and degeneration of the retina, lens and uvea as a result of the deposition of intraocular iron. Siderosis might also involve the lungs - involvement rarely develops before ten years of regular exposure. Often there is an accompanying inflammatory reaction of the bronchi. Permanent scarring of the lungs does not normally occur.
High levels of iron may raise the risk of cancer. This concern stems from the theory that iron causes oxidative damage to tissues and organs by generating highly reactive chemicals, called free radicals, which subsequently react with DNA. Cells may be disrupted and may be become cancerous. People whose genetic disposition prevents them from keeping tight control over iron (e.g. those with the inherited disorder, haemochromatosis) may be at increased risk.
Iron overload in men may lead to diabetes, arthritis, liver cancer, heart irregularities and problems with other organs as iron builds up.
[K. Schmidt, New Scientist, No. 1919 pp.11-12, 2nd April, 1994]

| | TOXICITY | IRRITATION |
|---|---|---|
| **Rowe Scientific Ammonium Iron (II) Sulphate** | Not Available | Not Available |
| **ammonium ferrous sulfate** | Oral (Rat) LD50: 3250 mg/kg[2] | Not Available |

***Legend:*** ***1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances***

**AMMONIUM FERROUS SULFATE**

for hexahydrate RTECS No.: BR 6500000
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.

| | | | |
|---|---|---|---|
| **Acute Toxicity** | ✗ | **Carcinogenicity** | ✗ |
| **Skin Irritation/Corrosion** | ✓ | **Reproductivity** | ✗ |
| **Serious Eye Damage/Irritation** | ✓ | **STOT - Single Exposure** | ✗ |
| **Respiratory or Skin sensitisation** | ✗ | **STOT - Repeated Exposure** | ✗ |
| **Mutagenicity** | ✗ | **Aspiration Hazard** | ✗ |

***Legend:*** ✗ ***– Data either not available or does not fill the criteria for classification***
✓ ***– Data available to make classification***

## SECTION 12 Ecological information

### Toxicity

| | Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|---|
| **Rowe Scientific Ammonium Iron (II) Sulphate** | Not Available | Not Available | Not Available | Not Available | Not Available |
| **ammonium ferrous sulfate** | **Endpoint** | **Test Duration (hr)** | **Species** | **Value** | **Source** |

**Continued...**

| | | | | | |
|---|---|---|---|---|---|
| | LC50 | 96h | Fish | 39mg/l | Not Available |
| ***Legend:*** | ***Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*** | | | | |

**DO NOT** discharge into sewer or waterways.

### Persistence and degradability

| Ingredient | Persistence: Water/Soil | Persistence: Air |
|---|---|---|
| ammonium ferrous sulfate | HIGH | HIGH |

### Bioaccumulative potential

| Ingredient | Bioaccumulation |
|---|---|
| ammonium ferrous sulfate | LOW (LogKOW = -2.2002) |

### Mobility in soil

| Ingredient | Mobility |
|---|---|
| ammonium ferrous sulfate | LOW (Log KOC = 6.124) |

## SECTION 13 Disposal considerations

### Waste treatment methods

| | |
|---|---|
| **Product / Packaging disposal** | ▸ Recycle wherever possible or consult manufacturer for recycling options.<br>▸ Consult State Land Waste Management Authority for disposal.<br>▸ Bury residue in an authorised landfill.<br>▸ 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

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

Not Applicable

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

| Product name | Group |
|---|---|
| ammonium ferrous sulfate | Not Available |

### 14.7.3. Transport in bulk in accordance with the IGC Code

| Product name | Ship Type |
|---|---|
| ammonium ferrous sulfate | Not Available |

## SECTION 15 Regulatory information

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

**ammonium ferrous sulfate is found on the following regulatory lists**

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)

### Additional Regulatory Information

Not Applicable

### National Inventory Status

| National Inventory | Status |
|---|---|
| Australia - AIIC / Australia Non-Industrial Use | Yes |
| Canada - DSL | Yes |
| Canada - NDSL | No (ammonium ferrous sulfate) |
| China - IECSC | Yes |

**Continued...**

| National Inventory | Status |
|---|---|
| Europe - EINEC / ELINCS / NLP | Yes |
| Japan - ENCS | No (ammonium ferrous sulfate) |
| 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 |
| ***Legend:*** | ***Yes = All CAS declared ingredients are on the inventory***<br>***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** | 26/04/2024 |
| **Initial Date** | 15/12/2008 |

### SDS Version Summary

| Version | Date of Update | Sections Updated |
|---|---|---|
| 7.1 | 20/08/2021 | Classification change due to full database hazard calculation/update. |
| 8.1 | 26/04/2024 | Hazards identification - Classification, Identification of the substance / mixture and of the company / undertaking - Synonyms, Identification of the substance / mixture and of the company / undertaking - Use |

### 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
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

**end of SDS**