

Rowe Scientific Boric Acid (Solid)

ROWE SCIENTIFIC

Chemwatch Hazard Alert Code: 3

Chemwatch: 21-0343

Version No: 8.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: 06/05/2009

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L.GHS.AUS.EN.E

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

Product Identifier

Product name	Rowe Scientific Boric Acid (Solid)
Chemical Name	boric acid
Synonyms	CB1100; CB1105; CB1165; CB1166; KH0006
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	Laboratory chemical. Use according to manufacturer's directions.
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Details of the manufacturer or importer 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	https://rowe.com.au/
Email	rowewa@rowe.com.au

Emergency telephone number


Association / Organisation	ROWE SCIENTIFIC
Emergency telephone number(s)	+61 8 9302 1911 (24 Hrs)
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S5
Classification [1]	Reproductive Toxicity Category 1B
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	Danger

Hazard statement(s)

H360FD	May damage fertility. May damage the unborn child.
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Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P280	Wear protective gloves and protective clothing.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
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Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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No further product hazard information.

SECTION 3 Composition / information on ingredients**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
10043-35-3	>99	<u>boric acid</u>
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	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor.
Ingestion	<ul style="list-style-type: none"> ▶ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Urgent hospital treatment is likely to be needed. ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

Indication of any immediate medical attention and special treatment needed

For acute or repeated short term exposures to boron and its compounds:

- ▶ Nausea, vomiting, diarrhoea and epigastric pain, haematemesis and blue-green discolouration of both faeces and vomitus characterise adult boron intoxication.
- ▶ Access and correct any abnormalities found in airway and circulation.
- ▶ A tidal volume of 10-15 mg/kg should be maintained.
- ▶ Emesis should be induced unless the patient is in coma, is experiencing seizures or has lost the gag reflex. If any of these are present, gastric lavage should be performed with a large-bore tube after endotracheal intubation or in the presence of continuous respiratory action.
- ▶ Activated charcoal is probably not of value though its use might be indicated following gastric evacuation. Catharsis might be useful to eliminate any borates remaining in the gastro-intestinal tract (magnesium sulfate: adults, 30 gms: children 250 mg/kg).
- ▶ Peritoneal dialysis and haemodialysis remove some borates.

[Ellenhorn and Barceloux: Medical Toxicology]

The material may induce methaemoglobinaemia following exposure.

- ▶ Initial attention should be directed at oxygen delivery and assisted ventilation if necessary. Hyperbaric oxygen has not demonstrated substantial benefits.
- ▶ Hypotension should respond to Trendelenburg's position and intravenous fluids; otherwise dopamine may be needed.
- ▶ Symptomatic patients with methaemoglobin levels over 30% should receive methylene blue. (Cyanosis, alone, is not an indication for treatment). The usual dose is 1-2 mg/kg of a 1% solution (10 mg/ml) IV over 50 minutes; repeat, using the same dose, if symptoms of hypoxia fail to subside within 1 hour.
- ▶ Thorough cleansing of the entire contaminated area of the body, including the scalp and nails, is of utmost importance.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comment
1. Methaemoglobin in blood	1.5% of haemoglobin	During or end of shift	B, NS, SQ

B: Background levels occur in specimens collected from subjects **NOT** exposed

NS: Non-specific determinant; also observed after exposure to other materials

SQ: Semi-quantitative determinant - Interpretation may be ambiguous; should be used as a screening test or confirmatory test.

SECTION 5 Firefighting measures**Extinguishing media**

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>May emit poisonous fumes.</p>
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures**Personal precautions, protective equipment and emergency procedures**

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ 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. ▶ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). ▶ Do NOT use air hoses for cleaning ▶ Place spilled material in clean, dry, sealable, labelled container.
Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Control personal contact with the substance, by using protective equipment and dust respirator. ▶ Prevent spillage from entering drains, sewers or water courses. ▶ Recover product wherever possible. Avoid generating dust. ▶ Sweep / shovel up. ▶ If required, wet with water to prevent dusting. ▶ Put residues in labelled plastic bags or other containers for disposal. ▶ Wash area down with large quantity of water and prevent runoff into drains. ▶ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage**Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> ▶ Limit all unnecessary personal contact. ▶ Wear protective clothing when risk of exposure occurs. ▶ 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. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	<ul style="list-style-type: none"> ▶ 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 storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	Storage bins should have a 60-degree sloping cone bottom with a provision to prevent the entry of water. For DRY storage: Plastic drum Polyethylene or polypropylene container Steel drum Aluminium drum For MOIST conditions: Stainless steel drum <ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Segregate from acetic anhydride and alkali metals Avoid reaction with potassium. Avoid reaction with acetic anhydride and heat. The material reacts with basic materials such as alkali carbonates and hydroxides to form borate salts. Avoid contact with moisture <ul style="list-style-type: none"> ▶ Segregate from alcohol, water. ▶ Avoid strong bases.

SECTION 8 Exposure controls / personal protection**Control parameters**


Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

MATERIAL DATA

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	<ul style="list-style-type: none"> ▶ Safety glasses with side shields ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▶ 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	<p>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.</p> <p>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.</p> <p>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.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> - When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. - Contaminated gloves should be replaced. <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> - Excellent when breakthrough time > 480 min - Good when breakthrough time > 20 min - Fair when breakthrough time < 20 min - Poor when glove material degrades <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>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.</p> <p>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.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> - Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. - Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <p>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.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber. ▶ fluorocautchouc. ▶ polyvinyl chloride. <p>Gloves should be examined for wear and/ or degradation constantly.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".The effect(s) of the following substance(s) are taken into account in the **computer-****generated** selection:

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Material	CPI
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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 Air-line*	-	PAPR-P1

Continued...

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BUTYL	A
NEOPRENE	A
NITRILE	A
VITON	A

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

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Ansell Glove Selection

Glove — In order of recommendation
AlphaTec® 15-554
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® Solvex® 37-675
DermaShield™ 73-711

The suggested gloves for use should be confirmed with the glove supplier.

* - Negative pressure demand ** - Continuous flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Colourless, odourless, transparent crystals, or white granules or powder; mixes with water, glycerol, ether, alcohol, methanol, liquid ammonia; slightly soluble in acetone. Boric acid is a weak acid.		
Physical state	Divided Solid	Relative density (Water = 1)	1.44-1.5128
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	3.9 @ 4% 20 degC	Decomposition temperature (°C)	169
Melting point / freezing point (°C)	169 (decomposes)	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	61.83
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%)	5.2 @ 20 C
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m³)	Not Available	Enclosed Space Ignition Deflagration Density (g/m³)	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> Unstable in the presence of incompatible materials. Product is considered stable. 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
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SECTION 11 Toxicological information

Information on toxicological effects

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	Based on available data, the classification criteria are not met.
d) Respiratory or Skin sensitisation	Based on available data, the classification criteria are not met.
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	Based on available data, the classification criteria are not met.
Inhaled	<p>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.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Borates, as represented by borax, may act as simple respiratory irritants. In a study of the respiratory effects of borax dust on active borax workers, the incidence of respiratory symptoms, pulmonary function and abnormalities of chest radiographs were related to estimated exposures. Dryness of the mouth, nose or throat, dry cough, nose bleeds, sore throat, productive cough, shortness of breath and chest tightness were related to exposures of 4 mg/m³ or more</p> <p>Inhalation of small amounts of dust or fume over long periods may cause poisoning.</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>The substance and/or its metabolites may bind to haemoglobin inhibiting normal uptake of oxygen. This condition, known as "methaemoglobinemia", is a form of oxygen starvation (anoxia).</p> <p>Symptoms include cyanosis (a bluish discoloration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure.</p> <p>At about 15% concentration of blood methaemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.</p> <p>Ingestion or percutaneous absorption of boric acid causes nausea, abdominal pain, diarrhoea and violent vomiting, sometimes bloody, which may be accompanied by headache and weakness, and characteristic erythematous (abnormally red) lesions on the skin. In severe cases, shock with fall in arterial pressure, tachycardia (increase in heart rate) and cyanosis (blue skin colour) may occur. Marked central nervous system irritation, oliguria (small volume of urine), and anuria (absence of or defective excretion of urine) may be present.</p> <p>Symptoms of borate poisoning include nausea, vomiting, diarrhoea, epigastric pain. These may be accompanied headache, weakness and a distinctive red skin rash. In severe cases there may be shock, increased heart rate and the skin may appear blue. Vomiting (which may be violent) is often persistent and vomitus and faeces may contain blood. Weakness, lethargy, headache, restlessness, tremors and intermittent convulsions may also occur. Poisoning produces central nervous system stimulation followed by depression, gastrointestinal disturbance (haemorrhagic gastro-enteritis), erythematous skin eruptions (giving rise to a boiled lobster appearance) and may also involve kidneys (producing oliguria, albuminuria, anuria) and, rarely, liver (hepatomegaly, jaundice). Toxic symptoms may be delayed for several hours.</p> <p>Ingested borates are readily absorbed and do not appear to be metabolised via the liver. Excretion occurs mainly through the kidneys in the urine with about half excreted in the first 12 hours and the remainder over 5-12 days. Borates are excreted primarily in the urine regardless of the route of administration.</p> <p>The borates (tetra-, di-, meta, or ortho- salts, in contrast to perborates) once solubilised in the acid of gastric juices, cannot be distinguished from each other on chemical or toxicological grounds. In humans acute gastroenteric (or percutaneous absorption of as little as 1 gm of sodium borate can result in severe gastrointestinal irritation, kidney damage. In adults the mean lethal dose of sodium borate or boric acid probably exceeds 30 gms (Gosselin) and death occurs due to vascular collapse in the early stages or to central nervous system depression in later stages.</p> <p>Children are thought to be more susceptible to the effects of borate intoxication.</p>
Skin Contact	<p>Boric acid is not absorbed through intact skin but is readily absorbed through areas of damaged, abraded, burned skin, areas of active dermatitis</p> <p>Irritation and skin reactions are possible with sensitive skin</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p>
Eye	<p>Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may cause transient discomfort characterised by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.</p>
Chronic	<p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of:</p> <ul style="list-style-type: none"> - clear evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects. <p>There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of:</p> <ul style="list-style-type: none"> - clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects. <p>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.</p> <p>Chronic boric acid poisoning is characterized by mild gastrointestinal irritation, loss of appetite, disturbed digestion, nausea, possibly vomiting and a hard blotchy rash. Dryness of skin, reddening of tongue, loss of hair, conjunctivitis, and kidney injury have also been reported.</p> <p>[Occupational Diseases]</p> <p>Long term exposure to boric acid may be of more concern, causes kidney damage and eventually kidney failure. Although it does not appear to be carcinogenic, studies in dogs have reported testicular atrophy after exposure to 32 mg/kg bw/day for 90 days. This level is far lower than the LD50.</p>

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Boric acid in high doses shows significant developmental toxicity and teratogenicity in rabbit, rat, and mouse fetuses as well as cardiovascular defects, skeletal variations, mild kidney lesions.

The mechanism of action by which boric acid causes testicular toxicity has been investigated and it has been proposed that decreased testosterone production arises via a CNS mediated mechanism. It is not likely that hormone changes can explain the testicular atrophy observed at high dose levels since it has been shown that spermatogenesis can be maintained in the presence of significantly decreased intra-testicular testosterone levels. The fact that testicular damage was reversible and less extensive in younger sexually immature males than in mature animals also argues against an endocrine disruptor mechanism because younger animals still in development may be expected to be more sensitive to anti-androgenic effects than adults.

Inhibition of spermiation has been investigated and the involvement of Sertoli cells is suggested, as effects on these cells can lead to testicular atrophy. The changes in serum hormone levels may reflect an indirect effect on the CNS mediated by paracrine and/or autocrine influences.

Chronic poisoning by borates may be characterised gastrointestinal disturbances and skin rash. Chronic absorption of small amounts of borax causes mild gastroenteritis and dermatitis.

Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal). Repeated ingestion or inhalation of sub-acute doses of boric acid produces gastrointestinal irritation and disturbance, loss of appetite, disturbed digestion, nausea and vomiting, erythematous rash which may become hard and purpuric, dryness of the skin and mucous membranes, reddening of the tongue, cracking of the lips, conjunctivitis, palpebral oedema and kidney injury. Workers exposed to dust levels containing in excess of 31 mg/m³ boric acid, showed atrophic and subatrophic changes of the respiratory mucous membranes. Prolonged ingestion by animals produces a variety of reproductive effects including changes to the ovaries, fallopian tubes, the testes, epididymis and sperm ducts.

Inorganic borates convert to boric acid at physiological pH in the aqueous layer overlying the mucosal surfaces prior to absorption. Boric acid is known to be readily taken up from the gastrointestinal tract in rats and humans, as demonstrated by experimental evidence in both human and animal studies, where more than 90% of the administered dose of borate was excreted as boric acid.

Boric acid is not metabolized in either animals or humans, owing to the high energy level required (523 kJ/mol) to break the B-O bond. Because of the high pKa, regardless of the form of inorganic borate ingested (e.g., boric acid, disodium tetraborate decahydrate or boron associated with animal or plant tissues), uptake is almost exclusively (>98%) as undissociated boric acid.

Rowe Scientific Boric Acid (Solid)	TOXICITY	IRRITATION
	Not Available	Not Available
boric acid	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation (Rat) LC50: >2.12 mg/l4h ^[1]	Skin (Human): 15mg/3D (intermittent) - Mild
	Oral (Rat) LD50: >2600 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]

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

BORIC ACID	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.		
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

Rowe Scientific Boric Acid (Solid)	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
boric acid	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	672h	Fish	<3.2	7
	EC50	72h	Algae or other aquatic plants	40.2mg/l	2
	EC50	48h	Crustacea	230mg/L	5
	NOEC(ECx)	576h	Fish	0.001mg/L	5
	EC50	96h	Algae or other aquatic plants	15.4mg/l	2
	LC50	96h	Fish	70-80mg/l	4

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data

DO NOT discharge into sewer or waterways.

Persistence and degradability

Rowe Scientific Boric Acid (Solid)

Ingredient	Persistence: Water/Soil	Persistence: Air
boric acid	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
boric acid	LOW (BCF = 0)

Mobility in soil

Ingredient	Mobility
boric acid	LOW (Log KOC = 35.04)

SECTION 13 Disposal considerations**Waste treatment methods**

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Management Authority for disposal. ▶ Bury residue in an authorised landfill. ▶ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information**Labels Required**

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.7. Maritime transport in bulk according to IMO instruments**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
boric acid	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
boric acid	Not Applicable

SECTION 15 Regulatory information**Safety, health and environmental regulations / legislation specific for the substance or mixture****boric acid is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Industrial Chemicals Environmental Management (IChEMS Register) Instrument 2022 - Schedule 2 - Relevant industrial chemicals that are unlikely to cause harm to the environment

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

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (boric acid)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes

National Inventory	Status
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	19/01/2026
Initial Date	06/05/2009

SDS Version Summary

Version	Date of Update	Sections Updated
7.1	10/03/2023	Classification change due to full database hazard calculation/update.
8.1	19/01/2026	First Aid measures - First Aid (swallowed), 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
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code

- ▶ 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

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TEL (+61 3) 9572 4700.