

# **Jasco Pty Limited**

Chemwatch: 5656-84 Version No: 2.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 4 Issue Date: 23/02/2024 Print Date: 08/03/2024 L.GHS.AUS.EN

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

#### **Product Identifier**

Product name	EDP 0123740 – Artograph Flare 500 Digital Projector Battery	
Chemical Name	Not Applicable	
Synonyms	Not Available	
Proper shipping name	LITHIUM ION BATTERIES (including lithium ion polymer batteries) (contains lithium cobaltate and lithium fluorophosphate)	
Chemical formula	Not Applicable	
Other means of identification	Not Available	

## Relevant identified uses of the substance or mixture and uses advised against

	NOTE: Hazard statement relates to battery contents. Potential for exposure should not exist unless the battery leaks, is exposed
	to high temperatures or is mechanically, physically or electrically abused. Risk of exposure exists only in case of mechanical,
Relevant identified uses	electrical or thermal abuse. Thus the batteries should not short circuit, recharge, puncture, incinerate, crush, immerse in water,
	force discharge, or expose to temperatures above the temperature range of the cell or battery.
	Use according to manufacturer's directions.

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

Registered company name	Jasco Pty Limited	
Address	5 Commercial Road Kingsgrove NSW 2208 Australia	
Telephone	+61 2 9807 1555	
Fax	Not Available	
Website	www.jasco.com.au	
Email	quickinfo@jasco.com.au	

# Emergency telephone number

Association / Organisation	Australian Poisons Centre	CHEMWATCH EMERGENCY RESPONSE (24/7)
Emergency telephone numbers	13 11 26 (24/7)	+61 1800 951 288
Other emergency telephone numbers	Not Available	+61 3 9573 3188

Once connected and if the message is not in your preferred language then please dial 01

# **SECTION 2 Hazards identification**

### Classification of the substance or mixture

Poisons Schedule	Not Applicable		
Classification <sup>[1]</sup>	Acute Toxicity (Oral) Category 2, Acute Toxicity (Dermal) Category 3, Skin Corrosion/Irritation Category 1B, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 1A, Carcinogenicity Category 1B, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 2		

Legend:

1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 -

## Label elements



Annex VI

Signal word Danger

# Hazard statement(s)

H300	Fatal if swallowed.
H311	Toxic in contact with skin.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H340	May cause genetic defects.
H350	May cause cancer.
H373	May cause damage to organs through prolonged or repeated exposure.
H411	Toxic to aquatic life with long lasting effects.

# Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

# Precautionary statement(s) Response

P363	Wash contaminated clothing before reuse.	
P342+P311 P302+P352	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider. IF ON SKIN: Wash with plenty of water.	
P308+P313	IF exposed or concerned: Get medical advice/ attention.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.	
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].	
P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting. If more than 15 mins from Doctor, INDUCE VOMITING (if conscious).	
P301+P310	IF SWALLOWED: Immediately call a POISON CENTER/doctor/physician/first aider.	

# Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

# Precautionary statement(s) Disposal

P501 Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

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

#### Substances

See section below for composition of Mixtures

#### Mixtures

CAS No	%[weight]	Name
12190-79-3	15-40	lithium cobaltate
7782-42-5	10-30	graphite
21324-40-3	10-30	lithium fluorophosphate
7440-50-8	7-13	copper
7429-90-5	5-10	aluminium
7440-02-0	1-5	nickel
Legend: 1. Classified by Chernwatch; 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	<ul> <li>If this product comes in contact with the eyes:</li> <li>Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>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.</li> <li>Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>Transport to hospital or doctor without delay.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> <li>Generally not applicable.</li> </ul>	
Skin Contact	<ul> <li>If skin or hair contact occurs:</li> <li>Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>Quickly remove all contaminated clothing, including footwear.</li> <li>Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>Transport to hospital, or doctor.</li> <li>Generally not applicable.</li> </ul>	
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>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.</li> <li>Transport to hospital, or doctor, without delay.</li> <li>Generally not applicable.</li> </ul>	
Ingestion	<ul> <li>For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>Urgent hospital treatment is likely to be needed.</li> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Transport to hospital or doctor without delay.</li> <li>Generally not applicable.</li> </ul>	

# Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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

EYE:

- Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjuctival 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]

#### **SECTION 5 Firefighting measures**

#### Extinguishing media

Metal dust fires need to be smothered with sand, inert dry powders.

DO NOT USE WATER, CO2 or FOAM.

- ▶ Use DRY sand, graphite powder, dry sodium chloride based extinguishers, G-1 or Met L-X to smother fire.
- Confining or smothering material is preferable to applying water as chemical reaction may produce flammable and explosive hydrogen gas.
- Chemical reaction with CO2 may produce flammable and explosive methane.
- ▶ If impossible to extinguish, withdraw, protect surroundings and allow fire to burn itself out.
- Sand, dry powder extinguishers or other inerts should be used to smother dust fires.
- **DO NOT** use halogenated fire extinguishing agents.

# Special hazards arising from the substrate or mixture

Fire Incompatibility	Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
Advice for firefighters	
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> <li>DO NOT approach containers suspected to be hot.</li> <li>Cool fire exposed containers with water spray from a protected location.</li> <li>If safe to do so, remove containers from path of fire.</li> <li>Equipment should be thoroughly decontaminated after use.</li> <li>Slight hazard when exposed to heat, flame and oxidisers.</li> </ul>
Fire/Explosion Hazard	<ul> <li>DO NOT disturb burning dust. Explosion may result if dust is stirred into a cloud, by providing oxygen to a large surface of hot metal.</li> <li>DO NOT use water or foam as generation of explosive hydrogen may result.</li> <li>With the exception of the metals that burn in contact with air or water (for example, sodium), masses of combustible metals do not represent unusual fire risks because they have the ability to conduct heat away from hot spots so efficiently that the heat of combustion cannot be maintained - this means that it will require a lot of heat to ignite a mass of combustible metal. Generally, metal fire risks exist when sawdust, machine shavings and other metal 'fines' are present.</li> <li>Metal powders, while generally regarded as non-combustible:</li> <li>May burn when metal is finely divided and energy input is high.</li> <li>May be ignited by friction, heat, sparks or flame.</li> <li>May be ignited by friction, heat, sparks or flame.</li> <li>May REIGNITE after fire is extinguished.</li> <li>Will burn with intense heat.</li> <li>Note:</li> <li>Metal dust fires are slow moving but intense and difficult to extinguish.</li> <li>Containers may explode on heating.</li> <li>Dusts or fumes may form explosive mixtures with air.</li> <li>Gases generated in fire may be poisonous, corrosive or irritating.</li> <li>Hot or burning metals may react violently upon contact with other materials, such as oxidising agents and extinguishing agents used on fires involving ordinary combustibles or flammable liquids.</li> </ul>

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	<ul> <li>Some metals can continue to burn in carbon dioxide, nitrogen, water, or steam atmospheres in which ordinary combustibles or flammable liquids would be incapable of burning.</li> <li>carbon dioxide (CO2)</li> <li>hydrogen fluoride</li> <li>phosphorus oxides (POx)</li> <li>metal oxides</li> <li>other pyrolysis products typical of burning organic material.</li> <li>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.</li> <li>Articles and manufactured articles may constitute a fire hazard where polymers form their outer layers or where combustible packaging remains in place.</li> <li>Certain substances, found throughout their construction, may degrade or become volatile when heated to high temperatures.</li> <li>This may create a secondary hazard.</li> </ul>
HAZCHEM	2Y

# **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> <li>Environmental hazard - contain spillage.</li> <li>Clean up all spills immediately.</li> <li>Secure load if safe to do so.</li> <li>Bundle/collect recoverable product.</li> <li>Collect remaining material in containers with covers for disposal.</li> </ul>
Major Spills	Environmental hazard - contain spillage.  Denot use compressed air to remove metal dusts from floors, beams or equipment Vacuum cleaners, of flame-proof design, should be used to minimise dust accumulation. Use non-sparking handling equipment, tools and natural bristle brushes. Provide grounding and bonding where necessary to prevent accumulation of static charges during metal dust handling and transfer operations Cover and reseal partially empty containers. Do not allow chips, fines or dusts to contact water, particularly in enclosed areas. If motien: Cover and reseal partially empty containers which come in contact with molten metal must be preheated or specially coated, rust free and approved for such use. Allow the spill to cool before remeting scrap. Clean up all spills immediately. Wear protective clothing, safety glasses, dust mask, gloves. Secure load if safe to do so. Bundle/collect recoverable product. Water may be used to prevent dusting. Collect remaining material in containers with covers for disposal. Flush spill area with water. Minor hazard. Clear area of personnel. Alert Fire Brigade and tell them location and nature of hazard. Contain spill with sand, earth or vermiculite. Collect recoverable product with as of water ways. Collect recoverable product with sand, earth or vermiculite and place in appropriate containers for disposal. Prevent spillage from entering drains or water ways. Contain spill with sand, earth or vermiculite and place in appropriate containers for disposal. Collect recoverable product with sand, earth or vermiculite and place in appropriate containers for disposal. Contain spill with sand, earth or vermiculite. Contain spill with sand, earth or vermiculite and place in appropriate containers for disposal. Collect recoverable product with sand, earth or vermiculite and place in appropriate containers for disposal. Contain spill with sand, earth or vermiculite and place in appropriate containers for disposal. Collect recoverable product with sand, earth or vermiculite and pla

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

# Precautions for safe handling

Safe handling	For molten metals: Molten metal and water can be an explosive combination. The risk is greatest when there is sufficient molten metal to entrap- seal off water. Water and other forms of contamination on or contained in scrap or remell ingot are known to have caused explosions in melting operations. While the products may have minimal surface roughness and internal voids, there remains th possibility of moisture contamination or entrapment. If confined, even a few drops can lead to violent explosions. All tooling, containers, molds and ladles, which come in contact with molten metal must be preheated or specially coated, rus free and approved for such use. Any surfaces that may contact molten metal (e.g. concrete) should be specially coated Drops of molten metal in water (e.g. from plasma arc cutting), while not normally an explosion hazard, can generate enough flammable hydrogen gas to present an explosion hazard. Vigorous circulation of the water and removal of the particles minimis the hazard. During melting operations, the following minimum guidelines should be observed: Inspect all materials prior to furnace charging and completely remove surface contamination such as water, ice, snow, deposi of grease and oil or other surface contamination resulting from weather exposure, shipment, or storage. Store materials in dry, heated areas with any cracks or cavities pointed downwards. Preheat and dry large objects adequately before charging in to a furnace containing molten metal. This is typically done by th use of a drying oven or homogenising furnace. The dry cycle should bring the metal temperature of the coldest item of the batc to 200 degree C (400 deg F) and then hold at that temperature for 6 hours. Avoid all personal contact, including inhalation. Vear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Prevent concentration in hollows and sumps. DO NOT allow material to contact humans, exposed food or food utensils. Avoid othysical damage to containers.
Other information	<ul> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>Store in a cool, dry, well-ventilated area.</li> <li>Store away from incompatible materials and foodstuff containers.</li> <li>Protect containers against physical damage and check regularly for leaks.</li> <li>Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>Store away from incompatible materials.</li> </ul>

# Conditions for safe storage, including any incompatibilities

Suitable container	Generally packaging as originally supplied with the article or manufactured item is sufficient to protect against physical hazards. If repackaging is required ensure the article is intact and does not show signs of wear. As far as is practicably possible, reuse the original packaging or something providing a similar level of protection to both the article and the handler. 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.
Storage incompatibility	<ul> <li>Avoid reaction with oxidising agents</li> <li>Segregate from alcohol, water.</li> <li>Avoid strong acids, bases.</li> </ul>

# **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	graphite	Graphite (all forms except fibres) (respirable dust) (natural & synthetic)	3 mg/m3	Not Available	Not Available	(e) Containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	copper	Copper (fume)	0.2 mg/m3	Not Available	Not Available	Not Available

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	copper	Copper, dusts & mists (as Cu)	1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	aluminium	Aluminium (welding fumes) (as Al)	5 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	aluminium	Aluminium (metal dust)	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	aluminium	Aluminium, pyro powders (as Al)	5 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	nickel	Nickel, powder	1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	nickel	Nickel, metal	1 mg/m3	Not Available	Not Available	Not Available

#### **Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
graphite	6 mg/m3	330 mg/m3	2,000 mg/m3
lithium fluorophosphate	7.5 mg/m3	83 mg/m3	500 mg/m3
copper	3 mg/m3	33 mg/m3	200 mg/m3
nickel	4.5 mg/m3	50 mg/m3	99 mg/m3

Ingredient	Original IDLH	Revised IDLH
lithium cobaltate	Not Available	Not Available
graphite	1,250 mg/m3	Not Available
lithium fluorophosphate	Not Available	Not Available
copper	100 mg/m3	Not Available
aluminium	Not Available	Not Available
nickel	10 mg/m3	Not Available

#### Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit		
lithium cobaltate	E	≤ 0.01 mg/m³		
lithium fluorophosphate	E	≤ 0.01 mg/m³		
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.			

#### MATERIAL DATA

Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health & Human Services 2002]

For graphite:

Graphite pneumoconiosis resembles coal workers' pneumoconiosis. Data indicate that the higher the crystalline silica content of graphite the more likely the disease will increase in severity. The presence of anthracite coal in the production of some synthetic grades of graphite appears to make arbitrary the use of the term, "synthetic", "artificial" or "natural".

The TLV-TWA for carbon black is recommended to minimise complaints of excessive dirtiness and applies only to commercially produced carbon blacks or to soots derived from combustion sources containing absorbed polycyclic aromatic hydrocarbons (PAHs). When PAHs are present in carbon black (measured as the cyclohexane-extractable fraction) NIOSH has established a REL-TWA of 0.1 mg/m3 and considers the material to be an occupational carcinogen. The NIOSH REL-TWA was "selected on the basis of professional judgement rather than on data delineating safe from unsafe concentrations of PAHs".

This limit was justified on the basis of feasibility of measurement and not on a demonstration of its safety.

For aluminium oxide and pyrophoric grades of aluminium:

Twenty seven year experience with aluminium oxide dust (particle size 96% 1,2 um) without adverse effects either systemically or on the lung, and at a calculated concentration equivalent to 2 mg/m3 over an 8-hour shift has lead to the current recommendation of the TLV-TWA.

The limit should also apply to aluminium pyro powders whose toxicity is reportedly greater than aluminium dusts and should be protective against lung changes.

For aluminium oxide:

The experimental and clinical data indicate that aluminium oxide acts as an "inert" material when inhaled and seems to have little effect on the lungs nor does it produce significant organic disease or toxic effects when exposures are kept under reasonable control.

[Documentation of the Threshold Limit Values], ACGIH, Sixth Edition

These exposure guidelines have been derived from a screening level of risk assessment and should not be construed as unequivocally safe limits. ORGS represent an 8-hour time-weighted average unless specified otherwise.

CR = Cancer Risk/10000; UF = Uncertainty factor: TLV believed to be adequate to protect reproductive health: LOD: Limit of detection Toxic endpoints have also been identified as: D = Developmental; R = Reproductive; TC = Transplacental carcinogen Jankovic J., Drake F.: A Screening Method for Occupational Reproductive American Industrial Hygiene Association Journal 57: 641-649 (1996) for cobalt:

In view of the serious effects seen in experimental animals after a relatively short exposure period at 0.1 mg/m3 the recommended TLV-TWA is thought to reduce the significant risk of material impairment of health posed by respiratory disease and pulmonary sensitisation which have been shown to occur at higher levels of exposure. The value does not apply generally to cobalt compounds.

A significant increase in the risk of lung cancer was reported among workers involved in cobalt production (with concomitant exposure to nickel and arsenic) and hard-metal workers with documented exposure to cobalt-containing dusts. A significant increase in lung cancer risk has been observed in workers whose exposure began more than 20 years previously. A number of single cases of malignant tumours, mostly sarcomas, have been reported at the site, following implant of cobalt-containing orthopedic implants.

### **Exposure controls**

Appropriate engineering controls	<ul> <li>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</li> <li>The basic types of engineering controls are:</li> <li>Process controls which involve changing the way a job activity or process is done to reduce the risk.</li> <li>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</li> <li>Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.</li> <li>Work should be undertaken in an isolated system such as a "glove-box". Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.</li> <li>Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.</li> <li>Open-vessel systems are prohibited.</li> <li>Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</li> <li>For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear elean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decont</li></ul>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul> <li>Chemical goggles.</li> <li>Full face shield may be required for supplementary but never for primary protection of eyes.</li> <li>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], [AS/NZS 1336 or national equivalent]</li> <li>Safety glasses with side shields.</li> </ul>

	<ul> <li>Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>Full face shield may be required for supplementary but never for primary protection of eyes</li> <li>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].</li> <li>No special equipment required due to the physical form of the product.</li> <li>Safety glasses with side shields.</li> <li>Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>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 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 avai</li></ul>
Skin protection	See Hand protection below
Hands/feet protection	<ul> <li>Wear chemical protective gloves, e.g. PVC.</li> <li>Wear safety footwear or safety gumboots, e.g. Rubber</li> <li>NOTE:</li> <li>The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> <li>No special equipment required due to the physical form of the product.</li> </ul>
Body protection	See Other protection below
Other protection	<ul> <li>Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.</li> <li>Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>During repair or maintenance activities the potential exists for exposures to toxic metal particulate in excess of the occupational standards. Under these circumstances, protecting workers can require the use of specific work practices or procedures involving the combined use of ventilation, wet and vacuum cleaning methods, respiratory protection, decontamination, special protective clothing, and when necessary, restricted work zones.</li> <li>Protective</li></ul>

#### **Respiratory protection**

Respiratory protection not normally required due to the physical form of the product.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- $\cdot$  Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- · Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- · Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- · Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will

only provide filtration protection up to a P2 rating.

# **SECTION 9** Physical and chemical properties

# Information on basic physical and chemical properties

Appearance	Silver battery article.		
Physical state	Article	Relative density (Water = 1)	Not Applicable
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)	Not Applicable
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
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 Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Not Applicable	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

# **SECTION 10 Stability and reactivity**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
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	Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by inhalation. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Side effects of the inhalation of cobalt and its compounds may include flushing of the face and ringing in the ears (tinnitus). Cobalt inhalation can be lethal in animals if exposure is sufficiently high or prolonged. The acute LC50 for a 30-minute inhalation exposure in rats was 165 mg cobalt/m3 as cobalt hydrocarbonyl. Exposure to 9 mg cobalt/m3 as cobalt hydrocarbonyl for 6 hours/day, 5 days/week for 3 months resulted in 16 deaths out of 75 rats. Death was reported in rats and mice exposed to 19 mg cobalt/m3 (but not 1.9 mg cobalt/m3) as cobalt sulfate over 16 days, but exposure to 11.4 mg cobalt/m3 over 13 weeks was lethal only to mice and not to rats. Exposure to 1.14 mg cobalt/m3 as cobalt sulfate for 104 weeks resulted in no increase in mortality in rats and mice of either sex. Inhalation of stable cobalt by humans and/or animals resulted in respiratory, cardiovascular, hematological, hepatic, renal, endocrine, ocular, and body weight effects. As with exposures in humans, exposures of animals to cobalt-containing aerosols have resulted in pronounced respiratory effects. Animals exposed to aerosols of cobalt oxides and cobalt sulfate developed
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	respiratory effects that varied in severity with exposure level and duration. A single 30-minute exposure of rats to relatively high levels (26-236 mg cobalt/m3 as cobalt hydrocarbonyl) resulted in congestion, edema, and hemorrhage of the lung. Prolonged exposure (3-4 months) of rats and rabbits to mixed cobalt oxides (0.4-9 mg cobalt/m3) resulted in lesions in the alveolar region of the respiratory tract characterised histologically by nodular accumulation of Type II epithelial cells, accumulations of enlarged highly vacuolated macrophages, interstitial inflammation, and fibrosis In at least one instance, the lesions appeared to regress when exposure was terminated . Guinea pigs sensitized to cobalt by repeated dermal application and then exposed to 2.4 mg cobalt/m3 as cobalt chloride showed pulmonary inflammatory changes (altered BAL fluid recovery, increased neutrophils and eosinophils in the recovered BAL fluid) that were different than those in exposed animals not sensitised to cobalt. Decreased lung compliance was found in pigs exposed to 0.1 mg cobalt/m3 as cobalt dust for 3 months. Lifetime exposure of hamsters to 7.9 mg cobalt/m3 as cobalt oxide resulted in emphysema. Necrosis and inflammation of the respiratory tract epithelium (nasal turbinates, larynx, trachea, bronchioles) were reported in rats exposed to 19 mg cobalt/m3 and mice exposed to 1.9 mg cobalt/m3 or greater as cobalt sulfate over 16 days. Exposure of rats and mice to cobalt as cobalt sulfate for 13 weeks resulted in adverse effects on all parts of the respiratory tract, with the larynx being the most sensitive part
	Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema. 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 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.
	Inhalation of dusts, generated by the material, during the course of normal handling, may produce severely toxic effects; these may be fatal. Inhalation of dusts, generated by the material during the course of normal handling, may produce serious damage to the health of the individual.
Ingestion	The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by swallowing. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. Severely toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 5 gram may be fatal or may produce serious damage to the health of the individual.
Skin Contact	Skin contact with the material may produce toxic effects; systemic effects may result following absorption. The material can produce chemical burns following direct contact with the skin. Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact. Open cuts, abraded or irritated skin should not be exposed to this material 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. Irritation and skin reactions are possible with sensitive skin Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the formation of scar tissue.
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. Irritation of the eyes may produce a heavy secretion of tears (lachrymation). Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.

Chronic	Practical evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a substantial number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cuese occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances that can cuese occupational asthma also and theorem hyper-responsive. Substances are not classified as asthmagens or respiratory sensitisers.
	caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.

EDP 0123740 – Artograph	ΤΟΧΙCITY	IRRITATION
Flare 500 Digital Projector Battery	Not Available	Not Available
	ΤΟΧΙΟΙΤΥ	IRRITATION
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Not Available
lithium cobaltate	Inhalation (Rat) LC50: 5.05 mg/l4h <sup>[1]</sup>	
	Oral (Rat) LD50: >5000 mg/kg <sup>[1]</sup>	
	ΤΟΧΙΟΙΤΥ	IRRITATION
graphite	Inhalation (Rat) LC50: >2 mg/L4h <sup>[1]</sup>	Not Available
	Oral (Rat) LD50: >200 mg/kg <sup>[1]</sup>	
	ΤΟΧΙΟΙΤΥ	IRRITATION
lithium fluorophosphate	Oral (Rat) LD50: 50-300 mg/kg <sup>[1]</sup>	Not Available
	ΤΟΧΙΟΙΤΥ	IRRITATION
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
copper	Inhalation (Rat) LC50: 0.733 mg/l4h <sup>[1]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral (Mouse) LD50; 0.7 mg/kg <sup>[2]</sup>	
	ΤΟΧΙΟΙΤΥ	IRRITATION
aluminium	Inhalation (Rat) LC50: >2.3 mg/l4h <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral (Rat) LD50: >2000 mg/kg <sup>[1]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
	TOXICITY	IRRITATION
nickel	Oral (Rat) LD50: 5000 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

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

EDP 0123740 - Artograph Flare 500 Digital Projector Battery	In acid misls, serosels, vapous: Data from assays for genotoxic activity in vitro suggest that eukaryolic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory treat have not been exployed an important to be protecting the gastic epithelium from its auto-seroted hydrochiocic acid, in considering whether pH itself induces genotoxic events in vivo in the explored indicet explored to the hard exist. Just as muccoup phys an important to be in protecting the gastic epithelium from its auto-seroted hydrochiocic acid, in considering whether pH itself induces genotoxic events in vivo in the explored physics may be an induced to mode with the human stomach, in which gastic lives may be maintained more readily than in vivo. Cells to the adverse conditions, to the perturbation of intracellular homeostasis may be maintained more readily than in vivo. Cells of and drinking water is ponly absorbed through the gastrointestinal tract. The bioavailability of advancing the explored on the form in which it is ingreded and the gneenee of destry constructs with which the merell acids and uninuinui dependent on the form which is impleted and the gneenee of destry constructs with which the merell acids and uninuinuin dependent on the form adminid dus in its likely that the oral absorption of aluminium, can vay 10-fold based on chemical form abate. Although bioavailability appears to generally parallel water solubility, insufficient data are available to dready extrapolet from solubility mater to bioavailability. For oral inste from food, the European Food Safety Authority (FESA) has derived a blengthe weekly intake (TWI) of 1 miligram (mg) alauminium compounds which are ingested with food. This corresponds to a systemically available board duracity extrapolet from solubility water to bioavailability. For corrinites form food, the European Food Safety Authority (FESA) has derived a blengthe durate to the solution of the advancity of the system (k) of dody weight. This means that for an advi
	adverse effect level (NOAEL) was 30 mg/kg bw/day. Bioavailability of aluminium chloride, sulfate and nitrate and aluminium hydroxide was much lower than that of aluminium citrate This study was used by JECFA as key study to derive the PTWI.

#### Genotoxicity

Aluminium compounds were non-mutagenic in bacterial and mammalian cell systems, but some produced DNA damage and effects on chromosome integrity and segregation in vitro. Clastogenic effects were also observed in vivo when aluminium sulfate was administered at high doses by gavage or by the intraperitoneal route. Several indirect mechanisms have been proposed to explain the variety of genotoxic effects elicited by aluminium salts in experimental systems. Cross-linking of DNA with chromosomal proteins, interaction with microtubule assembly and mitotic spindle functioning, induction of oxidative damage, damage of lysosomal membranes with liberation of DNAase, have been suggested to explain the induction of structural chromosomal aberrations, sister chromatid exchanges, chromosome loss and formation of oxidized bases in experimental systems. The EFSA Panel noted that these indirect mechanisms of genotoxicity, occurring at relatively high levels of exposure, are unlikely to be of relevance for humans exposed to aluminium via the diet. Aluminium compounds do not cause gene mutations in either bacteria or mammalian cells. Exposure to aluminium compounds does result in both structural and numerical chromosome aberrations both in in-vitro and in-vivo mutagenicity tests. DNA damage is probably the result of indirect mechanisms. The DNA damage was observed only at high exposure levels.

Carcinogenicity.

The available epidemiological studies provide limited evidence that certain exposures in the aluminium production industry are carcinogenic to humans, giving rise to cancer of the lung and bladder. However, the aluminium exposure was confounded by exposure to other agents including polycyclic aromatic hydrocarbons, aromatic amines, nitro compounds and asbestos. There is no evidence of increased cancer risk in non-occupationally exposed persons.

#### Neurodegenerative diseases.

Following the observation that high levels of aluminium in dialysis fluid could cause a form of dementia in dialysis patients, a number of studies were carried out to determine if aluminium could cause dementia or cognitive impairment as a consequence of environmental exposure over long periods. Aluminium was identified, along with other elements, in the amyloid plaques that are one of the diagnostic lesions in the brain for Alzheimer disease, a common form of senile and pre-senile dementia. some of the epidemiology studies suggest the possibility of an association of Alzheimer disease with aluminium in water, but other studies do not confirm this association. All studies lack information on ingestion of aluminium from food and how concentrations of aluminium in food affect the association between aluminium in water and Alzheimer disease." There are suggestions that persons with some genetic variants may absorb more aluminium than others, but there is a need for more analytical research to determine whether aluminium from various sources has a significant causal association with Alzheimer disease and other neurodegenerative diseases.Aluminium is a neurotoxicant in experimental animals. However, most of the animal studies performed have several limitations and therefore cannot be used for quantitative risk assessment.

It has been suggested that the body burden of aluminium may be linked to different iseases. Macrophagic myofasciitis and chronic fatigue syndrome can be caused by aluminium-containing adjuvants in vaccines. Macrophagic myofasciitis (MMF) has been described as a disease in adults presenting with ascending myalgia and severe fatigue following exposure to aluminium hydroxide-containing vaccines The corresponding histological findings include aluminium-containing macrophages infiltrating muscle tissue at the injection site. The hypothesis is that the long-lasting granuloma triggers the development of the systemic syndrome.

Aluminium acts not only as an adjuvant,stimulating the immune system either to fend off infections or to tolerate antigens, it also acts as a sensitisers causing contact allergy and allergic contact dermatitis. In general, metal allergies are very common and aluminium is considered to be a weak allergen. A metal must be ionised to be able to act as a contact allergen, then it has to undergo haptenisation to be immunogenic and to initiate an immune response. Once inside the skin, the metal ions must bind to proteins to become immunologically reactive. The most important routes of exposure and sensitisation to aluminium are through aluminium-containing vaccines. One Swedish study showed a statistically significant association between contact allergy to aluminium and persistent itching nodules in children treated with allergen-specific immunotherapy (ASIT) Nodules were overrepresented in patients with contact allergy to aluminium

Other routes of sensitisation reported in the literature are the prolonged use of aluminium-containing antiperspirants, topical medication, and tattooing of the skin with aluminium-containing pigments. Most of the patients experienced eczematous reactions whereas tattooing caused granulomas. Even though aluminium is used extensively in industry, only a low number of cases of occupational skin sensitisation to aluminium have been reported Systemic allergic contact dermatitis in the form of flare-up reactions after re-exposure to aluminium has been documented: pruritic nodules at present and previous injection sites, eczema at the site of vaccination as well as at typically atopic localisations after vaccination with aluminium-containing vaccines and/or patch testing with aluminium, and also after use of aluminium-containing toothpaste

The material may trigger oculogyric crisis. The term "oculogyric" refers to the bilateral elevation of the visual gaze. Initial symptoms include restlessness, agitation, malaise, or a fixed stare. Then comes the more characteristically described extreme and sustained upward deviation of the eyes. In addition, the eyes may converge, deviate upward and laterally, or deviate downward. The most frequently reported associated findings are backwards and lateral flexion of the neck, widely opened mouth, tongue protrusion, and ocular pain. However, the condition may also be associated with intensely painful jaw spasm which may result in the breaking of a tooth. A wave of exhaustion may follow an episode. The abrupt termination of the psychiatric symptoms at the conclusion of the crisis is most striking.

Other features that are noted during attacks include mutism, palilalia, eye blinking, lacrimation, pupil dilation, drooling, respiratory dyskinesia, increased blood pressure and heart rate, facial flushing, headache, vertigo, anxiety, agitation, compulsive thinking, paranoia, depression, recurrent fixed ideas, depersonalization, violence, and obscene language.

In addition to the acute presentation, oculogyric crisis can develop as a recurrent syndrome, triggered by stress and by exposure to the drugs.

The diagnosis of oculogyric crisis is largely clinical and involves taking a focused history and physical examination to identify possible triggers for the crisis and rule out other causes of abnormal ocular movements.

for copper and its compounds (typically copper chloride):

WARNING: Inhalation of high concentrations of copper fume may cause "metal fume fever", an acute industrial disease of short duration. Symptoms are tiredness, influenza like respiratory tract irritation with fever.

COPPER

Acute toxicity: There are no reliable acute oral toxicity results available. In an acute dermal toxicity study (OECD TG 402), one group of 5 male rats and 5 groups of 5 female rats received doses of 1000, 1500 and 2000 mg/kg bw via dermal application for 24 hours. The LD50 values of copper monochloride were 2,000 mg/kg bw or greater for male (no deaths observed) and 1,224

	mg/kg bw for female. Four females died at both 1500 and 2000 mg/kg bw, and one at 1,000 mg/kg bw. Symptom of the hardness of skin, an exudation of hardness site, the formation of scar and reddish changes were observed on application sites in all treated animals. Skin inflammation and injury were also noted. In addition, a reddish or black urine was observed in females at 2,000, 1,500 and 1,000 mg/kg bw. Female rats appeared to be more sensitive than male based on mortality and clinical signs. No reliable skin/eye initiation studies were available. The acute dermal study with copper monochloride suggests that it has a potential to cause skin irritation. <b>Repeat dose toxicity:</b> In repeated dose toxicity study performed according to OECD TG 422, copper monochloride was given orally (gavage) to Sprague-Dawley rats for 30 days to males and for 39 - 51 days to females at concentrations of 0, 1.3, 5.0, 20, and 80 mg/kg bw/day. The NOAEL value was 5 and 1.3 mg/kg bw/day for male and female rats, respectively. No deaths were observed in male rats. One treatment-related death was observed in fenale rats in the high dose group. Erythropoietic toxicity (anaemia) was seen in both sexes at the 80 mg/kg bw/day. The frequency of squamous cell hyperplasia of the forestomach was increased in a dose-dependent manner in male and female rats at all treatment groups, and was statistically significant in males at doses of =20 mg/kg bw/day day and in females at doses of 5 mg/kg bw/day doses. The observed effects are considered to be local, non-systemic effect on the forestomach which result from oral (gavage) administration of copper monochloride. <b>Genotoxicity:</b> An in vitro genotoxicity study with copper monochloride showed negative results in a bacterial reverse mutation test with Salmonella typhimurium strains (TA 98, TA 100, TA 1535, and TA 1537) with and without S9 mix at concentrations of up to 1,000 ug/plate. An in vitro test for chromosome aberration in Chinese hamster lung (CHL) cells showed that copper monochloride induced s
NICKEL	Oral (rat) TDLo: 500 mg/kg/5D-I Inhalation (rat) TCLo: 0.1 mg/m3/24H/17W-C Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen [National Toxicology Program: U.S. Dep. of Health & Human Services 2002]
EDP 0123740 – Artograph Flare 500 Digital Projector Battery & LITHIUM COBALTATE & COPPER & NICKEL	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
EDP 0123740 – Artograph Flare 500 Digital Projector Battery & LITHIUM COBALTATE	<ul> <li>Allergic reactions which develop in the respiratory passages as bronchial asthma or rhinoconjunctivitis, are mostly the result of reactions of the allergen with specific antibodies of the IgE class and belong in their reaction rates to the manifestation of the immediate type. In addition to the allergen-specific potential for causing respiratory sensitisation, the amount of the allergen, the exposure period and the genetically determined disposition of the exposed person are likely to be decisive. Factors which increase the sensitivity of the mucosa may play a role in predisposing a person to allergy. They may be genetically determined or acquired, for example, during infections or exposure to irritant substances. Immunologically the low molecular weight substances become complete allergens in the organism either by binding to peptides or proteins (haptens) or after metabolism (prohaptens). Particular attention is drawn to so-called atopic diathesis which is characterised by an increased susceptibility to allergic rhinitis, allergic bronchial asthma and atopic eczema (neurodermatitis) which is associated with increased IgE synthesis.</li> <li>Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. Goitrogens:</li> <li>Goitrogens are substances that suppress the function of the thyroid gland by interfering with iodine uptake, which can, as a result, cause an enlargement of the thyroid, i.e., a goitre</li> <li>Vitexin, a flavanoid, which inhibits thyroid peroxidase thus contributing to goiter.</li> <li>Ions such as thiocyanate and perchlorate which decrease iodide uptake by competitive inhibition; as a consequence of reduced thyroxine and trilodothyronine secretion by the gland, at low doses, this causes an increased release of thyrotropin (by reduced negative feedback), which then stimulates the gland.</li> <li>Li</li></ul>
EDP 0123740 – Artograph Flare 500 Digital Projector Battery & LITHIUM COBALTATE & GRAPHITE & LITHIUM FLUOROPHOSPHATE & ALUMINIUM	No significant acute toxicological data identified in literature search.

EDP 0123740 - Artograph Flare 500 Digital Projector **Battery & NICKEL** 

EDP 0123740 - Artograph Flare 500 Digital Projector Battery & GRAPHITE & LITHIUM FLUOROPHOSPHATE WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

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.

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Legend:

— Data available to make classification

### **SECTION 12 Ecological information**

EDP 0123740 – Artograph	Endpoint	Test Duration (hr)		Species		Value	Source
Flare 500 Digital Projector Battery	Not Available	Not Available		Not Available		Not Available	Not Available
	Endpoint	Test Duration (hr)		Species		Value	Source
	EC50	96h		Algae or other aquatic plants		23.8mg/l	2
lithium och altata	EC50	48h		Crustacea		0.241mg/L	2
lithium cobaltate	EC50	72h		Algae or other aquatic plants		0.029mg/L	2
	EC10(ECx)	168h		Crustacea		0.001mg/L	2
	LC50	96h		Fish		0.8mg/l	2
graphite	Endpoint	Test Duration (hr)		Species		Value	Sourc
	EC50	48h		Crustacea		>100mg/l	2
	EC50	72h		Algae or other aquatic plants		>100mg/l	2
	NOEC(ECx)	48h		Crustacea		>=100mg/l	2
	LC50	96h		Fish		>100mg/l	2
	Endpoint	Test Duration (hr)		Species		Value	Sourc
	EC50	48h		Crustacea		98mg/l	2
	EC50	96h		Algae or other aquatic plants	5	43mg/l	2
lithium fluorophosphate	EC50	72h		Algae or other aquatic plants	5	62mg/l	2
	LC50	96h		Fish		42mg/l	2
	NOEC(ECx)	528h		Fish		0.2mg/l	2
	Endpoint	Test Duration (hr)	Sp	ecies	Value		Sourc
	EC50	48h	Cr	ustacea	0.000	6-0.0017mg/l	4
	EC50	96h	Alg	gae or other aquatic plants	0.03-0	).058mg/l	4
copper	EC50	72h	Alç	gae or other aquatic plants	0.011	-0.017mg/L	4
	NOEC(ECx)	48h	Fis	h	0.000	09mg/l	4
	LC50	96h	Fis	h	0.003	mg/L	2

	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	0.736mg/L	2
aluminium	EC50	96h	Algae or other aquatic plants	0.005mg/L	2
	EC50	72h	Algae or other aquatic plants	0.017mg/L	2
	NOEC(ECx)	48h	Crustacea	>100mg/l	1
	LC50	96h	Fish	0.078-0.108mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
nickel	EC50	48h	Crustacea	>100mg/l	1
	EC50	96h	Algae or other aquatic plants	0.174-0.311mg/l	4
	EC50	72h	Algae or other aquatic plants	0.18mg/l	1
	EC50(ECx)	72h	Algae or other aquatic plants	0.18mg/l	1
	LC50	96h	Fish	0.06mg/l	4
Legend:	4. US EPA, Eco	1. IUCLID Toxicity Data 2. Europe ECHA tox database - Aquatic Toxicity Data 5. I n Data 7. METI (Japan) - Bioconcentrati	ECETOC Aquatic Hazard Assessment I	•	ntic Toxicity

On the basis of available evidence concerning either toxicity, persistence, potential to accumulate and or observed environmental fate and behaviour, the material may present a danger, immediate or long-term and /or delayed, to the structure and/ or functioning of natural ecosystems. Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment. **DO NOT** discharge into sewer or waterways.

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air	
	No Data available for all ingredients	No Data available for all ingredients	

### **Bioaccumulative potential**

Ingredient	Bioaccumulation
	No Data available for all ingredients

# Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

## **SECTION 13 Disposal considerations**

#### Waste treatment methods

	<ul> <li>Recycle wherever possible or consult manufacturer for recycling options.</li> <li>Consult State Land Waste Management Authority for disposal.</li> <li>DO NOT allow wash water from cleaning or process equipment to enter drains.</li> <li>It may be necessary to collect all wash water for treatment before disposal.</li> </ul>
Product / Packaging	In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
disposal	Where in doubt contact the responsible authority.
	<ul> <li>Recycle wherever possible or consult manufacturer for recycling options.</li> </ul>
	<ul> <li>Consult State Land Waste Authority for disposal.</li> </ul>
	Bury or incinerate residue at an approved site.
	Recycle containers if possible, or dispose of in an authorised landfill.

# **SECTION 14 Transport information**

# Labels Required





# Land transport (ADG)

14.1. UN number or ID number	3480		
14.2. UN proper shipping name	LITHIUM ION BATTERIES (including lithium ion polymer batteries) (contains lithium cobaltate and lithium fluorophosphate)		
14.3. Transport hazard class(es)	Class Subsidiary Hazard	9 Not Applicable	
14.4. Packing group	Not Applicable		
14.5. Environmental hazard	Environmentally hazardous		
14.6. Special precautions for user	Special provisions         188 230 310 348 376 377 384 387           Limited quantity         0		

# Air transport (ICAO-IATA / DGR)

14.1. UN number	3480		
14.2. UN proper shipping name	Lithium ion batteries (including lithium ion polymer batteries) (contains lithium cobaltate and lithium fluorophosphate)		
	ICAO/IATA Class	9	
14.3. Transport hazard class(es)	ICAO / IATA Subsidiary Hazard	Not Applicable	
()	ERG Code	12FZ	
14.4. Packing group	Not Applicable		
14.5. Environmental hazard	Environmentally hazardous		
14.6. Special precautions for user	Special provisions		A88 A99 A154 A164 A183 A201 A213 A331 A334 A802
	Cargo Only Packing Instructions		See 965
	Cargo Only Maximum Qty / Pack		See 965
	Passenger and Cargo Packing Instructions		Forbidden
	Passenger and Cargo Maximum Qty / Pack		Forbidden
	Passenger and Cargo Limited Quantity Packing Instructions		Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack		Forbidden

# Sea transport (IMDG-Code / GGVSee)

14.1. UN number	3480		
14.2. UN proper shipping name	LITHIUM ION BATTERIES (including lithium ion polymer batteries) (contains lithium cobaltate and lithium fluorophosphate)		
14.3. Transport hazard class(es)	IMDG Class	9	
	IMDG Subsidiary Ha	zard Not Applicable	
14.4. Packing group	Not Applicable		
14.5 Environmental hazard	Marine Pollutant		
14.6. Special precautions for user	EMS Number	F-A , S-I	
	Special provisions	188 230 310 348 376 377 384 387	
	Limited Quantities	0	

# 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
lithium cobaltate	Not Available
graphite	Not Available
lithium fluorophosphate	Not Available
copper	Not Available
aluminium	Not Available
nickel	Not Available

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

Product name	Ship Type
lithium cobaltate	Not Available
graphite	Not Available
lithium fluorophosphate	Not Available
copper	Not Available
aluminium	Not Available
nickel	Not Available

### **SECTION 15 Regulatory information**

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

lithium cobaltate is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

#### graphite is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

#### lithium fluorophosphate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

#### copper is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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)

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

#### aluminium is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

#### nickel is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

#### **Additional Regulatory Information**

Not Applicable

#### **National Inventory Status**

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (lithium fluorophosphate)
Canada - NDSL	No (lithium cobaltate; graphite; copper; aluminium; nickel)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (graphite; lithium fluorophosphate; copper; aluminium; nickel)
Korea - KECI	Yes
New Zealand - NZIoC	No (lithium fluorophosphate)
Philippines - PICCS	No (lithium cobaltate)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (lithium cobaltate; lithium fluorophosphate)
Vietnam - NCI	Yes
Russia - FBEPH	No (lithium cobaltate; lithium fluorophosphate)
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	23/02/2024
Initial Date	23/02/2024

#### 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

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