

A-GAS[®]

A-Gas R22

A-Gas Americas

Chemwatch: 15-7563

Version No: 4.1.1.1

Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 09/06/2013

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Initial Date: Not Available

L.GHS.USA.EN

SECTION 1 IDENTIFICATION

Product Identifier

Product name	A-Gas R22
Synonyms	R22
Proper shipping name	Chlorodifluoromethane or Refrigerant gas R 22
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses	The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Refrigerant.
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Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	A-Gas Americas	A-Gas Americas
Address	1100 Haskins Road, Bowling Green 43402 Ohio United States	30045 FM 2978 Magnolia 77354 TX United States
Telephone	+1 419-867-8990	+1 800-366-1356
Fax	+1 419-867-3279	+1 281-259-1599
Website	www.agasamericas.com	www.agasamericas.com
Email	info.oh@agas.com	info.tx@agas.com

Emergency phone number

Association / Organisation	PERS in USA	Not Available
Emergency telephone numbers	+1-800-633-8253	Not Available
Other emergency telephone numbers	+1-801-629-0667	Not Available

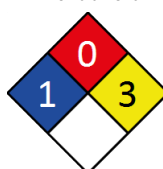
SECTION 2 HAZARD(S) IDENTIFICATION

Classification of the substance or mixture

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	2	
Body Contact	2	
Reactivity	1	
Chronic	2	

NFPA 704 diamond



0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

GHS Classification	Simple Asphyxiant, Gas under Pressure (Liquefied gas), Hazardous to the Ozone Layer Category 1
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Label elements

GHS label elements	
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SIGNAL WORD	WARNING
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Hazard statement(s)

H280	Contains gas under pressure; may explode if heated
H420	Harms public health and the environment by destroying ozone in the upper atmosphere

Continued...

Hazard(s) not otherwise specified

Not Applicable

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

P410+P403	Protect from sunlight. Store in a well-ventilated place.
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Precautionary statement(s) Disposal

P502	Refer to manufacturer/supplier for information on recovery/recycling
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
75-45-6	>99.5	<u>R22</u>

SECTION 4 FIRST-AID MEASURES**Description of first aid measures**

Eye Contact	<ul style="list-style-type: none"> ▶ If product comes in contact with eyes remove the patient from gas source or contaminated area. ▶ Take the patient to the nearest eye wash, shower or other source of clean water. ▶ Open the eyelid(s) wide to allow the material to evaporate. ▶ Gently rinse the affected eye(s) with clean, cool water for at least 15 minutes. Have the patient lie or sit down and tilt the head back. Hold the eyelid(s) open and pour water slowly over the eyeball(s) at the inner corners, letting the water run out of the outer corners. ▶ The patient may be in great pain and wish to keep the eyes closed. It is important that the material is rinsed from the eyes to prevent further damage. ▶ Ensure that the patient looks up, and side to side as the eye is rinsed in order to better reach all parts of the eye(s) ▶ Transport to hospital or doctor. ▶ Even when no pain persists and vision is good, a doctor should examine the eye as delayed damage may occur. ▶ If the patient cannot tolerate light, protect the eyes with a clean, loosely tied bandage. ▶ Ensure verbal communication and physical contact with the patient. <p>DO NOT allow the patient to rub the eyes DO NOT allow the patient to tightly shut the eyes DO NOT introduce oil or ointment into the eye(s) without medical advice DO NOT use hot or tepid water.</p>
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation. <p>In case of cold burns (frost-bite):</p> <ul style="list-style-type: none"> ▶ Move casualty into warmth before thawing the affected part; if feet are affected carry if possible ▶ Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbing ▶ DO NOT apply hot water or radiant heat. ▶ Apply a clean, dry, light dressing of "fluffed-up" dry gauze bandage ▶ If a limb is involved, raise and support this to reduce swelling ▶ If an adult is involved and where intense pain occurs provide pain killers such as paracetamol ▶ Transport to hospital, or doctor ▶ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.
Inhalation	<ul style="list-style-type: none"> ▶ Following exposure to gas, remove the patient from the gas source or contaminated area. ▶ NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure the safety of the rescuer. ▶ Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures. ▶ If the patient is not breathing spontaneously, administer rescue breathing. ▶ If the patient does not have a pulse, administer CPR. ▶ If medical oxygen and appropriately trained personnel are available, administer 100% oxygen. ▶ Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction. ▶ Keep the patient warm, comfortable and at rest while awaiting medical care. ▶ MONITOR THE BREATHING AND PULSE, CONTINUOUSLY. ▶ Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.
Ingestion	<ul style="list-style-type: none"> ▶ Not considered a normal route of entry. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Avoid giving milk or oils. ▶ Avoid giving alcohol.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

for intoxication due to Freons/ Halons;

A: Emergency and Supportive Measures

- ▶ Maintain an open airway and assist ventilation if necessary
- ▶ Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased

Continued...

- myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
 - Monitor the ECG for 4-6 hours
- B: Specific drugs and antidotes:
- There is no specific antidote
- C: Decontamination
- Inhalation; remove victim from exposure, and give supplemental oxygen if available.
 - Ingestion; (a) Prehospital: Administer activated charcoal, if available. **DO NOT** induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)
- D: Enhanced elimination:
- There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.
- POISONING and DRUG OVERDOSE, Californian Poison Control System Ed. Kent R Olson; 3rd Edition*
- Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
 - No specific antidote.
 - Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
 - If lavage is performed, suggest endotracheal and/or esophageal control.
 - Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
 - Treatment based on judgment of the physician in response to reactions of the patient
- DO NOT** administer sympathomimetic drugs as they may cause ventricular arrhythmias.
- For gas exposures:

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

SECTION 5 FIRE-FIGHTING MEASURES

Extinguishing media

SMALL FIRE: Use extinguishing agent suitable for type of surrounding fire.

LARGE FIRE: Cool cylinder.

DO NOT direct water at source of leak or venting safety devices as icing may occur.

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
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Special protective equipment and precautions for fire-fighters

Fire Fighting	<p>GENERAL</p> <ul style="list-style-type: none"> ‣ Alert Fire Brigade and tell them location and nature of hazard. ‣ Wear breathing apparatus and protective gloves. ‣ Fight fire from a safe distance, with adequate cover. ‣ Use water delivered as a fine spray to control fire and cool adjacent area.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ‣ Containers may explode when heated - Ruptured cylinders may rocket ‣ Fire exposed containers may vent contents through pressure relief devices. ‣ High concentrations of gas may cause asphyxiation without warning. ‣ May decompose explosively when heated or involved in fire. ‣ Contact with gas may cause burns, severe injury and/ or frostbite. <p>Decomposition may produce toxic fumes of; carbon monoxide (CO) carbon dioxide (CO2) hydrogen chloride phosgene hydrogen fluoride, other pyrolysis products typical of burning organic material Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.</p>

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	<ul style="list-style-type: none"> ‣ Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used. ‣ DO NOT enter confined spaces were gas may have accumulated. ‣ Increase ventilation.
Major Spills	<ul style="list-style-type: none"> ‣ Clear area of all unprotected personnel and move upwind. ‣ Alert Emergency Authority and advise them of the location and nature of hazard. ‣ Wear breathing apparatus and protective gloves. ‣ Prevent by any means available, spillage from entering drains and water-courses. ‣ Remove leaking cylinders to a safe place. ‣ Fit vent pipes. Release pressure under safe, controlled conditions ‣ Burn issuing gas at vent pipes.

- ▶ **DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve.**

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"> ▶ Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe dispersal. ▶ The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines. ▶ Fully-welded types of pressure gauges, where the bourdon tube sensing element is welded to the gauge body, are recommended. ▶ Before connecting gas cylinders, ensure manifold is mechanically secure and does not contain another gas. ▶ DO NOT transfer gas from one cylinder to another.
Other information	<ul style="list-style-type: none"> ▶ Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open. ▶ Such compounds should be sited and built in accordance with statutory requirements. ▶ The storage compound should be kept clear and access restricted to authorised personnel only. ▶ Cylinders stored in the open should be protected against rust and extremes of weather. <p> Storage temperature: <45 deg.c></p>

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Cylinder: ▶ Ensure the use of equipment rated for cylinder pressure. ▶ Ensure the use of compatible materials of construction. ▶ Valve protection cap to be in place until cylinder is secured, connected. ▶ Cylinder must be properly secured either in use or in storage.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid reaction with oxidising agents <p>Haloalkanes:</p> <ul style="list-style-type: none"> ▶ are highly reactive:some of the more lightly substituted lower members are highly flammable; the more highly substituted may be used as fire suppressants, not always with the anticipated results. ▶ may react with the lighter divalent metals to produce more reactive compounds analogous to Grignard reagents. ▶ may produce explosive compounds following prolonged contact with metallic or other azides ▶ may react on contact with potassium or its alloys - although apparently stable on contact with a wide range of halocarbons, reaction products may be shock-sensitive and may explode with great violence on light impact; severity generally increases with the degree of halocarbon substitution and potassium-sodium alloys give extremely sensitive mixtures . <p>BREITHERICK L.: Handbook of Reactive Chemical Hazards</p> <ul style="list-style-type: none"> ▶ react with metal halides and active metals, eg. sodium (Na), potassium (K), lithium (Li),calcium (Ca), zinc (Zn), powdered aluminium (Al) and aluminium alloys, magnesium (Mg) and magnesium alloys. ▶ Avoid magnesium, aluminium and their alloys, brass and steel.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US ACGIH Threshold Limit Values (TLV)	R22	Chlorodifluoromethane	1000 ppm	Not Available	Not Available	TLV® Basis: CNS impair; asphyxia; card sens
US NIOSH Recommended Exposure Limits (RELs)	R22	Difluorochloromethane, Fluorocarbon-22, Freon® 22, Genetron® 22, Monochlorodifluoromethane, Refrigerant 22	3500 mg/m3 / 1000 ppm	4375 mg/m3 / 1250 ppm	Not Available	Not Available

EMERGENCY LIMITS


Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
R22	Chlorodifluoromethane; (Freon 22; CFC 22)	1,250 ppm	2100 ppm	2400 ppm

Ingredient	Original IDLH	Revised IDLH
R22	Not Available	Not Available

MATERIAL DATA

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable.

Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p>
Personal protection	

Eye and face protection	<ul style="list-style-type: none"> ▶ Chemical goggles. ▶ Full face shield may be required for supplementary but never for primary protection of eyes. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Neoprene gloves ▶ When handling sealed and suitably insulated cylinders wear cloth or leather gloves. ▶ Insulated gloves: <p>NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.</p>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Protective overalls, closely fitted at neck and wrist. ▶ Eye-wash unit. ▶ Ensure availability of lifeline in confined spaces. ▶ Staff should be trained in all aspects of rescue work.
Thermal hazards	Not Available

Respiratory protection

Not Available

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class1	-
up to 50	1000	-	AX-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2
up to 100	10000	-	AX-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES**Information on basic physical and chemical properties**

Appearance	Colourless pressurized liquefied gas with a slight ethereal odour; slightly soluble in water.		
Physical state	Liquified Gas	Relative density (Water = 1)	1.22 @ 20 deg.C
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	635
pH (as supplied)	Neutral	Decomposition temperature	480
Melting point / freezing point (°C)	-160 (freezing point)	Viscosity (cSt)	0.198 mPa.s @ 25 deg.C
Initial boiling point and boiling range (°C)	-40.8 deg.C	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	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)	908 @ 20 deg.C	Gas group	Not Available
Solubility in water (g/L)	Partly Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	3.65 @ 20 deg.C	VOC g/L	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. ▶ Presence of elevated temperatures.
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	<p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Common, generalised symptoms associated with non-toxic gas inhalation include :</p> <ul style="list-style-type: none"> ▶ central nervous system effects such as headache, confusion, dizziness, progressive stupor, coma and seizures; ▶ respiratory system complications may include tachypnoea and dyspnoea; ▶ cardiovascular effects may include circulatory collapse and arrhythmias; ▶ gastrointestinal effects may also be present and may include mucous membrane irritation and nausea and vomiting. <p>Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure.</p> <p>Exposure to high concentrations of fluorocarbons may produce cardiac arrhythmias or cardiac arrest due to sensitisation of the heart to adrenalin or noradrenalin. Deaths associated with exposures to fluorocarbons (specifically halogenated aliphatics) have occurred in occupational settings and in inhalation of bronchodilator drugs.</p> <p>Bronchospasm consistently occurs in human subjects inhaling fluorocarbons. At a measured concentration of 1700 ppm of one of the commercially available aerosols there is a biphasic change in ventilatory capacity, the first reduction occurring within a few minutes and the second delayed up to 30 minutes.</p> <p>Depression of the central nervous system is the most outstanding effect of most halogenated aliphatic hydrocarbons. Inebriation and excitation, passing into narcosis, is a typical reaction. In severe acute exposures there is always a danger of death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin)</p>							
Ingestion	<p>Not normally a hazard due to physical form of product.</p> <p>Considered an unlikely route of entry in commercial/industrial environments</p>							
Skin Contact	<p>Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>In common with other halogenated aliphatics, fluorocarbons may cause dermal problems due to a tendency to remove natural oils from the skin causing irritation and the development of dry, sensitive skin. They do not appear to be appreciably absorbed.</p> <p>Material on the skin evaporates rapidly and may cause tingling, chilling and even temporary numbness</p> <p>Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include "pins and needles", paleness followed by numbness, a hardening and stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered).</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>Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p> <p>Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include "pins and needles", paleness followed by numbness, a hardening and stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered).</p>							
Chronic	<p>On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Principal route of occupational exposure to the gas is by inhalation.</p> <p>It is generally accepted that the fluorocarbons are less toxic than the corresponding halogenated aliphatic based on chlorine. Repeated inhalation exposure to the fluorocarbon FC-11 does not produce pathologic lesions of the liver and other visceral organs in experimental animals. There has been conjecture in non-scientific publications that fluorocarbons may cause leukemia, cancer, sterility and birth defects; these have not been verified by current research. The high incidence of cancer, spontaneous abortion and congenital anomalies amongst hospital personnel, repeatedly exposed to fluorine-containing general anaesthetics, has caused some scientists to call for a lowering of the fluorocarbon exposure standard to 5 ppm since some are mutagens.</p>							
A-Gas R22	<table border="1"> <thead> <tr> <th>TOXICITY</th> <th>IRRITATION</th> </tr> </thead> <tbody> <tr> <td>Not Available</td> <td>Not Available</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Not Available	Not Available			
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Legend:	<p>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</p>							

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 available but does not fill the criteria for classification

✔ – Data required to make classification available

☐ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration	Species	Value	Source
R22	LC50	96	Fish	94.877mg/L	3
R22	EC50	48	Crustacea	433mg/L	2
R22	EC50	96	Algae or other aquatic plants	250mg/L	2
R22	EC50	384	Crustacea	22.185mg/L	3

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
R22	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
R22	LOW (LogKOW = 1.08)

Mobility in soil

Ingredient	Mobility
R22	LOW (KOC = 23.74)


SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal
<ul style="list-style-type: none"> ▶ Evaporate residue at an approved site. ▶ Return empty containers to supplier. If containers are marked non-returnable establish means of disposal with manufacturer prior to purchase. ▶ Ensure damaged or non-returnable cylinders are gas-free before disposal.

SECTION 14 TRANSPORT INFORMATION

Labels Required

	
Marine Pollutant	NO

Land transport (DOT)

UN number	1018
Packing group	Not Applicable
UN proper shipping name	Chlorodifluoromethane or Refrigerant gas R 22
Environmental hazard	No relevant data
Transport hazard class(es)	Class : 2.2 Subrisk : Not Applicable
Special precautions for user	Hazard Label : 2.2 Special provisions : T50

Air transport (ICAO-IATA / DGR)

UN number	1018
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Packing group	Not Applicable	
UN proper shipping name	Chlorodifluoromethane; Refrigerant gas R 22	
Environmental hazard	No relevant data	
Transport hazard class(es)	ICAO/IATA Class	2.2
	ICAO / IATA Subrisk	Not Applicable
	ERG Code	2L
Special precautions for user	Special provisions	Not Applicable
	Cargo Only Packing Instructions	200
	Cargo Only Maximum Qty / Pack	150 kg
	Passenger and Cargo Packing Instructions	200
	Passenger and Cargo Maximum Qty / Pack	75 kg
	Passenger and Cargo Limited Quantity Packing Instructions	Forbidden
	Passenger and Cargo Limited Maximum Qty / Pack	Forbidden

Sea transport (IMDG-Code / GGVSee)

UN number	1018	
Packing group	Not Applicable	
UN proper shipping name	CHLORODIFLUOROMETHANE (REFRIGERANT GAS R 22)	
Environmental hazard	Not Applicable	
Transport hazard class(es)	IMDG Class	2.2
	IMDG Subrisk	Not Applicable
Special precautions for user	EMS Number	F-C, S-V
	Special provisions	Not Applicable
	Limited Quantities	120 mL

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture****R22(75-45-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs	US - Washington Permissible exposure limits of air contaminants
US - Alaska Limits for Air Contaminants	US - Washington Toxic air pollutants and their ASIL, SQER and de minimis emission values
US - California Permissible Exposure Limits for Chemical Contaminants	US ACGIH Threshold Limit Values (TLV)
US - Hawaii Air Contaminant Limits	US ACGIH Threshold Limit Values (TLV) - Carcinogens
US - Michigan Exposure Limits for Air Contaminants	US EPCRA Section 313 Chemical List
US - Minnesota Permissible Exposure Limits (PELs)	US NIOSH Recommended Exposure Limits (RELs)
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	US Spacecraft Maximum Allowable Concentrations (SMACs) for Airborne Contaminants
US - Vermont Permissible Exposure Limits Table Z-1-A Final Rule Limits for Air Contaminants	US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory
US - Vermont Permissible Exposure Limits Table Z-1-A Transitional Limits for Air Contaminants	US TSCA New Chemical Exposure Limits (NCEL)

Federal Regulations**Superfund Amendments and Reauthorization Act of 1986 (SARA)****SECTION 311/312 HAZARD CATEGORIES**

Immediate (acute) health hazard	NO
Delayed (chronic) health hazard	NO
Fire hazard	NO
Pressure hazard	YES
Reactivity hazard	NO

US. EPA CERCLA HAZARDOUS SUBSTANCES AND REPORTABLE QUANTITIES (40 CFR 302.4)

None Reported

State Regulations**US. CALIFORNIA PROPOSITION 65**

None Reported

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (R22)
China - IECSC	Y

Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	Y
USA - TSCA	Y
Legend:	<i>Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)</i>

SECTION 16 OTHER INFORMATION

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

The (M)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
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

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