

BENJI DISTRIBUTORS PTY LTD
17 GRANDVIEW PARADE
MOOLAP. VIC, 3224

CLEANING VINEGAR

ChemWatch Review SOS

Chemwatch: 48368-1

Version No: 7.1

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

Chemwatch Hazard Alert Code: 2

Issue Date: 13/02/2022

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S.GHS.AUS.EN.RISK

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

Product Identifier

Product name	CLEANING VINEGAR
Chemical Name	theophylline-7-acetic acid
Synonyms	C9-H1 0-N4-O4; purine-7-acetic acid, 1,2,3,6-tetrahydro-1,3-dimethyl-2,6-dioxo-; acefylline; acephylline; 7-(carboxymethyl)theophylline; 1,2,3,6-tetrahydro-1,3-dimethyl-2,6-dioxopurine-7-acetic acid; 7-theophyllineacetic acid; 7-theophyllinylacetic acid; alkaloid
Chemical formula	C9H10N4O4
Other means of identification	Not Available
CAS number	652-37-9

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

Relevant identified uses	Acefylline (Theophyllineacetic acid), a xanthine derivative, is an adenosine receptor antagonist. Acefylline is a peptidylarginine deiminase (PAD) activator. Therapeutic or pharmacologically-active agent. Adenosine A2A receptor antagonists are a class of drugs that blocks adenosine at the adenosine A2A receptor.
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Details of the supplier of the safety data sheet

Registered company name	Sigma-Aldrich (Merck)
Address	12 Anella Avenue Castle Hill NSW 2154 Australia
Telephone	+6129841055511800800 097
Fax	+61 2 9841 0500
Website	www.sigma-aldrich.com
Email	ausmail@sial.com

Emergency telephone number

Association / Organisation	Sigma-Aldrich (Merck)	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	1800 448 456	+61 1800 961 288
Other emergency telephone numbers	1800 448 456	+6139573 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

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings

CLEANING VINEGAR

See section above for composition of Substances

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes:
	• Wash out immediately with fresh running water.
	• Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
	• Seek medical attention without delay; if pain persists or recurs seek medical attention. • Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs:
	• 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.
Inhalation	• If fumes or combustion products are inhaled remove from contaminated area. • Lay patient down. Keep warm and rested.
	• Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
	• Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
	• Transport to hospital, or doctor, without delay.
	• IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
	• For advice, contact a Poisons Information Centre or a doctor. • Urgent hospital treatment is likely to be needed. • In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. • If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. • If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

- INDUCE vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

Indication of any immediate medical attention and special treatment needed

for stimulants:

Treatment and Management

A specific antidote does not exist for acute stimulant intoxication. Activated charcoal should be prescribed in a case of acute overdose. Otherwise the treatment should target specific signs and symptoms such as hypertension, agitation, seizures, and hyperthermia. Rapid supportive treatment may reduce mortality.

Supportive therapy

Acute intoxication usually presents with increased sensitivity to sensorial stimuli and paranoia. As such, decreasing the patient's level of stimulation (keep voice low, dim lights, minimise touch) and working with the patient's paranoid state (reduce eye contact, respect personal space, do not approach from behind) is important.

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

Decontamination with gastric lavage may be appropriate in cases of recent ingestion.

Monitor vital signs and hydrate with intravenous fluids.

Withdrawal related insomnia may be treated with trazodone (75-200 mg), hydroxyzine (25-50 mg), or diphenhydramine (50-100 mg) at bedtime.

Benzodiazepines should be avoided unless the patient is also in detox from alcohol/benzodiazepines/opiates.

Neuroleptics may be used for the symptomatic treatment of psychosis.

Physical restraints may be required in certain cases.

Common withdrawal symptoms may include dysphoria, anxiety, and irritability, decreased energy (manifested as reported fatigue, psychomotor retardation and hypersomnia), hyperphagia, decreased concentration, and paranoia. The withdrawal symptoms are uncomfortable but not life threatening, consequently, no current recommendations for a stimulant-detoxification regimen are available.

Stimulant withdrawal dysphoria is common and does not in itself represent an indication for an antidepressant. However, a thorough assessment (including consideration of an antidepressant) is recommended for persistent (longer than a week) depressive symptoms at a level of moderate or severe or associated with suicidal ideation/attempts.

Medscape

Treat symptomatically.

After theophylline or aminophylline overdose by mouth:

- the stomach should be emptied by emesis, or gastric aspiration and lavage; enemas may be used for overdose per rectum.

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CLEANING VINEGAR

SECTION 7 Handling and storage

Precautions for safe handling

- Safe handling**
- Avoid all personal contact, including inhalation.
 - Wear protective clothing when risk of exposure occurs.
 - Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)
 - Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
- Other information**
- Store in original containers.
 - Keep containers securely sealed.

Conditions for safe storage, including any incompatibilities

- Suitable container**
- Glass container is suitable for laboratory quantities
 - Polyethylene or polypropylene container.
 - Check all containers are clearly labelled and free from leaks.
- Storage incompatibility**
- Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
THEOPHYLLINE-7-ACETIC ACID	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
theophylline-7-acetic acid	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
theophylline-7-acetic acid	E	≤ 0.01 mg/m ³

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.

Exposure controls

- Appropriate engineering controls**
- Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.
 - HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.

Personal protection



- Eye and face protection**
- When handling very small quantities of the material eye protection may not be required.
 - For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:
 - Chemical goggles.

- Skin protection**
- See Hand protection below

Hands/feet protection

- The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.
- Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.
- polychloroprene.

- Body protection**
- See Other protection below

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CLEANING VINEGAR

Vapour pressure (kPa)	Negligible	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (Not Available%)	Not Available
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Applicable

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.
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

	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.</p>
Inhaled	<p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Side-effects of theophylline ingestion may include gastro-intestinal irritation and stimulation of the central nervous system. May cause nausea, vomiting, gastrointestinal bleeding, visual disorders, insomnia, headache, anxiety, vertigo and palpitations. Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.</p> <p>The material may produce biochemical inhibition of the enzyme, phosphodiesterase. Several families of drug (including xanthines, papaverine, bipyridines, imidazolines, imidazolones, dihydropyridazinones, dihydroquinolones, pyrrolidinones) produce this effect.</p> <p>Xanthine derivatives may produce nausea, vomiting, anorexia, stomach pain, vomiting of blood and diarrhoea. Protein in the urine, increased amounts of urine output, and increased excretion of renal tubular cells and red blood cells may also occur.</p>
Ingestion	<p>Adverse effects associated with the administration of central nervous system stimulants include shortness of breath, coughing, spasm of the bronchi and spasm of the throat (larynx). Muscular involvement may produce symptoms ranging from twitching to spasticity or seizures.</p> <p>Theophylline is an alkaloid which has been subject to much investigation. Side-effects of theophylline poisonings include gastro-intestinal irritation and stimulation of the central nervous system.</p> <p>Vasodilators given orally or by injection may produce dose dependent and transient flushing of the face, and skin, together with a sensation of heat, a pounding in the head, swelling in the ankles, headache, low blood pressure, palpitations, dizziness and fatigue. High doses may cause skin damage, abdominal cramps, diarrhoea, nausea, vomiting, loss of appetite, general unwellness, jaundice, cause ulcers and impair liver function.</p> <p>Adenosine has a depressive action on the brain, heart, kidneys and other organs, and is believed to mediate its effects via four receptors. It is also involved in the sensation of pain, movement, and sleep.</p>
Skin Contact	<p>This material can cause inflammation of the skin on contact in some persons.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions 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>This material can cause eye irritation and damage in some persons.</p> <p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems.</p>
Chronic	<p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>In general, vasodilators dilate or prevent constriction of the blood vessels, which allow greater blood flow to various organs in the body. Many vasodilators bind to receptors on endothelial cells of the blood vessel, which stimulate calcium release.</p> <p>Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis, caused by particles less than 0.5 micron penetrating and remaining in the lung.</p>

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CLEANING VINEGAR

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
theophylline-7-acetic acid	Not Available	Not Available	Not Available	Not Available	Not Available

Legend: *Extracted from 1 /UCL/D Toxicity Data 2 Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4 US EPA, Ecotox database - Aquatic Toxicity Data 5 ECETOC Aquatic Hazard Assessment Data 6 NITE (Japan) - Bioconcentration Data 7. MET/ (Japan) - Bioconcentration Data 8 Vendor Data*

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
theophylline-7-acetic acid	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
theophylline-7-acetic acid	LOW (LogKOW = -1.3393)

Mobility in soil

Ingredient	Mobility
theophylline-7-acetic acid	LOW (KOC = 10)

SECTION 13 Disposal considerations

Waste treatment methods

- 1 Containers may still present a chemical hazard/ danger when empty.
- 1 Return to supplier for reuse/ recycling if possible.
- 1 Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area.
- 1 DO NOT allow wash water from cleaning or process equipment to enter drains.
- 1 It may be necessary to collect all wash water for treatment before disposal.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
theophylline-7-acetic acid	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
theophylline-7-acetic acid	Not Available

SECTION 15 Regulatory information

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CLEANING VINEGAR

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
AIC: 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 Quimicas
NCI: National Chemical Inventory
FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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