

# Silbraze Flux Paste

Johnson Matthey

Chemwatch: **1901814** Version No: **7.1.1.1** 

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **11/05/2017** Print Date: **01/12/2017** L.GHS.AUS.EN

# SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

# **Product Identifier**

Product name	Silbraze Flux Paste
Synonyms	Easyflo flux paste, Easyflo flux type S paste, Tenacity No 4A Fluxpaste, Tenacity 6 Fluxpaste, Agrotect Fluxpaste
Other means of identification	Not Available

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

Relevant identified uses Brazing flux.

# Details of the supplier of the safety data sheet

Registered company name	Johnson Matthey
Address	64 Lillee Crescent vic 3043 Australia
Telephone	1800009580
Fax	1800068335
Website	www.matthey.com.au
Email	Not Available

# Emergency telephone number

Association / Organisation	Poisons helpline
Emergency telephone numbers	131126
Other emergency telephone numbers	Not Available

# **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

	Min	Max	
Flammability	0		
Toxicity	2		0 = Minimum
Body Contact	2		1 = Low 2 = Moderate
Reactivity	0		3 = High
Chronic	3		4 = Extreme

Poisons Schedule	S5
Classification <sup>[1]</sup>	Acute Toxicity (Oral) Category 4, Acute Toxicity (Inhalation) Category 4, Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Reproductive Toxicity Category 1B, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

# Label elements

Hazard pictogram(s)





SIGNAL WORD DAI

DANGER

Hazard statement(s)

H30

Harmful if swallowed.

Chemwatch: 1901814 Page 2 of 9

Silbraze Flux Paste

Issue Date: 11/05/2017 Version No: 7.1.1.1 Print Date: 01/12/2017

H332	Harmful if inhaled.
H315	Causes skin irritation.
H319	Causes serious eye irritation.
H360	May damage fertility or the unborn child.
H335	May cause respiratory irritation.

#### Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P281	Use personal protective equipment as required.
P261	Avoid breathing mist/vapours/spray.

#### Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.	
P362	Take off contaminated clothing and wash before reuse.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P337+P313	If eye irritation persists: Get medical advice/attention.	

#### 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 in accordance with local regulations.

# **SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**

### Substances

See section below for composition of Mixtures

#### **Mixtures**

CAS No	%[weight]	Name
1332-77-0	30-60	potassium tetraborate
7789-29-9	<30	potassium bifluoride
10043-35-3	<30	<u>boric acid</u>
108-93-0	<1	cyclohexanol
		Tenacity 6 may contain,
Not Available	<1	boron, elemental
	balance	Ingredients determined not to be hazardous

# **SECTION 4 FIRST AID MEASURES**

Ingestion

# Description of first aid measures

If this product comes in contact with the eyes: ▶ Wash out immediately with fresh running water. **Eye Contact** ▶ 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. If skin contact occurs: ▶ Immediately remove all contaminated clothing, including footwear. Skin Contact Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation. If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Inhalation 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.
- Fif 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

Chemwatch: 1901814 Page 3 of 9 Issue Date: 11/05/2017
Version No: 7.1.1.1 Print Date: 01/12/2017

#### Silbraze Flux Paste

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

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

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to fluorides:

- Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- ▶ Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.
- ▶ Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

**BIOLOGICAL EXPOSURE INDEX - BEI** 

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

 Determinant
 Index
 Sampling Time
 Comments

 Fluorides in urine
 3 mg/gm creatinine
 Prior to shift
 B, NS

 10mg/gm creatinine
 End of shift
 B, NS

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

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

## **SECTION 5 FIREFIGHTING MEASURES**

#### **Extinguishing media**

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

# Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.		
Advice for firefighters			
Fire Fighting	<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> </ul>		
Fire/Explosion Hazard	<ul> <li>Non combustible.</li> <li>Not considered a significant fire risk, however containers may burn.</li> <li>Decomposition may produce toxic fumes of:         <ul> <li>hydrogen fluoride</li> </ul> </li> <li>May emit poisonous fumes.</li> <li>May emit corrosive fumes.</li> </ul>		
HAZCHEM	Not Applicable		

# **SECTION 6 ACCIDENTAL RELEASE MEASURES**

# Personal precautions, protective equipment and emergency procedures

See section 8

## **Environmental precautions**

See section 12

## Methods and material for containment and cleaning up

Minor Spills	Clean up all spills immediately. Avoid contact with skin and eyes. Wear impervious gloves and safety goggles. Trowel up/scrape up.
Major Spills	<ul> <li>Clear area of personnel and move upwind.</li> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves.</li> </ul>

Version No: **7.1.1.1** 

#### Silbraze Flux Paste

Issue Date: 11/05/2017 Print Date: 01/12/2017

▶ Prevent, by any means available, spillage from entering drains or water course.

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

#### **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.
- Use in a well-ventilated area.
- ▶ Prevent concentration in hollows and sumps

#### Other information

- ► Store in original containers.
- Keep containers securely sealed.
- ► Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.

#### Conditions for safe storage, including any incompatibilities

Suitable container

- ► Polyethylene or polypropylene container.
- ► Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

Storage incompatibility

► Reacts with acids producing flammable / explosive hydrogen (H2) gas

#### **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	cyclohexanol	Cyclohexanol	206 mg/m3 / 50 ppm	Not Available	Not Available	Not Available

#### **EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
potassium bifluoride	Potassium acid fluoride	15 mg/m3	170 mg/m3	1,000 mg/m3
boric acid	Boric acid	6 mg/m3	23 mg/m3	830 mg/m3
cyclohexanol	Cyclohexanol	150 ppm	580 ppm	3,500 ppm

Ingredient	Original IDLH	Revised IDLH
potassium tetraborate	Not Available	Not Available
potassium bifluoride	Not Available	Not Available
boric acid	Not Available	Not Available
cyclohexanol	400 ppm	Not Available
boron, elemental	Not Available	Not Available

#### MATERIAL DATA

For inorganic borates and tetraborates:

No data are currently available to establish a causal link between inhalation exposures to sodium tetraborates and chronic respiratory and/or systemic effects.

An occupationally important toxic effect of the sodium tetraborates is their acute irritant effect when in contact with skin and the mucous membranes of the eyes, nose and other sites of the respiratory tract. The irritant properties increase with decreasing water of hydration due to the exothermic effect of hydration. The TLV-TWA of 1 mg/m3 for the anhydrous and pentahydrate forms and 5 mg/m3 for the decahydrate is thought to be protective against the acute irritant effects.

For cyclohexanol:

Odour Threshold Value: 0.155 ppm (detection)

IDLH Level: 400 ppm

The TLV-TWA is based upon the estimated acceptable air concentration for human subjects exposed for 3 to 5 minutes to varying concentrations. The estimated accepted concentration for eight hours was reported by the volunteer subjects to be less than 100 ppm.

Odour Safety Factor (OSF)

OSF=3.3E2 (CYCLOHEXANOL)

### **Exposure controls**

Appropriate engineering	
controls	

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.

The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

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.

# Personal protection









#### Silbraze Flux Paste

Eye and face protection	<ul> <li>Safety glasses with side shields.</li> <li>Chemical goggles.</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.</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> </ul>
Body protection	See Other protection below
Other protection	► Overalls.  ► P.V.C. apron.  ► Barrier cream.
Thermal hazards	Not Available

#### Recommended material(s)

#### GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the  $\ computer$ generated selection:

Silbraze Flux Paste

Material	СРІ
BUTYL	С
BUTYL/NEOPRENE	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE	С
NITRILE	С
NITRILE+PVC	С
PE/EVAL/PE	С
PVA	С
PVC	С
VITON	С

<sup>\*</sup> CPI - Chemwatch Performance Index

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

# Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 5 x ES	A-AUS / Class 1 P2	-	A-PAPR-AUS / Class 1 P2
up to 25 x ES	Air-line*	A-2 P2	A-PAPR-2 P2
up to 50 x ES	-	A-3 P2	-
50+ x ES	-	Air-line**	-

#### ^ - Full-face

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	White to brown powder or paste; sligl	ntly mixes with water.	
Physical state	Non Slump Paste	Relative density (Water = 1)	~1.6
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	4.0-8.0 approx.	Decomposition temperature	Not Available
Melting point / freezing point (°C)	~450 to 850	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	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)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Partly miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
	T		<b>.</b>

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

Reactivity	See section 7
Chemical stability	Product is considered stable and hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

#### **SECTION 11 TOXICOLOGICAL INFORMATION**

Information on toxicological	effects
Inhaled	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial 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.  Borates, as represented by borax, may act as simple respiratory irritants. In a study of the respiratory effects of borax dust on active borax workers, the incidence of respiratory symptoms, pulmonary function and abnormalities of chest radiographs were related to estimated exposures. Dryness of the mouth, nose or throat, dry cough, nose bleeds, sore throat, productive cough, shortness of breath and chest tightness were related to exposures of 4 mg/m3 or more  Hamful by inhalation.
Ingestion	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.  Ingestion or percutaneous absorption of boric acid causes nausea, abdominal pain, diarrhoea and violent vomiting, sometimes bloody, which may be accompanied by headache and weakness, and characteristic erythematous (abnormally red) lesions on the skin. In severe cases, shock with fall in arterial pressure, tachycardia (increase in heart rate) and cyanosis (blue skin colour) may occur. Marked central nervous system irritation, oliguria (small volume of urine), and anuria (absence of or defective excretion of urine) may be present.  Symptoms of borate poisoning include nausea, vomiting, diarrhoea, epigastric pain. These may be accompanied headache, weakness and a distinctive red skin rash. In severe cases there may be shock, increased heart rate and the skin may appear blue. Vomiting (which may be violent) is often persistent and vomitus and faeces may contain blood.
Skin Contact	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.  The material may accentuate any pre-existing dermatitis condition  Boric acid is not absorbed through intact skin but is readily absorbed through areas of damaged, abraded, burned skin, areas of active dermatitis  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.

Eye

Chronic

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.

Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

There is sufficient evidence to provide a strong presumption that human exposure to the material may result in impaired fertility on the basis of: - clear evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects.

There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis

- clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems

Chronic boric acid poisoning is characterized by mild gastrointestinal irritation, loss of appetite, disturbed digestion, nausea, possibly vomiting and a hard blotchy rash. Dryness of skin, reddening of tongue, loss of hair, conjunctivitis, and kidney injury have also been reported. [Occupational Diseases]

Long term exposure to boric acid may be of more concern, causes kidney damage and eventually kidney failure. Although it does not appear to be carcinogenic, studies in dogs have reported testicular atrophy after exposure to 32 mg/kg bw/day for 90 days.

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

Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal).

Silbraze Flux Paste	TOXICITY  Not Available	IRRITATION  Not Available
potassium tetraborate	TOXICITY  Oral (rat) LD50: 2660 mg/kg <sup>[2]</sup>	IRRITATION  Not Available
potassium bifluoride	TOXICITY  Not Available	IRRITATION  Not Available

Chemwatch: 1901814 Page 7 of 9 Issue Date: 11/05/2017

Version No: **7.1.1.1** Print Date: 01/12/2017 Silbraze Flux Paste

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

POTASSIUM TETRABORATE	None available: for sodium tetraborate (borax) Reproductive effector in rats. Mutagenic towards b	pacteria.
POTASSIUM BIFLUORIDE	No significant acute toxicological data identified in literature search.  The material may produce severe irritation to the eye causing pronounced inflammation. Repeated conjunctivitis.  The material may cause skin irritation after prolonged or repeated exposure and may produce a coften characterised by skin redness (erythema) and swelling the epidermis. Histologically there may responsible to the service of the composition of the epidermis.	contact dermatitis (nonallergic). This form of dermatitis is
CYCLOHEXANOL	A member or analogue of a group of alicyclic substance generally regarded as safe (GRAS).  The majority of alicyclic substances used as flavour ingredients are mono- and bicyclic terpenes of compounds have one or more all-carbon rings which may be either saturated or unsaturated, but of have one or more aliphatic side chains attached.  With the exception of pulegone, alicyclic substances exhibit very low oral acute toxicity (i.e. LD50:	do not have aromatic character; alicyclic compounds may
POTASSIUM TETRABORATE & POTASSIUM BIFLUORIDE & CYCLOHEXANOL	Asthma-like symptoms may continue for months or even years after exposure to the material cease reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individu within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on sp bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic int in the criteria for diagnosis of RADS.	s of highly irritating compound. Key criteria for the al, with abrupt onset of persistent asthma-like symptoms oirometry, with the presence of moderate to severe
POTASSIUM BIFLUORIDE &	reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individu-within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on sp bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic information.	s of highly irritating compound. Key criteria for the al, with abrupt onset of persistent asthma-like symptoms birometry, with the presence of moderate to severe flammation, without eosinophilia, have also been included contact dermatitis (nonallergic). This form of dermatitis is
POTASSIUM BIFLUORIDE & CYCLOHEXANOL  BORIC ACID &	reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on sponochial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic infinithe criteria for diagnosis of RADS.  The material may cause skin irritation after prolonged or repeated exposure and may produce a coften characterised by skin redness (erythema) and swelling epidermis. Histologically there may be diagnosis of the contracterised by skin redness (erythema) and swelling epidermis.	s of highly irritating compound. Key criteria for the al, with abrupt onset of persistent asthma-like symptoms birometry, with the presence of moderate to severe flammation, without eosinophilia, have also been included contact dermatitis (nonallergic). This form of dermatitis is
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POTASSIUM BIFLUORIDE & CYCLOHEXANOL  BORIC ACID & CYCLOHEXANOL  Acute Toxicity	reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on sponchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic into in the criteria for diagnosis of RADS.  The material may cause skin irritation after prolonged or repeated exposure and may produce a coften characterised by skin redness (erythema) and swelling epidermis. Histologically there may land intracellular oedema of the epidermis.  Carcinogenicity	s of highly irritating compound. Key criteria for the al, with abrupt onset of persistent asthma-like symptoms birometry, with the presence of moderate to severe flammation, without eosinophilia, have also been included contact dermatitis (nonallergic). This form of dermatitis is be intercellular oedema of the spongy layer (spongiosis)
POTASSIUM BIFLUORIDE & CYCLOHEXANOL  BORIC ACID & CYCLOHEXANOL  Acute Toxicity  Skin Irritation/Corrosion	reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on sponchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic into in the criteria for diagnosis of RADS.  The material may cause skin irritation after prolonged or repeated exposure and may produce a often characterised by skin redness (erythema) and swelling epidermis. Histologically there may and intracellular oedema of the epidermis.  Carcinogenicity  Reproductivity	s of highly irritating compound. Key criteria for the al, with abrupt onset of persistent asthma-like symptoms birometry, with the presence of moderate to severe flammation, without eosinophilia, have also been included contact dermatitis (nonallergic). This form of dermatitis is be intercellular oedema of the spongy layer (spongiosis)

Legend:

X – Data available but does not fill the criteria for classification

✓ – Data available to make classification

O – Data Not Available to make classification

# **SECTION 12 ECOLOGICAL INFORMATION**

# Toxicity

0 10			2
		400	
0 48	Crustacea	133mg/L	4
0 48	Crustacea	133mg/L	4
	I I	1	1
0 72	Algae or other aquatic plants	54mg/L	2
C 768	Fish	0.009mg/L	/L 2
:C 768	FISh	0.009mg/L	L   2
1	1	ı	
POINT TEST DURATION (HR)	SPECIES	VALUE	
1, 1		; VALUE	SOURCE
n '06	Fish	· · · · · · · · · · · · · · · · · · ·	-
96	Fish	704mg/L	SOURCI 4
		704mg/L	4
0 96	Fish Algae or other aquatic plants	· · · · · · · · · · · · · · · · · · ·	-
0 C	72 768	768 Fish	72 Algae or other aquatic plants 54mg/L

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 Legend:

#### Silbraze Flux Paste

(QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Although small amounts of fluorides are conceded to have beneficial effects, two forms of chronic toxic effect, dental fluorosis and skeletal fluorosis may be caused by excessive intake over long periods. Fluorides are absorbed by humans following inhalation of workplace and ambient air that has been contaminated, ingestion of drinking water and foods and dermal contact. Fluoride accumulates, food-dependently in skeletal tissues of both aquatic and terrestrial vertebrates and invertebrates. Bioaccumulation occurs in marine organisms and, to a lesser extend, fresh water organisms.

For boron and borates

**Environmental fate:** 

Boron is generally found in nature bound to oxygen and is never found as the free element. Atmospheric boron may be in the form of particulate matter or aerosols as borides, boron oxides, boranes, organoboron compounds, trihalide boron compounds, or borazines. Borates are relatively soluble in water, and will probably be removed from the atmosphere by precipitation and dry deposition. The half-life of airborne particles is usually on the order of days, depending on the size of the particle and atmospheric conditions.

DO NOT discharge into sewer or waterways.

#### Persistence and degradability

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

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation
boric acid	LOW (BCF = 0)
cyclohexanol	LOW (LogKOW = 1.23)

#### Mobility in soil

Ingredient	Mobility
boric acid	LOW (KOC = 35.04)
cyclohexanol	LOW (KOC = 8.106)

#### **SECTION 13 DISPOSAL CONSIDERATIONS**

#### Waste treatment methods

Product / Packaging disposal

- Containers may still present a chemical hazard/ danger when empty.
- ► Return to supplier for reuse/ recycling if possible

# Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.
- ► DO NOT allow wash water from cleaning or process equipment to enter drains.
  - It may be necessary to collect all wash water for treatment before disposal.
  - ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- Recycle wherever possible or consult manufacturer for recycling options.
- ► Consult State Land Waste Management Authority for disposal.
- ▶ Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

## **SECTION 14 TRANSPORT INFORMATION**

# Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

# **SECTION 15 REGULATORY INFORMATION**

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

POTASSIUM TETRABORATE(1332-77-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

POTASSIUM BIFLUORIDE(7789-29-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Chemwatch: 1901814 Page 9 of 9 Issue Date: 11/05/2017 Version No: 7.1.1.1 Print Date: 01/12/2017

#### Silbraze Flux Paste

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
BORIC ACID(10043-35-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS	
Australia Hazardous Substances Information System - Consolidated Lists	Australia Inventory of Chemical Substances (AICS)
CYCLOHEXANOL(108-93-0) IS FOUND ON THE FOLLOWING REGULATORY LISTS	
Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)

#### BORON, ELEMENTAL(NOT APPLICABLE) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Hazardous Substances Information System - Consolidated Lists

Not Applicable

National Inventory	Status
Australia - AICS	Y
Canada - DSL	Υ
Canada - NDSL	N (cyclohexanol; boric acid; potassium bifluoride)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	Υ
Japan - ENCS	Y
Korea - KECI	Υ
New Zealand - NZIoC	Y
Philippines - PICCS	Υ
USA - TSCA	Y
Legend:	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)

#### **SECTION 16 OTHER INFORMATION**

#### Other information

# Ingredients with multiple cas numbers

Name	CAS No
potassium tetraborate	1332-77-0, 12045-78-2, 12228-88-5
boric acid	10043-35-3, 11113-50-1, 41685-84-1

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

 ${\sf PC-STEL} : {\sf Permissible Concentration-Short Term Exposure Limit}$ 

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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