



A-GAS R23

Hazard Alert Code:

MODERATE

Chemwatch Material Safety Data Sheet

Revision No: 2.0

Chemwatch 15-8357

Issue Date: 23-Jun-2008

CD 2008/2

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION**PRODUCT NAME:** A-GAS R23**PROPER SHIPPING NAME**

TRIFLUOROMETHANE (REFRIGERANT GAS R 23)

PRODUCT USE

Refrigerant.

SUPPLIER

Company: A-Gas (Australia) Pty Ltd

Address:

9 - 11 Oxford Road

Laverton North

Vic, 3026

AUS

Telephone: 61 3 9368 9222

Emergency Tel: 61 3 1800 002 427

Fax: 61 3 9368 9233

HAZARD RATINGS

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

Min/Nil=0
Low=1
Moderate=2
High=3
Extreme=4

Section 2 - HAZARDS IDENTIFICATION**STATEMENT OF HAZARDOUS NATURE****DANGEROUS GOODS. NON-HAZARDOUS SUBSTANCE.** According to the Criteria of NOHSC, and the ADG Code.**POISONS SCHEDULE**

None

RISK

Risk Codes	Risk Phrases
R04	Forms very sensitive explosive metallic compounds.
R44	Risk of explosion if heated under confinement.

SAFETY

Safety Codes	Safety Phrases
S23	Do not breathe gas/ fumes/ vapour/ spray.
S51	Use only in well ventilated areas.
S09	Keep container in a well ventilated place.
S03	Keep in a cool place.
S07	Keep container tightly closed.
S27	Take off immediately all contaminated clothing.
S60	This material and its container must be disposed of as hazardous waste.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
trifluoromethane	75-46-7	>99.5

Section 4 - FIRST AID MEASURES**SWALLOWED**

Not considered a normal route of entry. Avoid giving milk or oils. Avoid giving alcohol.

EYE

- 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.

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.

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SKIN

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.

INHALED

- 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.

NOTES TO PHYSICIAN

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 myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.

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

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.

FIRE FIGHTING**GENERAL**

- 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.
- DO NOT approach cylinders suspected to be hot.
- Cool fire exposed cylinders with water spray from a protected location.
- If safe to do so, remove cylinders from path of fire.

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SPECIAL REQUIREMENTS:

- Excessive pressures may develop in a gas cylinder exposed in a fire; this may result in explosion.
- Cylinders with pressure relief devices may release their contents as a result of fire and the released gas may constitute a further source of hazard for the fire-fighter.
- Cylinders without pressure-relief valves have no provision for controlled release and are therefore more likely to explode if exposed to fire.

FIRE FIGHTING REQUIREMENTS:

The need for proximity, entry and special protective clothing should be determined for each incident, by a competent fire-fighting safety professional.

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn.
- Decomposition may produce toxic fumes of: hydrogen fluoride.
Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.
 - Vented gas is more dense than air and may collect in pits, basements.

FIRE INCOMPATIBILITY

None known.

HAZCHEM

2T

Personal Protective Equipment

Gas tight chemical resistant suit.

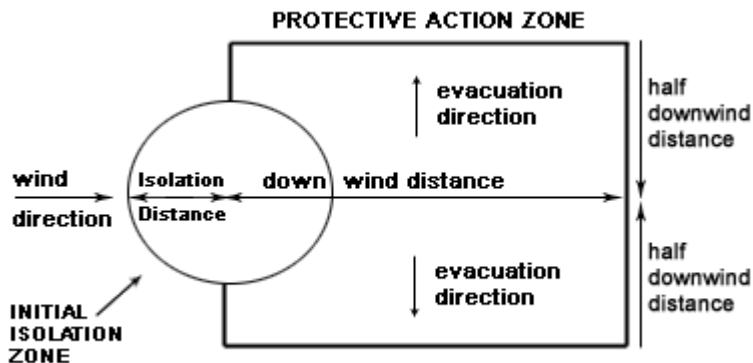
Section 6 - ACCIDENTAL RELEASE MEASURES**EMERGENCY PROCEDURES**

MINOR SPILLS

- Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used.
- DO NOT enter confined spaces where gas may have accumulated.
- Increase ventilation.
- Clear area of personnel.
- Stop leak only if safe to do so.
- Remove leaking cylinders to safe place. Release pressure under safe controlled conditions by opening valve.
- Orientate cylinder so that the leak is gas, not liquid, to minimise rate of leakage
- Keep area clear of personnel until gas has dispersed.

MAJOR SPILLS

- 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.
- Consider evacuation.
- Increase ventilation.
- No smoking or naked lights within area.
- Stop leak only if safe to do so.
- Water spray or fog may be used to disperse vapour.
- DO NOT enter confined space where gas may have collected.
- Keep area clear until gas has dispersed.
- 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.

PROTECTIVE ACTIONS FOR SPILL

From IERG (Canada/Australia)

Isolation Distance	50 metres
Downwind Protection Distance	500 metres
IERG Number	6

FOOTNOTES

- PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.
- INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
- SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills". LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
- Guide 126 is taken from the US DOT emergency response guide book.
- IERG information is derived from CANUTEC - Transport Canada.

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SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS

+ + + + - +

X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

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

Section 7 - HANDLING AND STORAGE**PROCEDURE FOR HANDLING**

- Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe dispersal.
- Use a pressure reducing regulator when connecting cylinder to lower pressure (<100 psig) piping or systems
- Use a check valve or trap in the discharge line to prevent hazardous back-flow into the cylinder
- Check regularly for spills or leaks. Keep valves tightly closed but do not apply extra leverage to hand wheels or cylinder keys.
- Valve protection caps must remain in place unless container is secured with valve outlet piped to use point.
- Do NOT drag, slide or roll cylinders - use a suitable hand truck for cylinder movement
- Test for leakage with brush and detergent - NEVER use a naked flame.
- Do NOT heat cylinder by any means to increase the discharge rate of product from cylinder.
- Leaking gland nuts may be tightened if necessary.
- If a cylinder valve will not close completely, remove the cylinder to a well ventilated location (e.g. outside) and, when empty, tag as FAULTY and return to supplier.
- Obtain a work permit before attempting any repairs. DO NOT attempt repair work on lines, vessels under pressure.
- Atmospheres must be tested and O.K. before work resumes after leakage.
- DO NOT transfer gas from one cylinder to another.

SUITABLE CONTAINER

- 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.
- Cylinder valve must be closed when not in use or when empty.
- Segregate full from empty cylinders.

WARNING: Suckback into cylinder may result in rupture. Use back-flow preventive device in piping.

STORAGE INCOMPATIBILITY

- Haloalkanes are highly reactive. Some of the more lightly substituted lower members are highly flammable.
- Reaction with the lighter divalent metals may produce more reactive compounds analogous to Grignard reagents.
- Prolonged contact with metallic or other azides may produce explosive compounds.
- Avoid reaction or 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.

BREITHERICK L.: Handbook of Reactive Chemical Hazards.

Salts of inorganic fluoride:

- react with water forming acidic solutions.
- are violent reactive with boron, bromine pentafluoride, calcium disilicide, calcium hydride, oxygen difluoride, potassium.
- in aqueous solutions are incompatible with sulfuric acid, alkalis, ammonia, aliphatic amines, alkanolamines, alkylene oxides, amides, epichlorohydrin, isocyanates, nitromethane, organic anhydrides, vinyl acetate.
- corrode metals in presence of moisture
- Avoid magnesium, aluminium and their alloys, brass and steel.

None known.

STORAGE REQUIREMENTS

- 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.
- Cylinders in storage should be properly secured to prevent toppling or rolling.
- Cylinder valves should be closed when not in use.
- Where cylinders are fitted with valve protection this should be in place and properly secured.
- Gas cylinders should be segregated according to the requirements of the Dangerous Goods Act.
- Preferably store full and empty cylinders separately.
- Check storage areas for hazardous concentrations of gases prior to entry.
- Full cylinders should be arranged so that the oldest stock is used first.
- Cylinders in storage should be checked periodically for general condition and leakage.
- Protect cylinders against physical damage. Move and store cylinders correctly as instructed for their manual handling.

NOTE: A 'G' size cylinder is usually too heavy for an inexperienced operator to raise or lower.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION**EXPOSURE CONTROLS**

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³	TWA F/CC
Australia Exposure Standards	trifluoromethane (Fluorides (as F))		2.5					

MATERIAL DATA

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May act as a simple asphyxiants; these are gases which, when present in high concentrations, reduce the oxygen content in air below that required to support breathing, consciousness and life; loss of consciousness, with death by suffocation may rapidly occur in an oxygen deficient atmosphere.

CARE: Most simple asphyxiants are odourless or possess low odour and there is no warning on entry into an oxygen deficient atmosphere. If there is any doubt, oxygen content can be checked simply and quickly. It may not be appropriate to only recommend an exposure standard for simple asphyxiants rather it is essential that sufficient oxygen be maintained. Air normally has 21 percent oxygen by volume, with 18 percent regarded as minimum under normal atmospheric pressure to maintain consciousness / life. At pressures significantly higher or lower than normal atmospheric pressure, expert guidance should be sought.

Based on a study in which the threshold for minimum increase in bone density due to fluoride exposure was 3.38 mg/m³ (as fluoride), the present TLV-TWA has been adopted to prevent irritant effects and disabling bone changes. There is also support for the proposition that occupational exposure below the TLV will have no adverse effect on pregnant women or off-spring. IARC has classified fluorides in drinking water as Group 3 carcinogens; i.e. Not classifiable as to its carcinogenicity to humans. Equivocal evidence of carcinogenic activity (osteosarcoma) has been found in male rats administered sodium fluoride in drinking water. (0-175 ppm) Evidence was not found in female rats or in male or female mice.

INGREDIENT DATA

TRIFLUOROMETHANE:

No exposure limits set by NOHSC or ACGIH.

PERSONAL PROTECTION**EYE**

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59]

HANDS/FEET

- When handling sealed cylinders wear cloth or leather gloves.

OTHER

- 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.
- Rescue gear: Two sets of SCUBA breathing apparatus Rescue Harness, lines etc.

RESPIRATOR

- Positive pressure, full face, air-supplied breathing apparatus should be used for work in enclosed spaces if a leak is suspected or the primary containment is to be opened (e.g. for a cylinder change)
- Air-supplied breathing apparatus is required where release of gas from primary containment is either suspected or demonstrated.

ENGINEERING CONTROLS

- Areas where cylinders are stored require good ventilation and, if enclosed, need discrete/controlled exhaust ventilation.
- Secondary containment and exhaust gas treatment may be required by certain jurisdictions.
- Local exhaust ventilation may be required in work areas.
- Consideration should be given to the use of diaphragm or bellows-sealed, soft-seat valves; backflow prevention devices and flow-monitoring or limiting devices.
- Automated alerting systems with automatic shutdown of gas-flow may be appropriate and may in fact be mandatory in certain jurisdictions.
- Respiratory protection in the form of air-supplied or self-contained breathing equipment must be worn if the oxygen concentration in the workplace air is less than 19%.
- Cartridge respirators do NOT give protection and may result in rapid suffocation.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES**APPEARANCE**

Colourless pressurised liquified gas with a slightly ethereal odour; slightly soluble in water.

PHYSICAL PROPERTIES

Gas.

Molecular Weight: 70

Melting Range (°C): -155 (freezing point)

Solubility in water (g/L): Partly Miscible

pH (1% solution): Not Available

Volatile Component (%vol): 100

Relative Vapour Density (air=1): 2.4

Lower Explosive Limit (%): Not Applicable

Autoignition Temp (°C): Not Applicable

State: Compressed Gas

Boiling Range (°C): -82.1

Specific Gravity (water=1): 1.22

pH (as supplied): Neutral

Vapour Pressure (kPa): 4185 @ 20 deg.C

Evaporation Rate: Fast

Flash Point (°C): Not Applicable

Upper Explosive Limit (%): Not Applicable

Decomposition Temp (°C): Not Available

Viscosity: 0.106 mPa.s cSt@ 25 deg.°C

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION**CONDITIONS CONTRIBUTING TO INSTABILITY**

- Presence of incompatible materials.
 - Product is considered stable.
 - Hazardous polymerisation will not occur.
- Presence of elevated temperatures.

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Section 11 - TOXICOLOGICAL INFORMATION**POTENTIAL HEALTH EFFECTS****ACUTE HEALTH EFFECTS****SWALLOWED**

Overexposure is unlikely in this form.

Not normally a hazard due to physical form of product.

Considered an unlikely route of entry in commercial/industrial environments.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

Not considered to be a risk because of the extreme volatility of the gas.

SKIN

Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons.

Fluorocarbons remove natural oils from the skin, causing irritation, dryness and sensitivity.

Open cuts, abraded or irritated skin should not be exposed to this material.

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.

Material on the skin evaporates rapidly and may cause tingling, chilling and even temporary numbness.

INHALED

The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of the material, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of coordination, and vertigo.

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.

Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. Vapour is heavier than air and may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure.

Symptoms of asphyxia (suffocation) may include headache, dizziness, shortness of breath, muscular weakness, drowsiness and ringing in the ears. If the asphyxia is allowed to progress, there may be nausea and vomiting, further physical weakness and unconsciousness and, finally, convulsions, coma and death. Significant concentrations of the non-toxic gas reduce the oxygen level in the air. As the amount of oxygen is reduced from 21 to 14 volume %, the pulse rate accelerates and the rate and volume of breathing increase. The ability to maintain attention and think clearly is diminished and muscular coordination is somewhat disturbed. As oxygen decreases from 14-10% judgement becomes faulty; severe injuries may cause no pain. Muscular exertion leads to rapid fatigue. Further reduction to 6% may produce nausea and vomiting and the ability to move may be lost. Permanent brain damage may result even after resuscitation at exposures to this lower oxygen level. Below 6% breathing is in gasps and convulsions may occur. Inhalation of a mixture containing no oxygen may result in unconsciousness from the first breath and death will follow in a few minutes.

Exposure to fluorocarbons can produce non-specific flu-like symptoms such as chills, fever, weakness, muscle pain, headache, chest discomfort, sore throat and dry cough with rapid recovery. High concentrations can cause irregular heartbeats and a stepwise reduction in lung capacity. Heart rate may be reduced.

CHRONIC HEALTH EFFECTS

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

Principal route of occupational exposure to the gas is by inhalation.

Fluorocarbons can cause an increased risk of cancer, spontaneous abortion and birth defects.

TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant: Not Determined

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.

Both hydrogen fluoride and particulate fluorides will be transported in the atmosphere and deposited on land or water by wet and dry deposition. Non-volatile inorganic fluoride particulates are removed from the atmosphere via condensation or nucleation processes. Fluorides adsorbed on particulate matter in the atmosphere are generally stable and are not readily hydrolysed, although they may be degraded by radiation if they persist in the atmosphere. Fluorine and the silicon fluorides (fluosilicates, silicofluorides) are hydrolysed in the atmosphere to form hydrogen fluoride. Hydrogen fluoride may combine with water vapour to produce an aerosol or fog of aqueous hydrofluoric acid. Based upon available data, inorganic fluoride compounds, with the exception of sulfur hexafluoride, are not expected to remain in the troposphere for long periods or to migrate to the stratosphere. Estimates of the residence time of sulfur hexafluoride in the atmosphere range from 500 to several thousand years. Fluoride in aerosols can be transported over large distances by wind or as a result of atmospheric turbulence. The distance travelled is determined by the deposition velocity of both the gaseous hydrogen fluoride and the fluorides in particulate form. Atmospheric fluorides may be transported to soils and surface waters through both wet and dry deposition processes.

Fluorides undergo transformations in soil and water, forming complexes and binding strongly to soil and sediment.

In water, the transport and transformation of inorganic fluorides are influenced by pH, water hardness and the presence of ion-exchange materials such as clays. In natural water, fluoride forms strong complexes with aluminum in water, and fluorine chemistry in water is largely regulated by aluminum concentration and pH. Below pH 5, fluoride is almost entirely complexed with aluminum and consequently, the concentration of free F⁻ is low. As the pH increases, Al-OH complexes dominate over Al-F complexes and the free F⁻ levels increase. Fluoride forms stable complexes with calcium and magnesium, which are present in sea water. Calcium carbonate precipitation dominates the removal of dissolved fluoride from sea water. The residence time for fluoride in ocean sediment is calculated to be 2-3 million years. Fluorosilicic acid and hydrofluoric acid in high aquatic concentrations such as may be found in industrial waste ponds may volatilise, releasing silicon tetrafluoride and hydrogen fluoride into the atmosphere.

Solubilisation of inorganic fluorides from minerals may also be enhanced by the presence of ion-exchange materials (e.g., bentonite clays and humic acid). Once dissolved, inorganic fluorides remain in solution under conditions of low pH and hardness and in the presence of ion-exchange material. Soluble inorganic fluorides may also form aerosols at the air-water interface or vaporise into the atmosphere whereas undissolved species generally undergo sedimentation.

Factors that influence the mobility of inorganic fluorides in soil are pH and the formation of aluminium and calcium complexes. In more acidic soils, concentrations of inorganic fluoride were considerably higher in the deeper horizons. The low affinity of fluorides for organic material results in leaching from the more acidic surface horizon and increased retention by clay minerals and silts in the more alkaline, deeper horizons. The maximum adsorption of fluoride to soil was reported to occur at pH 5.5. In acidic soils with pH below 6, most of the fluoride is in complexes with either aluminium or iron. Fluoride in alkaline soils at pH 6.5 and above is almost completely fixed in soils as calcium fluoride, if sufficient calcium carbonate is available. Fluoride is extremely immobile in soil, as determined by lysimeter experiments.

Populations living in areas with high fluoride levels in groundwater may be exposed to higher levels of fluorides in their drinking water or in beverages prepared with the water. Among these populations, outdoor laborers, people living in hot climates, and people with polydipsia will generally have the greatest

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daily intake of fluorides because they consume greater amounts of water.

Foods characteristically high in fluoride content are certain types of fish and seafood (1.9–28.5 mg/kg), especially those types in which the bones are consumed, bone products such as bone meal and gelatin, and tea, which contains approximately 0.52 mg fluoride/cup

Fluoride is mainly absorbed by the body in the form of hydrogen fluoride, which has a pK_a of 3.45. That is, when ionic fluoride enters the acidic environment of the stomach lumen, it is largely converted into hydrogen fluoride. Most of the fluoride that is not absorbed from the stomach will be rapidly absorbed from the small intestine.

Fluorides have been shown to accumulate in animals that consume fluoride-containing foliage. However, accumulation is primarily in skeletal tissue and therefore, it is unlikely that fluoride will biomagnify up the food chain.

DO NOT discharge into sewer or waterways.

Section 13 - DISPOSAL CONSIDERATIONS

For small quantities:

- Cautiously dissolve in water
- Neutralise with sodium carbonate or if product does not dissolve completely add a small quantity of hydrochloric acid followed by sodium carbonate
- Add excess calcium chloride to precipitate the fluoride and/ or carbonate
- Remove solids to site approved for hazardous waste
- 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 - TRANSPORTATION INFORMATION

Labels Required: NON-FLAMMABLE COMPRESSED GAS

HAZCHEM: 2T

UNDG:

Dangerous Goods Class:	2.2	Subrisk:	None
UN Number:	1984	Packing Group:	None

Shipping Name: TRIFLUOROMETHANE (REFRIGERANT GAS R 23)

Air Transport IATA:

ICAO/IATA Class:	2.2	ICAO/IATA Subrisk:	None
UN/ID Number:	1984	Packing Group:	None
Special provisions:	None		

Shipping Name: REFRIGERANT GAS R 23

Maritime Transport IMDG:

IMDG Class:	2.2	IMDG Subrisk:	None
UN Number:	1984	Packing Group:	None
EMS Number:	F-C,S-V	Special provisions:	None
Limited Quantities:	120 ml	Marine Pollutant:	Not Determined

Shipping Name: TRIFLUOROMETHANE (REFRIGERANT GAS R 23)

Section 15 - REGULATORY INFORMATION**POISONS SCHEDULE**

None

REGULATIONS

A- Gas R23 (CAS: None):

No regulations applicable

trifluoromethane (CAS: 75- 46- 7) is found on the following regulatory lists;

Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (Domestic water supply - disinfection by- products)

Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm (Aquatic habitat)

Australia - Australian Capital Territory Environment Protection Regulation Ecosystem maintenance - Organic chemicals - Non-pesticide anthropogenic organics

Australia - Australian Capital Territory Environment Protection Regulation Pollutants entering waterways - Domestic water quality

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 2

OECD Representative List of High Production Volume (HPV) Chemicals

WHO Guidelines for Drinking- water Quality - Guideline values for chemicals that are of health significance in drinking- water

Section 16 - 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/references.

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.

A-GAS R23**Hazard Alert Code:
MODERATE**

Chemwatch Material Safety Data Sheet

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