MultiBoost with B12

Elanco Australasia Pty Ltd

Chemwatch Hazard Alert Code: **2**

Chemwatch: **5667-04**
Version No: **3.2**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Issue Date: **28/03/2024**
Print Date: **04/04/2024**
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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	MultiBoost with B12
Chemical Name	Not Applicable
Synonyms	APVMA approval number: 93153/138116
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Chelated trace element injection for beef and dairy cattle.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**Elanco Australasia Pty Ltd**
Address	Level 3, 7 Eden Park Drive Macquarie Park NSW 2113 Australia
Telephone	1800 995 709
Fax	Not Available
Website	Not Available
Email	elanco_sds@elancoah.com

Emergency telephone number

Association / Organisation	**CHEMTREC**
Emergency telephone numbers	CHEMTREC: +61 2 9037 2994 (Local)
Other emergency telephone numbers	CHEMTREC International: 00 1 703-527-3887 (24 hours); 1800 862 115 (Freephone)

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	S6
Classification [1]	Acute Toxicity (Oral) Category 4, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	***1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI***

Label elements

Hazard pictogram(s)	
Signal word	**Warning**

Hazard statement(s)

H302	Harmful if swallowed.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P302+P352	IF ON SKIN: Wash with plenty of water

Page 1 continued...

P302+P352	IF ON SKIN: Wash with plenty of water.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P330	Rinse mouth.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14025-21-9	10-30	EDTA disodium zinc salt
14025-15-1	1-10	EDTA disodium copper salt
15375-84-5	1-10	EDTA, disodium manganese salt
10102-18-8	0.1-1	sodium selenite
68-19-9	0.1-1	cyanocobalamin
Not Available	balance	Ingredients determined not to be hazardous
Legend:	***1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available***	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Immediately hold eyelids apart and flush the eye continuously with 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. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ 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. ▸ Prostheses 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.
Ingestion	▸ **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

Treat symptomatically.
for copper intoxication:

- Unless extensive vomiting has occurred empty the stomach by lavage with water, milk, sodium bicarbonate solution or a 0.1% solution of potassium ferrocyanide (the resulting copper ferrocyanide is insoluble).
- Administer egg white and other demulcents.
- Maintain electrolyte and fluid balances.
- Morphine or meperidine (Demerol) may be necessary for control of pain.
- If symptoms persist or intensify (especially circulatory collapse or cerebral disturbances, try BAL intramuscularly or penicillamine in accordance with the supplier's recommendations.
- Treat shock vigorously with blood transfusions and perhaps vasopressor amines.
- If intravascular haemolysis becomes evident protect the kidneys by maintaining a diuresis with mannitol and perhaps by alkalinising the urine with sodium bicarbonate.
- It is unlikely that methylene blue would be effective against the occassional methaemoglobinemia and it might exacerbate the subsequent haemolytic episode.
- Institute measures for impending renal and hepatic failure.

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[GOSSELIN, SMITH & HODGE: Commercial Toxicology of Commercial Products]
- A role for activated charcoals for emesis is, as yet, unproven.
- In severe poisoning CaNa2EDTA has been proposed.

[ELLENHORN & BARCELOUX: Medical Toxicology]

Both dermal and oral toxicity of manganese salts is low because of limited solubility of manganese. No known permanent pulmonary sequelae develop after acute manganese exposure. Treatment is supportive.

[***Ellenhorn and Barceloux: Medical Toxicology***]

In clinical trials with miners exposed to manganese-containing dusts, L-dopa relieved extrapyramidal symptoms of both hypo kinetic and dystonic patients. For short periods of time symptoms could also be controlled with scopolamine and amphetamine. BAL and calcium EDTA prove ineffective.

[***Gosselin et al: Clinical Toxicology of Commercial Products.***]

SECTION 5 Firefighting measures

Extinguishing media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.
Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.
In such an event consider:
- foam.
- dry chemical powder.
- carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water courses. ▸ Use fire fighting procedures suitable for surrounding area. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ The material is not readily combustible under normal conditions. ▸ However, it will break down under fire conditions and the organic component may burn. ▸ Not considered to be a significant fire risk. ▸ Heat may cause expansion or decomposition with violent rupture of containers. ▸ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. Decomposes on heating and produces toxic fumes of: carbon dioxide (CO_2) nitrogen oxides (NO_x) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
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 breathing vapours and contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Contain and absorb spill with sand, earth, inert material or vermiculite. ▸ Wipe up. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	Moderate hazard. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Neutralise/decontaminate residue (see Section 13 for specific agent). ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

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SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ **DO NOT** allow clothing wet with material to stay in contact with skin ▸ 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. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ **DO NOT** allow material to contact humans, exposed food or food utensils. ▸ Avoid contact with incompatible materials. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Keep containers securely sealed when not in use. ▸ Avoid physical damage to containers. ▸ Always wash hands with soap and water after handling. ▸ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
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. ▸ Protect containers against physical damage and check regularly for leaks. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

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	Inorganic derivative of Group 11 metal. Salts of ethylenediaminetetraacetic acid (EDTA): ▸ should not come into contact with strong oxidisers ▸ are incompatible with metals such as zinc, aluminum, carbon steel, copper, copper alloys, galvanized metals and nickel. ▸ in contact with metals, such as aluminum, may generate flammable hydrogen gas ▸ in contact with bases, may evolve hydrogen and oxygen None known

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	EDTA, disodium manganese salt	Manganese, dust & compounds (as Mn)	1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	sodium selenite	Selenium compounds (as Se) excluding hydrogen selenide	0.1 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
sodium selenite	1.3 mg/m3	2.3 mg/m3	3.1 mg/m3

Ingredient	Original IDLH	Revised IDLH
EDTA disodium zinc salt	Not Available	Not Available
EDTA disodium copper salt	Not Available	Not Available
EDTA, disodium manganese salt	500 mg/m3	Not Available
sodium selenite	1 mg/m3	Not Available
cyanocobalamin	Not Available	Not Available

Occupational Exposure Banding

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

MATERIAL DATA

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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.

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Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.
An approved self contained breathing apparatus (SCBA) may be required in some situations.
Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Individual protection measures, such as personal protective equipment

Eye and face protection

- Safety glasses with side shields.
- Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

Skin protection

See Hand protection below

Hands/feet protection

- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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.
The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.
Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:
· frequency and duration of contact,
· chemical resistance of glove material,
· glove thickness and
· dexterity
Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).
· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
· Contaminated gloves should be replaced.
As defined in ASTM F-739-96 in any application, gloves are rated as:
· Excellent when breakthrough time > 480 min
· Good when breakthrough time > 20 min
· Fair when breakthrough time < 20 min
· Poor when glove material degrades
For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.
It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.
Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.
Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:
· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

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	Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ Eye wash unit.

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:
MultiBoost with B12

Material	CPI
BUTYL	A
NEOPRENE	A
VITON	A
NATURAL RUBBER	C
PVA	C

* CPI - Chemwatch Performance Index
A: Best Selection
B: Satisfactory; may degrade after 4 hours continuous immersion
C: Poor to Dangerous Choice for other than short term immersion
NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -
* 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.

Respiratory protection

Type A 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 10 x ES	A-AUS	-	A-PAPR-AUS / Class 1
up to 50 x ES	-	A-AUS / Class 1	-
up to 100 x ES	-	A-2	A-PAPR-2 ^

^ - 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)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Clear, dark blue liquid; mixes with water.

Physical state	Liquid	**Relative density (Water = 1)**	Not Available
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Applicable
pH (as supplied)	4.6-4.8	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	~0	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	~100 (100 kPa)	**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	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7

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Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation of aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.
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. Numerous cases of a single oral exposure to high levels of copper have been reported. Consumption of copper-contaminated drinking water has been associated with mainly gastrointestinal symptoms including nausea, abdominal pain, vomiting and diarrhoea. A metallic taste, nausea, vomiting and epigastric burning often occur after ingestion of copper and its derivatives. The vomitus is usually green/blue and discolours contaminated skin. Acute poisonings from the ingestion of copper salts are rare due to their prompt removal by vomiting. Vomiting is due mainly to the local and astringent action of copper ion on the stomach and bowel. Emesis usually occurs within 5 to 10 minutes but may be delayed if food is present in the stomach. Should vomiting not occur, or is delayed, gradual absorption from the bowel may result in systemic poisoning with death, possibly, following within several days. Apparent recovery may be followed by lethal relapse. Systemic effects of copper resemble other heavy metal poisonings and produce wide-spread capillary damage, kidney and liver damage and central nervous system excitation followed by depression. Haemolytic anaemia (a result of red-blood cell damage) has been described in acute human poisoning. [GOSSELIN, SMITH HODGE: Clinical Toxicology of Commercial Products.] Other symptoms of copper poisoning include lethargy, neurotoxicity, and increased blood pressure and respiratory rates. Coma and death have followed attempted suicides using solutions of copper sulfate. Copper is an essential element and most animal tissues have measurable amounts of copper associated with them. Humans have evolved mechanisms which maintain is availability whilst limiting its toxicity (homeostasis). Copper is initially bound in the body to a blood-borne protein, serum albumin and thereafter is more firmly bound to another protein, alpha-ceruloplasmin. Such binding effectively "inactivates" the copper, thus reducing its potential to produce toxic damage. In healthy individuals, bound copper can reach relatively high levels without producing adverse health effects. Excretion in the bile represents the major pathway by which copper is removed from the body when it reaches potentially toxic levels. Copper may also be stored in the liver and bone marrow where it is bound to another protein, metallothionein. A combination of binding and excretion ensures that the body is able to tolerate relatively high loadings of copper. Poisonings rarely occur after oral administration of manganese salts as they are generally poorly absorbed from the gut (generally less than 4%) and seems to be dependent, in part, on levels of dietary iron and may increase following the consumption of alcohol. A side-effect of oral manganese administration is an increase in losses of calcium in the faeces and a subsequent lowering of calcium blood levels. Absorbed manganese tends to be slowly excreted in the bile. Divalent manganese appears to be 2.5-3 times more toxic than the trivalent form.
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 Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. 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. Exposure to copper, by skin, has come from its use in pigments, ointments, ornaments, jewellery, dental amalgams and IUDs and as an antifungal agent and an algicide. Although copper algicides are used in the treatment of water in swimming pools and reservoirs, there are no reports of toxicity from these applications. Reports of allergic contact dermatitis following contact with copper and its salts have appeared in the literature, however the exposure concentrations leading to any effect have been poorly characterised. In one study, patch testing of 1190 eczema patients found that only 13 (1.1%) cross-reacted with 2% copper sulfate in petrolatum. The investigators warned, however, that the possibility of contamination with nickel (an established contact allergen) might have been the cause of the reaction. Copper salts often produce an itching eczema in contact with skin. This is, likely, of a non-allergic nature.
Eye	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. Copper salts, in contact with the eye, may produce conjunctivitis or even ulceration and turbidity of the cornea.
Chronic	Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Sequestering agents are occasionally used in therapies for various forms of poisoning and are normally injected intravenously. A systemic reaction known as the "excessive chelation syndrome" consists mainly of malaise, fatigue, thirst and parathesias, followed by chills and fever. Myalgia, headache, anorexia, nausea and occasionally marked urinary frequency and urgency may also occur. Minor reactions resembling those produced by histamine or the common cold are sometimes seen.

Continued...

Parenteral administration of EDTA and its salts in high doses may produce severe renal lesions with tubular necrosis, internal haemorrhage, transient bone marrow depression and life-threatening hypocalcaemia. Prolonged parenteral exposures produce electrolyte imbalance and possible cardiac arrhythmias.
Prolonged or repeated skin contact may result in irritation. EDTA and its metal salts do not permeate the cellular membrane to a significant extent; they remain in the extracellular fluid until excreted. (ILO Encyclopaedia)
NOTE: Conflicting animal test data is available with regard to the teratogenic potential of EDTA sodium salts. Some data indicate that teratogenic effects may occur at extremely high maternal doses.
For copper and its compounds (typically copper chloride):
Acute toxicity: There are no reliable acute oral toxicity results available. Animal testing shows that skin in exposure to copper may lead to hardness of the skin, scar formation, exudation and reddish changes. Inflammation, irritation and injury of the skin were noted.
Repeat dose toxicity: Animal testing shows that very high levels of copper monochloride may cause anaemia.
Genetic toxicity: Copper monochloride does not appear to cause mutations in vivo, although chromosomal aberrations were seen at very high concentrations in vitro.
Cancer-causing potential: There was insufficient information to evaluate the cancer-causing activity of copper monochloride.
Repeated or prolonged exposure may also damage the liver and may cause a decrease in the heart rate. Systemic poisoning may result from inhalation or chronic ingestion of manganese containing substances. Progressive and permanent disability can occur from chronic manganese poisoning if it is not treated, but it is not fatal.
Chronic exposure has been associated with two major effects; bronchitis/pneumonitis following inhalation of manganese dusts and "manganism", a neuropsychiatric disorder that may also arise from inhalation exposures. Chronic exposure to low levels may result in the accumulation of toxic concentrations in critical organs. The brain in particular appears to sustain cellular damage to the ganglion. Symptoms appear before any pathology is evident and may include a mask-like facial expression, spastic gait, tremors, slurred speech, sometimes dystonia (disordered muscle tone), fatigue, anorexia, asthenia (loss of strength and energy), apathy and the inability to concentrate. Insomnia may be an early finding. Chronic poisoning may occur over a 6-24 month period depending on exposure levels.
The onset of chronic manganese poisoning is insidious, with apathy, anorexia weakness, headache and spasms. Manganese psychosis follows with certain definitive features: unaccountable laughter, euphoria, impulsive acts, absentmindedness, mental confusion, aggressiveness and hallucinations. The final stage is characterised by speech difficulties, muscular twitching, spastic gait and other nervous system effects. Symptoms resemble those of Parkinson's disease. Rat studies indicate the gradual accumulation of brain manganese to produce lesions mimicking those found in Parkinsonism. If the disease is diagnosed whilst still in the early stages and the patient is removed from exposure, the course may be reversed.
Inhalation of manganese fumes may cause 'metal fume fever' characterised by flu-like symptoms: fever, chill, nausea, weakness and body aches. Manganese dust is no longer believed to be a causative factor in pneumonia. If there is any relationship at all, it appears to be as an aggravating factor to a preexisting condition.
Prolonged or repeated eye contact may result in conjunctivitis.
Manganese is an essential trace element in all living organisms with the level of tissue manganese remaining remarkably constant throughout life.

MultiBoost with B12

TOXICITY	IRRITATION
Not Available	Not Available

EDTA disodium zinc salt

TOXICITY	IRRITATION
dermal (rat) LD50: >2000 mg/kg[1]	Not Available
Inhalation (Rat) LC50: >2.75 mg/l4h[1]	
Oral (Rat) LD50: >=2000 mg/kg[1]	

EDTA disodium copper salt

TOXICITY	IRRITATION
dermal (rat) LD50: >2000 mg/kg[1]	Not Available
Inhalation (Rat) LC50: >5.3 mg/l4h[1]	
Oral (Rat) LD50: >1000 mg/kg[2]	

EDTA, disodium manganese salt

TOXICITY	IRRITATION
dermal (rat) LD50: >2000 mg/kg[1]	Not Available
Inhalation (Rat) LC50: >5.16 mg/l4h[1]	
Oral (Rat) LD50: >2000 mg/kg[1]	

sodium selenite

TOXICITY	IRRITATION
Inhalation (Rat) LC50: >0.052<=0.51 mg/l4h[1]	Eye: adverse effect observed (irritating)[1]
Oral (Rat) LD50: 7 mg/kg[2]	Skin: adverse effect observed (irritating)[1]

cyanocobalamin

TOXICITY	IRRITATION
Not Available	Not Available

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***

EDTA DISODIUM ZINC SALT	No significant acute toxicological data identified in literature search.
SODIUM SELENITE	Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.
CYANOCOBALAMIN	Oral (several) species: LD50 >5000 mg/kg* Nil reported Reproductive effector in rats
EDTA DISODIUM ZINC SALT & EDTA DISODIUM COPPER SALT & EDTA, DISODIUM MANGANESE SALT & SODIUM SELENITE	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Continued...

EDTA DISODIUM ZINC SALT & EDTA DISODIUM COPPER SALT & EDTA, DISODIUM MANGANESE SALT	For ethylenediaminetetraacetic acid (EDTA) and its salts: EDTA is a strong organic acid (approximately 1000 times stronger than acetic acid). It has a high affinity for alkaline-earth ions (for example, calcium and magnesium) and heavy-metal ions (for example, lead and mercury). This affinity generally results in the formation of highly stable and soluble hexadentate chelate complexes. EDTA s ability to complex is used commercially to either promote or inhibit chemical reactions, depending on application. EDTA and its salts are expected to be absorbed by the lungs and gastrointestinal tract; absorption through the skin is unlikely. In general, EDTA and its salts are mild skin irritants but considered severe eye irritants. The greatest risk in the human body will occur when the EDTA attempts to scavenge the trace metals used and required by the body. The binding of divalent and trivalent cations by EDTA can cause mineral deficiencies, which seem to be responsible for all of the known pharmacological effects. Sensitivity to the toxic effects of EDTA is, at least in part, related to the deficiency of zinc. Several short term studies, reported no adverse effects from administering doses up to 5% of EDTA and its salts to lab rodents daily and for several weeks. Only diarrhoea and lowered food consumption were reported in animals given 5% disodium EDTA. However, abnormal effects were seen in animals that were fed mineral deficient diets. Abnormal symptoms were observed in male and female rats fed a low mineral diet (0.54% Ca and 0.013%Fe) with the addition of 0%, 0.5%, or 1% disodium EDTA for 205 days. Rats fed a low percent of disodium EDTA in the diet for short term studies with adequate minerals showed no signs of toxicity. Rats fed 0.5% disodium EDTA for 44-52 weeks were without deleterious effects on weight gain, appetite, activity and appearance. Rats fed 1% disodium EDTA with adequate mineral diet for 220 days showed no evidence of dental erosion. EDTA and its salts are eliminated from the body, 95% via the kidneys and 5% by the bile, along with the metals and free ionic calcium which was bound in transit through the circulatory system. Trisodium EDTA was tested in a bioassay for carcinogenicity by the National Cancer Institute. Trisodium EDTA administered to male and female rats at low (3,750 ppm) or high (7,500 ppm) concentrations for 103 weeks produced no compound-related signs of chemical toxicity, and tumor incidence was not related to treatment . EDTA and its salts should not pose a teratogenic concern based on previous studies in lab rodents. Study results indicate no teratogenic effects are likely in lab rodents at doses up to 1000 mg/kg. Adequate minerals in the diet and administration of tap water prevented possible teratogenic effects of EDTA during pregnancy. Teratogenic effects observed in lab rodents were likely due to animals maintained on deionised water and a semi-purified diet, and housed in nonmetallic caging. Infants and children will unlikely be exposed to high concentrations as in lab rodents. Rats given 1250 mg/kg or 1500 mg/kg by gavage exhibited more maternal toxicity than the diet group, but produced only 21% malformations in the offspring at the lower dose. The subcutaneously administration of 375 mg/kg was also maternally toxic, but did not result in malformations in the offspring. Differences in toxicity and teratogenicity are probably related to absorption differences and interaction with metals. Disodium EDTA ingested during pregnancy is teratogenic in rats at 2% in the diet and greater. The maximum human consumption of EDTA and its salts in foods was reported to be in the order of 0.4 mg/kg/day. Infants and children also generally drink tap water instead of deionised or distilled water. Even if young infants were to be fed some solid food, given the characteristics of EDTA and its salts, residues are not likely to be present at concentrations for potential sensitivity.
EDTA, DISODIUM MANGANESE SALT & SODIUM SELENITE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

Acute Toxicity	✔	**Carcinogenicity**	✘
Skin Irritation/Corrosion	✘	**Reproductivity**	✘
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✘
Respiratory or Skin sensitisation	✔	**STOT - Repeated Exposure**	✘
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ ***– Data either not available or does not fill the criteria for classification***
✔ ***– Data available to make classification***

SECTION 12 Ecological information

Toxicity

MultiBoost with B12

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

EDTA disodium zinc salt

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	48h	Crustacea	100.9mg/l	2
EC50	72h	Algae or other aquatic plants	2.77mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	0.39mg/l	2
LC50	96h	Fish	41mg/l	2

EDTA disodium copper salt

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	48h	Crustacea	100.9mg/l	2
EC50	72h	Algae or other aquatic plants	2.77mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	0.39mg/l	2
LC50	96h	Fish	41mg/l	2

EDTA, disodium manganese salt

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	48h	Crustacea	100.9mg/l	2
EC50	72h	Algae or other aquatic plants	649.3mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	1mg/l	2

sodium selenite

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	96h	Algae or other aquatic plants	0.032mg/L	2

Continued...

	EC50	48h	Crustacea	0.47mg/l	4
	BCF	672h	Fish	<8.1-12	7
	EC50	72h	Algae or other aquatic plants	0.032-0.1mg/l	4
	NOEC(ECx)	840h	Fish	0.0016mg/l	4
	LC50	96h	Fish	13-200mg/l	Not Available

cyanocobalamin	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

Legend:	***Extracted from 1. IUCLID 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. METI (Japan) - Bioconcentration Data 8. Vendor Data***

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
EDTA disodium copper salt	HIGH	HIGH
EDTA, disodium manganese salt	HIGH	HIGH
cyanocobalamin	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
EDTA disodium copper salt	LOW (LogKOW = -10.2414)
EDTA, disodium manganese salt	LOW (LogKOW = -9.4414)
sodium selenite	LOW (BCF = 85)
cyanocobalamin	LOW (LogKOW = -12.1962)

Mobility in soil

Ingredient	Mobility
EDTA disodium copper salt	LOW (Log KOC = 465.2)
EDTA, disodium manganese salt	LOW (Log KOC = 465.2)
cyanocobalamin	LOW (Log KOC = 10000000000)

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.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.
A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- **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.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material).
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO

Continued...

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

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

Not Applicable

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

Product name	Group
EDTA disodium zinc salt	Not Available
EDTA disodium copper salt	Not Available
EDTA, disodium manganese salt	Not Available
sodium selenite	Not Available
cyanocobalamin	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
EDTA disodium zinc salt	Not Available
EDTA disodium copper salt	Not Available
EDTA, disodium manganese salt	Not Available
sodium selenite	Not Available
cyanocobalamin	Not Available

SECTION 15 Regulatory information

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

EDTA disodium zinc salt is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australian Inventory of Industrial Chemicals (AIIC)

EDTA disodium copper salt is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6
Australian Inventory of Industrial Chemicals (AIIC)

EDTA, disodium manganese salt is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

sodium selenite is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australian Inventory of Industrial Chemicals (AIIC)
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

cyanocobalamin is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (EDTA disodium zinc salt; EDTA disodium copper salt; EDTA, disodium manganese salt; sodium selenite; cyanocobalamin)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (EDTA, disodium manganese salt; cyanocobalamin)
Korea - KECI	No (EDTA disodium zinc salt)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (EDTA disodium zinc salt; EDTA, disodium manganese salt)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (EDTA disodium zinc salt; EDTA disodium copper salt; EDTA, disodium manganese salt)
Vietnam - NCI	Yes

Continued...

National Inventory	Status
Russia - FBEPH	No (EDTA disodium zinc salt; EDTA disodium copper salt; EDTA, disodium manganese salt; cyanocobalamin)
Legend:	***Yes = All CAS declared ingredients are on the inventory*** ***No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.***

SECTION 16 Other information

Revision Date	28/03/2024
Initial Date	27/03/2024

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	27/03/2024	Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (swallowed), Toxicological information - Chronic Health, Hazards identification - Classification, Ecological Information - Environmental, Exposure controls / personal protection - Exposure Standard, Toxicological information - Toxicity and Irritation (Other)
3.2	04/04/2024	Identification of the substance / mixture and of the company / undertaking - Synonyms

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

- PC—TWA: Permissible Concentration-Time Weighted Average
- PC—STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit。
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

Continued...

end of SDS