YSI 2357, 2357C Buffer Concentrate Kit

YSI Inc.

Part Number: **YSI 2357, 2357C**
Version No: **5.5**
Safety Data Sheet according to OSHA HazCom Standard (2024) requirements

Initial Date: **09/23/2018**
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S.GHS.USA.EN

SECTION 1 Identification

Product Identifier

Product name	YSI 2357, 2357C Buffer Concentrate Kit
Chemical Name	Not Applicable
Synonyms	YSI 2357, 2357C
Chemical formula	Not Applicable
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses	Analysis Standard/Reagent

Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	**YSI Inc.**	**GFS Chemicals, Inc.**	**YSI Inc.**
Address	1700/1725 Brannum Ln Yellow Springs OH 45387 United States	PO Box 245 Powell OH 43065 United States	1700/1725 Brannum Ln Yellow Springs OH 45387 United States
Telephone	(937) 767-7241	740-881-5501|800-858-9682	(937) 767-7241
Fax	Not Available	740-881-5989	Not Available
Website	www.ysi.com	www.gfschemicals.com	www.ysi.com
Email	MSDSinfo@ysi.com	service@gfschemicals.com	MSDSinfo@ysi.com

Emergency phone number

Association / Organisation	**CHEMTREC**	**ChemTrec**	**CHEMTREC**
Emergency telephone number(s)	(800) 424-9300	800-424-9300	(800) 424-9300
Other emergency telephone number(s)	011 703-527-3887	Not Available	011 703-527-3887

SECTION 2 Hazard(s) identification

Classification of the substance or mixture

Considered a Hazardous Substance by the 2012 OSHA Hazard Communication Standard (29 CFR 1910.1200). Not classified as Dangerous Goods for transport purposes.

NFPA 704 diamond

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

Classification	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Sensitisation (Respiratory) Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Reproductive Toxicity Category 1B, Combustible Dust

Label elements

Hazard pictogram(s)	

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Signal word	**Danger**

Hazard statement(s)

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H335	May cause respiratory irritation.
H360	May damage fertility or the unborn child.
	May form combustible dust concentrations in air

Hazard(s) not otherwise classified

Not Applicable

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P261	Avoid breathing dust/fumes.
P271	Use only outdoors or in a well-ventilated area.
P284	[In case of inadequate ventilation] wear respiratory protection.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P202	Do not handle until all safety precautions have been read and understood.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing must not be allowed out of the workplace.

Precautionary statement(s) Response

P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

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

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7558-79-4	50-55	sodium phosphate, dibasic
7647-14-5	16-22	sodium chloride
7558-80-7	10-15	sodium phosphate, monobasic, anhydrous
25102-12-9	<10	EDTA dipotassium salt
532-32-1.	<10	Sodium Benzoate (contains 99.9%)
1405-41-0	<1	gentamicin sulfate

SECTION 4 First-aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention.

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	▸ 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.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

for phosphate salts intoxication:

- All treatments should be based on observed signs and symptoms of distress in the patient. Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.
- Ingestion of large quantities of phosphate salts (over 1.0 grams for an adult) may cause an osmotic catharsis resulting in diarrhoea and probable abdominal cramps. Larger doses such as 4-8 grams will almost certainly cause these effects in everyone. In healthy individuals most of the ingested salt will be excreted in the faeces with the diarrhoea and, thus, not cause any systemic toxicity. Doses greater than 10 grams hypothetically may cause systemic toxicity.
- Treatment should take into consideration both anionic and cation portion of the molecule.
- All phosphate salts, except calcium salts, have a hypothetical risk of hypocalcaemia, so calcium levels should be monitored.

Treat symptomatically.
here is no antidote for the toxicities of aminoglycosides. However, agents with protective effects on the ear and kidney may help prevent aminoglycoside-induced toxicity. In particular, N-acetylcysteine demonstrates promising protective effects on patients using aminoglycosides
For neuromuscular blocking agents:

- Overdosage with neuromuscular blocking agents may result in neuromuscular block beyond the time needed for surgery and anesthesia. Neuromuscular blocking agents may have a profound effect in patients with neuromuscular diseases (e.g., myasthenia gravis and the myasthenic syndrome). In these and other conditions in which prolonged neuromuscular block is a possibility (e.g., carcinomatosis), ensure a peripheral nerve stimulator is available.
- The primary treatment is maintenance of a patent airway and controlled ventilation until recovery of normal neuromuscular function is assured.
- Once evidence of recovery from neuromuscular block is observed, further recovery may be facilitated by administration of an anticholinesterase agent (e.g., neostigmine, edrophonium) in conjunction with an appropriate anticholinergic agent (see **Antagonism of Neuromuscular Block** subsection below).
- Overdosage with neuromuscular blocking agents may result in neuromuscular block beyond the time needed for surgery and anesthesia. The primary treatment is maintenance of a patent airway and controlled ventilation until recovery of normal neuromuscular function is assured. Once recovery from neuromuscular block begins, further recovery may be facilitated by administration of an anticholinesterase agent (e.g., neostigmine, edrophonium) in conjunction with an appropriate anticholinergic agent such as atropine.
- The possibility of iatrogenic overdosage can be minimised by carefully monitoring muscle twitch response to peripheral nerve stimulation. Overdosage may increase the risk of histamine release and cardiovascular effects, especially hypotension. If cardiovascular support is necessary, this should include proper positioning, fluid administration, and the use of vasopressor agents if necessary. A longer duration of neuromuscular blockade may result from overdosage and a peripheral nerve stimulator should be used to monitor recovery.
- **Antagonism of Neuromuscular Block:** Antagonists (such as neostigmine and edrophonium) should not be administered when complete neuromuscular block is evident or suspected. The use of a peripheral nerve stimulator to evaluate recovery and antagonism of neuromuscular block is recommended.
- Patients administered antagonists should be evaluated for adequate clinical evidence of antagonism, e.g., 5-second head lift and grip strength. Ventilation must be supported until no longer required.
- Antagonism may be delayed in the presence of debilitation, carcinomatosis, and the concomitant use of certain broad spectrum antibiotics, or anesthetic agents and other drugs which enhance neuromuscular block or separately cause respiratory depression. Under such circumstances the management is the same as that of prolonged neuromuscular block.
- Patients with burns have been shown to develop resistance to nondepolarizing neuromuscular blocking agents, including atracurium. The extent of altered response depends upon the size of the burn and the time elapsed since the burn injury.
- Patients with hemiparesis or paraparesis also may demonstrate resistance to nondepolarizing muscle relaxants in the affected limbs. To avoid inaccurate dosing, neuromuscular monitoring should be performed on a non-paretic limb.
- Acid-base and/or serum electrolyte abnormalities may potentiate or antagonize the action of neuromuscular blocking agents.

Aminoglycoside antibiotics may be removed by haemodialysis or to a lesser extent by peritoneal dialysis. Calcium salts given intravenously have been used to counter neuromuscular blockade; the effectiveness of neostigmine has been variable.
MARTINDALE: The Extra Pharmacopoeia, 29th Edition.

SECTION 5 Fire-fighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	▸ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Special protective equipment and precautions for fire-fighters

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.

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	▸ 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	▸ Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions. ▸ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions). ▸ Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. ▸ In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC). ▸ When processed with flammable liquids/vapors/mists,ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds - MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts. ▸ A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. ▸ Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type. ▸ Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. ▸ Build-up of electrostatic charge may be prevented by bonding and grounding. ▸ Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting. ▸ All movable parts coming in contact with this material should have a speed of less than 1-meter/sec. ▸ A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source. ▸ One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours). ▸ Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases. Combustion products include: , ▸ carbon monoxide (CO) , ▸ carbon dioxide (CO2) , hydrogen chloride , phosgene , nitrogen oxides (NOx) , phosphorus oxides (POx) , ▸ other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.

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 waste regularly and abnormal spills immediately. ▸ Avoid breathing dust and contact with skin and eyes. ▸ Wear protective clothing, gloves, safety glasses and dust respirator. ▸ Use dry clean up procedures and avoid generating dust. ▸ Vacuum up or sweep up. **NOTE:** Vacuum cleaner must be fitted with an exhaust micro filter (H-Class HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). H-Class HEPA filtered industrial vacuum cleaners should NOT be used on wet materials or surfaces. ▸ Dampen with water to prevent dusting before sweeping. ▸ Place in suitable containers for disposal.
Major Spills	Moderate hazard. ▸ **CAUTION**: Advise personnel in area. ▸ Alert Emergency Services and tell them location and nature of hazard. ▸ Control personal contact by wearing protective clothing. ▸ Prevent, by any means available, spillage from entering drains or water courses. ▸ Recover product wherever possible. ▸ **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal. ▸ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains. ▸ 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	‣ Avoid skin 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 come in direct contact with human skin or eyes. ‣ **DO NOT** allow material to come in contact with exposed food or food contact surfaces. ‣ Suitable PPE must be worn at all times. ‣ 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. ‣ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) ‣ Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. ‣ Establish good housekeeping practices. ‣ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. ‣ Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area. ‣ Do not use air hoses for cleaning. ‣ Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used. ‣ Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition. ‣ Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance. ‣ Do not empty directly into flammable solvents or in the presence of flammable vapors. ‣ The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges. Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source. ‣ Do NOT cut, drill, grind or weld such containers. ‣ In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.
Other information	‣ Store in original containers. ‣ Keep containers securely sealed. ‣ Store in a cool, dry area protected from environmental extremes. ‣ 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. For major quantities: ‣ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams}. ‣ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

Conditions for safe storage, including any incompatibilities

Suitable container	‣ Glass container is suitable for laboratory quantities ‣ Polyethylene or polypropylene container. ‣ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	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 ‣ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride. ‣ These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. ‣ The state of subdivision may affect the results. ‣ Phosphates are incompatible with oxidising and reducing agents. ‣ Phosphates are susceptible to formation of highly toxic and flammable phosphine gas in the presence of strong reducing agents such as hydrides. ‣ Partial oxidation of phosphates by oxidizing agents may result in the release of toxic phosphorus oxides. ‣ Avoid oxidising agents, acids, acid chlorides, acid anhydrides, chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
sodium chloride	0.5 ppm	2 ppm	20 ppm
EDTA dipotassium salt	1.5 mg/m3	16 mg/m3	97 mg/m3

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Ingredient	Original IDLH	Revised IDLH
sodium phosphate, dibasic	Not Available	Not Available
sodium chloride	Not Available	Not Available
sodium phosphate, monobasic, anhydrous	Not Available	Not Available
EDTA dipotassium salt	Not Available	Not Available
Sodium Benzoate (contains 99.9%)	Not Available	Not Available
gentamicin sulfate	Not Available	Not Available

Exposure controls

Appropriate engineering controls

Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.
HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.
Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.
A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.
When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.
Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.
Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.
Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved.
Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. 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, 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 (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, 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.)

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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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.
The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.
The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:
10; high efficiency particulate (HEPA) filters or cartridges
10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.
25-50; a full face-piece negative pressure respirator with HEPA filters
50-100; tight-fitting, full face-piece HEPA PAPR
100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

Individual protection measures, such as personal protective equipment

Eye and face protection

When handling very small quantities of the material eye protection may not be required.
For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:
- Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. 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

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.

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	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 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. ▸ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▸ Double gloving should be considered. ▸ PVC gloves. ▸ Change gloves frequently and when contaminated, punctured or torn. ▸ Wash hands immediately after removing gloves. ▸ Protective shoe covers. [AS/NZS 2210] ▸ Head covering. Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. ▸ polychloroprene. ▸ nitrile rubber. ▸ butyl rubber. ▸ fluorocaoutchouc. ▸ polyvinyl chloride. Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	▸ For quantities up to 500 grams a laboratory coat may be suitable. ▸ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▸ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▸ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▸ Eye wash unit. ▸ Ensure there is ready access to an emergency shower. ▸ For Emergencies: Vinyl suit

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:
YSI 2357, 2357C Buffer Concentrate Kit

Material	CPI
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NITRILE	A
PVC	A

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

· Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
· The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
· Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
· Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
· Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
· Use approved positive flow mask if significant quantities of dust becomes airborne.
· Try to avoid creating dust conditions.
Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.
P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles
Suitable for:
· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
· Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.

Continued...

· Biologically active airborne particles under specified infection control applications
e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	White

Physical state	Divided Solid|Powder	**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 Available
pH (as supplied)	6.5-7.5	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	>260	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Available
Flash point (°C)	Not Available	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Available	**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
Heat of Combustion (kJ/g)	Not Available	**Ignition Distance (cm)**	Not Available
Flame Height (cm)	Not Available	**Flame Duration (s)**	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	**Enclosed Space Ignition Deflagration Density (g/m3)**	Not Available
Nanoform Solubility	Not Available	**Nanoform Particle Characteristics**	Not Available
Particle Size	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
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	There is sufficient evidence to classify this material as skin corrosive or irritating.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	There is sufficient evidence to classify this material as toxic to specific organs through single exposure
i) STOT - Repeated Exposure	Based on available data, the classification criteria are not met.
j) Aspiration Hazard	Based on available data, the classification criteria are not met.

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.
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.

Continued...

	At sufficiently high doses the material may be nephrotoxic (i.e. poisonous to the kidney). When given by mouth, injected, or applied as an aerosol to open wounds, aminoglycoside antibiotics may cause irreversible, total or partial deafness. This deafness is dose-related. As absorption of phosphates from the bowel is poor, poisoning this way is less likely. Effects can include vomiting, tiredness, fever, diarrhoea, low blood pressure, slow pulse, cyanosis, spasms of the wrist, coma and severe body spasms.
Skin Contact	The material may accentuate any pre-existing dermatitis condition 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. The material may cause mild but significant inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.
Eye	Alkaline salts may cause severe irritation to the eyes and precautions should be taken to avoid direct eye contact. This material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Moderate inflammation may be expected with redness; conjunctivitis may occur with prolonged exposure.
Chronic	Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Ample evidence exists from experimentation that reduced human fertility is directly caused by exposure to the material. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Long-term exposure to aminoglycoside antibiotics (such as gentamicin) can damage the kidneys and malabsorption with a fatty, foul-smelling diarrhoea. In some patients, there may be hearing loss and damage to the balancing system, after topical application or injection. The inhibitory effects of aminoglycoside antibiotics on calcium ion balance in the peripheral nerve cells, smooth muscle of blood vessels and the heart muscle are thought to be the cause of disruption to blood flow control mechanisms. Therefore, the adverse effect of aminoglycosides on blood circulation does not seem to be due to damage to cells but is related to a reversible interaction with calcium ion binding sites of excitable membranes. Prolonged or repeated use of antibiotics, at therapeutic doses, may produce bacterial resistance for some types of bacteria. Prolonged use may result in the overgrowth of non-susceptible organisms (i.e. super- infection). Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis, caused by particles less than 0.5 micron penetrating and remaining in the lung. Sodium phosphate dibasic can cause stones in the kidney, loss of mineral from the bones and loss of thyroid gland function.

YSI 2357, 2357C Buffer Concentrate Kit	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

sodium phosphate, dibasic	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >300 mg/kg[1]	Eye (Rodent - rabbit): 500mg/24H - Mild
	Inhalation (Rat) LC50: >0.83 mg/l4h[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50: >500 mg/kg[1]	Skin (Rodent - rabbit): 500mg/24H - Mild
		Skin: no adverse effect observed (not irritating)[1]

sodium chloride	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >10000 mg/kg[1]	Eye (Rodent - rabbit): 100mg/24H - Moderate
	Inhalation (Rat) LC50: >10.5 mg/l4h[1]	Eye (Rodent - rabbit): 10mg - Moderate
	Oral (Rat) LD50: 3000 mg/kg[2]	Eye: adverse effect observed (irritating)[1]
		Skin (Rodent - rabbit): 500mg/24H - Mild
		Skin: no adverse effect observed (not irritating)[1]

sodium phosphate, monobasic, anhydrous	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >300 mg/kg[1]	Eye (Human): 50mg - Mild
	Inhalation (Rat) LC50: >0.83 mg/l4h[1]	Eye (Rodent - rabbit): 150mg - Mild
	Oral (Rat) LD50: >500 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
		Skin: no adverse effect observed (not irritating)[1]

EDTA dipotassium salt	**TOXICITY**	**IRRITATION**
	Inhalation (Rat) LC50: >5.8 mg/l4h[1]	Eye (Rodent - rabbit): 100mg
	Oral (Rat) LD50: 2800 mg/kg[1]	Eye (Rodent - rabbit): 100mg/30S - Mild
		Eye: adverse effect observed (irritating)[1]
		Skin (Rodent - rabbit): 500mg - Mild
		Skin: no adverse effect observed (not irritating)[1]

Sodium Benzoate (contains 99.9%)	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

gentamicin sulfate	**TOXICITY**	**IRRITATION**
	Oral (Rat) LD50: >5000 mg/kg[2]	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***

Continued...

SODIUM CHLORIDE	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
EDTA DIPOTASSIUM SALT	No significant acute toxicological data identified in literature search. For ethylendiaminetetraacetic acid (EDTA) and its salts: EDTA is a strong organic acid, with a high affinity for alkaline-earth ions (for example, calcium and magnesium) and heavy-metal ions (such as lad and mercury), resulting in highly stable chelate complexes. The ability of EDTA 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 the gastrointestinal tract; absorption through skin is unlikely. They cause mild skin irritation, and severe eye irritation. 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, such as zinc deficiency. These appear to be responsible for all of the known pharmacological effects. EDTA and its salts are mostly eliminated through the urine, with 5% eliminated via the bile, along with the metal ions which are bound to it. Trisodium EDTA has not been found to cause cancer. EDTA and its salts are not likely to cause harm to children and infants at levels likely to be encountered.
YSI 2357, 2357C Buffer Concentrate Kit & SODIUM PHOSPHATE, DIBASIC & SODIUM CHLORIDE & SODIUM PHOSPHATE, MONOBASIC, ANHYDROUS & EDTA DIPOTASSIUM SALT & GENTAMICIN SULFATE	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.
YSI 2357, 2357C Buffer Concentrate Kit & GENTAMICIN SULFATE	Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure. Most neuromuscular blocking agents facilitate histamine release in susceptible patients. Adverse reactions include skin flushing, temporary low blood pressure, high blood pressure, fast or slow heart beat, spasm of the bronchi and anaphylaxis-like (extreme allergic) reactions. Aminoglycosides have bactericidal activity in which they bind to the bacteria ribosomal 30S subunit. Specifically, they are believed to bind to the A-site (aminoacyl) on the 16S rRNA, a component of the ribosomal 30S subunit. Through this binding, the genetic code gets mis read, and the translation is disrupted, leading to the bacteria being unable to carry out protein synthesis Acquired resistance of aminoglycosides may arise through over expression of efflux pumps and ribosomal modification by bacteria, which results from amino acid or rRNA sequence mutations aminoglycosides, are ineffective against bacterial isolates that produce 16S rRNA methyltransferases. he main noted adverse effects of aminoglycosides are ototoxicity, nephrotoxicity, and neuromuscular blockade. Aminoglycoside-induced ototoxicity has been reported to occur in 2 to 45% of adults. The ototoxicity can be vestibular and/or cochlear and is typically dose-dependent. Gentamicin, streptomycin, and tobramycin more commonly cause vestibular damage, while amikacin and kanamycin result in more cochlear damage Studies have found that aminoglycosides seem to create reactive oxygen species within the inner ear; this, in turn, causes damage to the vestibular and cochlear sensory cells along with cochlear neurons. Often the vestibular loss is salvage able while hearing loss is irreversible nephrotoxicity due to aminoglycosides may appear in up to 10 to 25% of patients. In patients receiving aminoglycoside therapy, renal tubular toxicity decreased blood flow to the kidneys, and reduced GFR most commonly causes the nephrotoxicity seen. Renal effects with aminoglycosides generally are reversible. Furthermore, there are risk factors associated with the development of aminoglycoside-induced nephrotoxicity, including dehydration, pregnancy, and hepatic dysfunction. Taking other medications concurrently with aminoglycosides that can cause nephrotoxicity, such as NSAIDs, cyclosporine, and diuretics, also puts a patient at risk for renal problems. It is important to monitor patient renal function when taking aminoglycosides. Aminoglycosides have also demonstrated correlations with neuromuscular blockade. Although this is less common than ototoxicity and nephrotoxicity, patients with diseases affecting the neuromuscular junction and patients using medications prolonging neuromuscular blockade, most notably calcium channel blockers, should be cautious when using aminoglycoside. Aminoglycosides should be avoided in patients with myasthenia gravis because of the risk of prolonged neuromuscular blockade. A potential ototoxin A substantial number of medications and common industrial chemicals can also cause hearing loss themselves or exacerbate the effects of noise. These chemicals are said to be ototoxic (oto = ear, toxic = poisonous). Ototoxicity specifically involves the cochlea or auditory nerve and sometimes the vestibular system, for example, as a side effect of a drug. The effects of ototoxicity can be reversible and temporary, or irreversible and permanent. Symptoms of ototoxicity include partial or profound hearing loss, vertigo, and tinnitus. Ototoxicity in the cochlea may cause hearing loss of the high-frequency pitch ranges or complete deafness, or losses at points between. It may present with bilaterally symmetrical symptoms, or asymmetrically, with one ear developing the condition after the other or not at all. The time frames for progress of the disease vary greatly and symptoms of hearing loss may be temporary or permanent. Currently it is thought that more than 750 different groups of chemicals are potentially ototoxic, but only a few of these have been studied in any depth. No specific treatment may be available, but withdrawal of the ototoxic substance may be warranted.Co-administration of anti-oxidants may limit the ototoxic effects. There is no cure or restoration capability if the damage becomes permanent, although cochlear nerve terminal regeneration has been observed in chickens,] which suggests that there may be a way to accomplish this in humans. It is difficult to distinguish between nerve damage and structural damage due to similarity of the symptoms. Diagnosis of ototoxicity typically results from ruling out all other possible sources of hearing loss and is often the catchall explanation for the symptoms. Treatment options vary depending on the patient and the diagnosis. Some patients experience only temporary symptoms that do not require drastic treatment while others can be treated with medication. Physical therapy may prove useful for regaining balance and walking abilities.
YSI 2357, 2357C Buffer Concentrate Kit & EDTA DIPOTASSIUM SALT & GENTAMICIN SULFATE	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.
SODIUM PHOSPHATE, DIBASIC & SODIUM PHOSPHATE, MONOBASIC, ANHYDROUS	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
SODIUM PHOSPHATE, DIBASIC & SODIUM CHLORIDE	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

Acute Toxicity	✗	**Carcinogenicity**	✗
Skin Irritation/Corrosion	✓	**Reproductivity**	✓

Continued...

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

YSI 2357, 2357C Buffer Concentrate Kit

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

sodium phosphate, dibasic

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>100mg/l	2
EC50	48h	Crustacea	>100mg/l	2
NOEC(ECx)	48h	Crustacea	<59mg/L	4
LC50	96h	Fish	>100mg/l	2

sodium chloride

Endpoint	Test Duration (hr)	Species	Value	Source
LC50	96h	Fish	1000mg/L	4
EC50	72h	Algae or other aquatic plants	20.76-36.17mg/L	4
EC50	48h	Crustacea	0.004-0.006mg/L	4
EC50	96h	Algae or other aquatic plants	1110.36mg/L	4
NOEC(ECx)	6h	Fish	0.001mg/L	4

sodium phosphate, monobasic, anhydrous

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	>100mg/l	2
EC50	48h	Crustacea	>100mg/l	2
NOEC(ECx)	96h	Fish	100mg/l	2
LC50	96h	Fish	>100mg/l	2

EDTA dipotassium salt

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	72h	Algae or other aquatic plants	2.77mg/l	2
EC50	48h	Crustacea	140mg/l	2
LC50	96h	Fish	41mg/l	2
NOEC(ECx)	72h	Algae or other aquatic plants	0.39mg/l	2

Sodium Benzoate (contains 99.9%)

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

gentamicin sulfate

Endpoint	Test Duration (hr)	Species	Value	Source
EC50	48h	Crustacea	16.1-28.4mg/L	4
EC50(ECx)	48h	Crustacea	16.1-28.4mg/L	4
LC50	96h	Fish	>955mg/L	4

Legend: ***Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data***

For ethylenediaminetetraacetic acid (EDTA) (and its salts):
Environmental Fate: Based on its physical and chemical properties and test results, EDTA is not expected to volatilize from soil or water. When released to the atmosphere, EDTA should adhere to particulate matter, and appears to have the potential to photolyse. In water, EDTA may react with photochemically generated hydroxyl radicals (half-life of approximately 230 days or 8 months). When released to soil, EDTA is mobile and expected to complex trace metals and alkaline earth metals, thereby causing an increase in the total solubility of the metals. EDTA may eventually predominate as the Fe(III) chelate in acidic soils and as the Ca chelate in alkaline soils. When released to water, EDTA is also expected to form soluble complexes with trace metals and alkaline earth metals. There is no significant adsorption to sediments or suspended solids in water, and it is not retained or altered chemically in typical water treatment facilities. Degradation is slow in soil and water, with aerobic biodegradation (mineralisation) being the dominant mechanism. Possible biodegradation products include ethylenediamine triacetic acid, iminodiacetic acid, N,N-ethylenediamine diacetic acid, ethylenediamine monoacetic acid, nitrilotriacetic acid and glycine. Resistance to degradation is associated with the high thermodynamic stability of metal complexes and is problematic for treatment facilities. In a variety of representative soils, common values for the degree of aerobic metabolism of EDTA at a temperature of 30 C and soil concentrations of 2-4 ppm are 13-45% after 15 weeks and 65-70% after 45 weeks. Biodegradation in subsoil or under anaerobic conditions is negligible, as is abiotic degradation in the environment, except for photolysis. Results in sediments were similar to those for soil. Although EDTA is slow to degrade under typical environmental conditions, it is not expected to bioconcentrate.
Ecotoxicity: For EDTA and various salts: Fish LC50 (96 h): 20-430 mg/l; Daphnia LC50 (48 h): 14-100 mg/l; Green algae EC50 (96 h): 3-60 mg/l. EDTA compounds range from practically non-toxic to moderately toxic on an acute basis depending on the salt. Depending on the compound, models for acute and chronic toxicity show that algae and invertebrates are among the most sensitive species. EDTA and its salts also do not appear to be very toxic for terrestrial wild mammals and adverse effects from reasonably expected agricultural uses are not expected.
For Phosphate: The principal problems of phosphate contamination of the environment relates to eutrophication processes in lakes and ponds. Phosphorus is an essential plant nutrient and is usually the limiting nutrient for blue-green algae.

Continued...

Aquatic Fate: Lakes overloaded with phosphates is the primary catalyst for the rapid growth of algae in surface waters. Planktonic algae cause turbidity and flotation films. Shore algae cause ugly muddying, films and damage to reeds. Decay of these algae causes oxygen depletion in the deep water and shallow water near the shore. The process is self-perpetuating because an anoxic condition at the sediment/water interface causes the release of more adsorbed phosphates from the sediment. The growth of algae produces undesirable effects on the treatment of water for drinking purposes, on fisheries, and on the use of lakes for recreational purposes.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
sodium chloride	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
sodium phosphate, dibasic	LOW (LogKOW = -5.8)
sodium chloride	LOW (LogKOW = 0.54)
sodium phosphate, monobasic, anhydrous	LOW (LogKOW = -3.96)

Mobility in soil

Ingredient	Mobility
sodium chloride	LOW (Log KOC = 14.3)

Other adverse effects

No evidence of ozone depleting properties were found in the current literature.

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. 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. In most instances the supplier of the material should be consulted. ▸ **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.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO

Land transport (DOT): 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. Maritime transport in bulk according to IMO instruments

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
sodium phosphate, dibasic	Not Applicable
sodium chloride	Not Applicable
sodium phosphate, monobasic, anhydrous	Not Applicable
EDTA dipotassium salt	Not Applicable
Sodium Benzoate (contains 99.9%)	Not Applicable
gentamicin sulfate	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Continued...

Product name	Ship Type
sodium phosphate, dibasic	Not Applicable
sodium chloride	Not Applicable
sodium phosphate, monobasic, anhydrous	Not Applicable
EDTA dipotassium salt	Not Applicable
Sodium Benzoate (contains 99.9%)	Not Applicable
gentamicin sulfate	Not Applicable

SECTION 15 Regulatory information

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

sodium phosphate, dibasic is found on the following regulatory lists

US - Massachusetts - Right To Know Listed Chemicals
US - New Jersey Right to Know Hazardous Substances
US - Pennsylvania - Hazardous Substance List
US CWA (Clean Water Act) - List of Hazardous Substances
US EPA Pesticide Chemical Search - Antimicrobial
US EPA Pesticide Chemical Search - Conventional Chemical
US New York City Community Right-to-Know: List of Hazardous Substances
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

sodium chloride is found on the following regulatory lists

US DOE Temporary Emergency Exposure Limits (TEELs)
US EPA Pesticide Chemical Search - Antimicrobial
US EPA Pesticide Chemical Search - Biopesticides
US EPA Pesticide Chemical Search - Conventional Chemical
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

sodium phosphate, monobasic, anhydrous is found on the following regulatory lists

US EPA Pesticide Chemical Search - Antimicrobial
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

EDTA dipotassium salt is found on the following regulatory lists

US DOE Temporary Emergency Exposure Limits (TEELs)
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

Sodium Benzoate (contains 99.9%) is found on the following regulatory lists

Not Applicable

gentamicin sulfate is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
US - California Proposition 65 - Reproductive Toxicity
US - California Safe Drinking Water and Toxic Enforcement Act of 1986 - Proposition 65 List

Additional Regulatory Information

Not Applicable

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Section 311/312 hazard categories

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	Yes
Carcinogenicity	No
Acute toxicity (any route of exposure)	No
Reproductive toxicity	Yes
Skin Corrosion or Irritation	Yes

Continued...

Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	No
Aspiration Hazard	No
Germ cell mutagenicity	No
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

Name	Reportable Quantity in Pounds (lb)	Reportable Quantity in kg
sodium phosphate, dibasic	5000	2270

US. EPCRA Section 313 Toxic Release Inventory (TRI) (40 CFR 372)

None Reported

Additional Federal Regulatory Information

Not Applicable

State Regulations

US. California Proposition 65

WARNING: This product can expose you to chemicals including **gentamicin sulfate**, which is known to the State of California to cause birth defects or other reproductive harm. For more information, go to www.P65Warnings.ca.gov

Additional State Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (gentamicin sulfate)
Canada - NDSL	No (sodium phosphate, dibasic; sodium chloride; sodium phosphate, monobasic, anhydrous; EDTA dipotassium salt; gentamicin sulfate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	TSCA Inventory 'Active' substance(s) (sodium phosphate, dibasic; sodium chloride; sodium phosphate, monobasic, anhydrous; EDTA dipotassium salt); No (gentamicin sulfate)
Taiwan - TCSI	Yes
Mexico - INSQ	No (EDTA dipotassium salt)
Vietnam - NCI	Yes
Russia - FBEPH	No (gentamicin sulfate)
UAE - Control List (Banned/Restricted Substances)	No (sodium phosphate, dibasic; sodium chloride; sodium phosphate, monobasic, anhydrous; EDTA dipotassium salt; gentamicin sulfate)
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	02/18/2025
Initial Date	09/23/2018

SDS Version Summary

Version	Date of Update	Sections Updated
4.5	02/17/2025	Toxicological information - Acute Health (skin), Toxicological information - Acute Health (swallowed), First Aid measures - Advice to Doctor, Toxicological information - Chronic Health, Hazards identification - Classification, Exposure controls / personal protection - Engineering Control, Exposure controls / personal protection - Exposure Standard, Firefighting measures - Fire Fighter (extinguishing media), Firefighting measures - Fire Fighter (fire fighting), First Aid measures - First Aid (swallowed), Composition / information on ingredients - Ingredients, Exposure controls / personal protection - Personal Protection (other), Exposure controls / personal protection - Personal Protection (Respirator), Exposure controls / personal protection - Personal Protection (eye), Exposure controls / personal protection - Personal Protection (hands/feet), Accidental release measures - Spills (minor), Identification of the substance / mixture and of the company / undertaking - Synonyms, Name

Other information

Continued...

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
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code

- 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

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end of SDS