Titan Asulam 400 (TITAN Asulam 400)

Titan Ag

Chemwatch Hazard Alert Code: **2**

Chemwatch: **1965-359**
Version No: **3.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **31/12/2025**
Revision Date: **29/04/2026**
Print Date: **13/07/2026**
L.GHS.AUS.EN.E

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

Product Identifier

Product name	Titan Asulam 400 (TITAN Asulam 400)
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains asulam sodium)
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	Agricultural herbicide. Use according to manufacturer's directions.

Details of the manufacturer or importer of the safety data sheet

Registered company name	**Titan Ag**
Address	Princes Street Marina, Suite 15/16 Princes Street Newport NSW 2106 Australia
Telephone	+61 2 9999 6655
Fax	+61 2 9999 0483
Website	https://www.titanag.com.au/
Email	titanorders@titanag.com.au

Emergency telephone number

Association / Organisation	**Titan Ag**
Emergency telephone number(s)	1800 033 111 (24 hours)
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Acute Toxicity (Oral) Category 4, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2B, Carcinogenicity Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 1
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.
H320	Causes eye irritation.
H351	Suspected of causing cancer.
H410	Very toxic to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P280	Wear protective gloves and protective clothing.
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.
P202	Do not handle until all safety precautions have been read and understood.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
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.
P391	Collect spillage.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P330	Rinse mouth.

Precautionary statement(s) Storage

P405	Store locked up.

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
2302-17-2	25-50	asulam sodium
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: ▸ Wash out immediately with fresh running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ▸ Immediately remove all contaminated clothing, including footwear. ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
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

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As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).
For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema.
- Monitor and treat, where necessary, for shock.
- Anticipate seizures.
- **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.
EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994
Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.
- Water spray or fog - Large fires only.

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ Use water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **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.
Fire/Explosion Hazard	▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. Combustion products include: ▸ carbon dioxide (CO2) nitrogen oxides (NOx) sulfur oxides (SOx) ▸ other pyrolysis products typical of burning organic material.
HAZCHEM	•3Z

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	Environmental hazard - contain spillage. ▸ 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	Environmental hazard - contain spillage. 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.

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	▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area 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.

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 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. ▸ Avoid smoking, naked lights or ignition sources. ▸ 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. ▸ 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.
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	▸ Glass container is suitable for laboratory quantities ▸ Metal can or drum ▸ Packaging as recommended by manufacturer. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	▸ Carbamates are incompatible with strong acids and bases, and especially incompatible with strong reducing agents such as hydrides. ▸ Flammable gaseous hydrogen is produced by the combination of active metals or nitrides with carbamates. ▸ Strongly oxidising acids, peroxides, and hydroperoxides are incompatible with carbamates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

MATERIAL DATA

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

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.)

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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.
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]

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	▸ Head covering.
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

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
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 liquid with no odour; mixes with water.

Physical state	Liquid	**Relative density (Water = 1)**	Not Available
Odour	No Odour	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	0 (freezing pt.)	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	100	**Molecular weight (g/mol)**	Not Applicable
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 Available
Lower Explosive Limit (%)	Not Available	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	2.37 @20C	**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

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

a) Acute Toxicity	There is sufficient evidence to classify this material as acutely toxic.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
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	There is sufficient evidence to classify this material as carcinogenic
g) Reproductivity	Based on available data, the classification criteria are not met.
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.
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 is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
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. Sulfonamides and their derivatives may precipitate in kidney tubules causing extensive damage. Haemolytic anaemia may also result from use or exposure. Overdose may cause acidosis or hypoglycaemia with confusion and coma resulting. Hypersensitivity reactions may occur in predisposed individuals including those who have been sensitised by topical application. Deaths associated with therapies based on sulfonamide appear to be a result of hypersensitivity reaction, agranulocytosis, aplastic anaemia, other blood dyscrasias and renal and hepatic failure. Doses of 2 to 5 gms have produced toxicity and fatalities. Pathological findings include crystalluria, and necrotic or inflammatory lesions of the heart, liver, kidneys, bone marrow or other organs. Sulfonamides may damage the stem cell which acts as the precursor to components of the blood. Loss of the stem cell may result in pancytopenia (a reduction in the number of red and white blood cells and platelets) with a latency period corresponding to the lifetime of the individual blood cells. Granulocytopenia (a reduction in granular leukocytes) develops within days and thrombocytopenia (a disorder involving platelets), within 1-2 weeks, whilst loss of erythrocytes (red blood cells) need months to become clinically manifest. Aplastic anaemia develops due to complete destruction of the stem cells. Sulfonamides cross the placental barrier, are excreted in the breast milk and may produce adverse effects in the foetus/ embryo and newborn including agranulocytosis, haemolytic anaemia, jaundice and kernicterus.
Skin Contact	Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to 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. Ophthalmic solutions containing sulfonamides are reported to produce local irritation, reactive hyperaemia, burning and transient stinging, blurred vision and temporary impairment of depth perception. Hypersensitivity reactions may occur in predisposed individuals. Possible eye changes produced by phototoxic agents such as the sulfonamides include kerato-conjunctivitis or corneal and lens opacities.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. 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. There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, on the basis that similar materials tested in appropriate animal studies provide some suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Repeated ingestion of sulfonamides used for therapeutic purposes has caused nausea, vomiting, abdominal pain, diarrhoea, anorexia, stomatitis, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver injury with jaundice and hypoprothrombinemia, and pancreatitis. Hepatitis has been reported and may be fatal. Renal effects are often prominent and may include crystalluria, haematuria, proteinuria, pain and frequent urination, necrosis of the tubules, nephritic syndrome, and toxic necrosis with oliguria or anuria with azotemia. Neurologic effects include headache, drowsiness, insomnia, vertigo, tinnitus, hearing loss, mental depression, hallucinations, ataxia,

Continued...

muscular paralysis, peripheral neuropathy, transient lesions of the posterior spinal column, transverse myelitis, convulsions and unconsciousness. Haematological effects include eosinophilia, thrombocytopenia, leukopenia, neutropenia, agranulocytosis, pancytopenia, megoblastic anaemia, Heinz body anaemia and aplastic anaemia; petechiae and purpura may result. Acute haemolytic anaemia may also result (possibly as a result of hypersensitivity reactions) with people of African descent apparently more susceptible than Europeans - glucose-6-phosphate deficiency also appears to be a factor. Methaemoglobinaemia, sulfhaemoglobinaemia and cyanosis may also occur. Ocular effects may include acute transient myopia, keratitis and conjunctivitis with inflammation and chemosis accompanied by swelling of the lids and in more severe cases, photophobia. Cross-sensitivity amongst the sulfonamides is common and allergic reaction may occur following systemic use or topical application. Sensitisation may produce generalised skin eruptions, urticaria and pruritus. Stevens-Johnson syndrome; a severe form of erythema multiforme associated with wide-spread lesions of the skin, mucous membranes and which may be fatal in about 25% of cases, has occurred in patients treated with sulfonamides. This syndrome may produce conjunctival and corneal scarring, serum sickness, periorbital oedema, angioedema, arthritis, arthralgia, allergic myocarditis, decreased pulmonary function and eosinophilic pneumonia. Other effects of long-term therapy include fever, chills, alopecia, vasculitis, lupus erythematosus, oligospermia, infertility, hypothyroidism and on occasion, goiter and diuresis.

More severe responses to treatment include irreversible neuromuscular and central nervous system changes and fibrosing alveolitis. During sulfonamide treatment, direct exposure to sunlight should be avoided as photosensitisation dermatitis may develop. This form of phototoxic dermatitis may be contrasted to photoallergic dermatitis produced by specific sensitising agents through immunological intervention. Phototoxic reactions have been described following contact, ingestion or injection of causal agents. The chemical may reach the skin by the circulatory system following ingestion or following parenteral administration. The actual skin changes vary with the agent and circumstances of the exposure. Swelling and redness (erythema) frequently occur, and blistering may also result; increased skin temperature and pruritus may follow. This is analagous to irritant contact dermatitis and occurs immediately following contact.

Hyperpigmentation may also follow the reaction. Photodermatitis of this type requires activation of a chemical substance on the skin surface by UV radiation (290 to 490 nm wavelength) for its clinical expression. In all cases, inflammation develops on the body surfaces normally exposed to sunlight (dorsal hands, arms, neck, face), provided that the responsible photosensitiser also contacts the anatomic areas. Covered skin, the eyelids, submental chin and upper ears covered by hair, are characteristically spared. Phototoxic reactions, analogous to irritant contact dermatitis, are typically accompanied by immediate burning, stinging or "smarting" of the skin shortly following sun exposure, and clinical inflammation appears more like an acute sunburn than an eczematous dermatitis. Photoallergic dermatitis may result from contact with the material; this is characterised by an increased reactivity of the skin to ultra- violet (UV) and/or visible radiation produced by a chemical agent on an immunological basis and occurs after a latent period of days or months. This type of response can be elicited only in individuals who have been previously allergically sensitised to the chemical agent and appropriate radiation.

Photoallergic dermatitis is relatively rare (certainly more so than phototoxic dermatitis produced by non-immunological principals) and presents, clinically, as an eczematous dermatitis in sun-exposed areas (distinguishing it from phototoxic dermatitis which is analogous to contact irritant dermatitis and produces swelling, redness and even blistering); photoallergic dermatitis may eventually spread to areas covered by clothes. Lichenification (thickening with increased skin markings) and chronic pigmentary changes may also develop. Photoallergic reactions may sometimes be followed by a persistent state of light reactivity (persistent light reactor) where clinical dermatitis recurs following exposure to sunlight alone, in the absence of the original initiating chemical. Studies in rats have shown that long-term administration of sulfonamides may produce thyroid malignancies; rats, however, appear to be more susceptible to the goiterogenic effects of sulfonamides than do other animal species. Sulfonamides may cause kernicterus in the neonate and their use is not recommended during pregnancy. Studies in rats and mice given high oral doses have shown that certain sulfonamides cause a significant incidence of cleft palate and other bony abnormalities in the foetus.

	TOXICITY	IRRITATION
Titan Asulam 400 (TITAN Asulam 400)	Not Available	Not Available

	TOXICITY	IRRITATION
asulam sodium	Dermal (rabbit) LD50: >2000 mg/kg[2]	Not Available
	Oral (Rabbit) LD50; >2000 mg/kg[2]	

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***

Titan Asulam 400 (TITAN Asulam 400) & ASULAM SODIUM

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.
For asulam:
Acute toxicity: Although asulam is chemically classified as a carbamate compound, it differs structurally from cholinesterase inhibiting carbamates, and both acute and other toxicity studies with asulam have produced no signs of cholinergic or neurotoxic effects
Asulam is classified as Category IV for acute oral toxicity, acute inhalation toxicity and primary dermal irritation; Category III for acute dermal toxicity and primary eye irritation. Asulam is also a nonsensitizer. The U.S. E.P.A. classified asulam as a Group C, possible human carcinogen, based on thyroid and adrenal tumors in the rat study.
The Agency does not have concerns for developmental or reproductive toxicity associated with oral exposure to asulam. There is no acute dietary toxicological endpoint of concern (the NOEL in the developmental toxicity study in rats is 1000 mg/kg/day). There is no toxicological endpoint of concern for short term or intermediate term occupational or residential exposure (the NOEL in the 21-day dermal toxicity is 1000 mg/kg/day).
Although the metabolites hydroquinone/quinone are of toxicological concern, these compounds are naturally occurring plant constituents and the levels of hydroquinone/quinone present in the treated sugarcane, cane sugar, and molasses may not represent a significantly different risk than naturally occurring levels of hydroquinone/quinone. The residues for regulation and risk assessment are the parent compound, asulam, and all metabolites containing the sulfanilamide moiety.
Carcinogenicity: A two-year combined chronic feeding/carcinogenicity study was conducted using CD rats administered asulam at dose levels of 0, 1,000, 5,000 or 25,000 ppm (equivalent to 0, 36, 180 and 953 mg/kg/day in males and 0, 47, 243 and 1,280 mg/kg/day in females, respectively). The systemic NOEL was 36 mg/kg/day. Hyperplastic changes were observed in the adrenal medulla and in thyroid follicular cells of males at the LOEL of 180 mg/kg/day and the high dose. There was a statistically significant increase in thyroid gland c-cell carcinomas and in adenomas and carcinomas combined in both the low- and mid-dose males. There was a statistically-significant increase in benign adrenal medullary pheochromocytomas at the high dose in males. In a two-year carcinogenicity study with Charles River CD-1 mice, asulam was administered in the diet at 0, 500, 5,000 or 50,000 ppm. The systemic toxicity NOEL was 5,000 ppm or 750 mg/kg/day. The systemic LOEL was 50,000 ppm or 7,500 mg/kg/day, based on increased spleen weight in males and decreased brain weight and survival in females. There was no increase in the incidence of any tumors.
Developmental Toxicity: Doses of 0, 500, 1,000 or 1,500 mg/kg were given by gavage on gestation days 5-17 in a developmental toxicity study with CD rats. The NOELs for maternal and developmental toxicity in rats were 1,000 mg/kg/day. The highest dose tested showed decreased body weight gain and a slight increase in resorptions.

Continued...

	A study in New Zealand white rabbits evaluated asulam at 0, 150, 300 or 750 mg/kg/day by gavage on gestation days 5-20. The maternal and developmental NOELs were 750 mg/kg/day. At 750 mg/kg/day, a borderline maternal toxic effect of decreased body weight gain was seen, which may have been compound-related. An additional group of animals was included in this study at 1,500 mg/kg/day which either died or were sacrificed in extremis, leading to a maternal LOEL of 1,500 mg/kg/day. No teratogenic effects were produced by asulam in either rats or rabbits. **Reproductive Toxicity:** Asulam was evaluated in a two-generation reproduction study at 0, 1,000, 5,000, or 25,000 ppm in the diet of CD rats. The study found a NOEL of 1,000 ppm (50 mg/kg/day) for reproductive effects (lowest level tested) with a reduction in the number of live births per litter being noted at 5,000 ppm (250 mg/kg/day) and 25,000 ppm (1,250 mg/kg/day). The parental NOEL was 250 mg/kg/day, with body weight and organ weight decreases at 1250 mg/kg/day. The developmental toxicity NOEL exceeded 1250 mg/kg/day. **Genotoxicity:** Asulam was not mutagenic in the studies that have been performed. The Ames Assay which is used to detect gene mutation with S. typhimurium was negative . Mutagenicity assays which detect structural chromosome aberrations included the dominant lethal test in mice and an in vitro cytogenetics assay in human lymphocytes were negative for asulam . In addition, the C3H/10T1/2 cell transformation assay when performed with asulam was also negative

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

Titan Asulam 400 (TITAN Asulam 400)	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	Not Available	Not Available	Not Available	Not Available	Not Available
asulam sodium	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	EC50(ECx)	504h	Algae or other aquatic plants	~0.03mg/L	4
	LC50	96h	Fish	>180mg/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***				

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
Toxic to flora.
Toxic to soil organisms.
For asulam
Environmental fate:
Asulam is highly mobile and has a strong potential to leach into ground water or move off-site into surface water. Also, based on available data (including those from unreliable studies), asulam has the following characteristics: 1) highly to very highly soluble, 2) stable in water without light, 3) unstable in water and on soil under light; however, small amounts of asulam were detected in surface water, 4) relatively unstable in soil under aerobic conditions, 5) very stable in soil and sediment under anaerobic conditions, 6) very mobile in soil, 7) not volatile, and 8) does not accumulate in fish.
Asulam has short persistence in soil DT50 about 6-14 days.
Soil metabolism is by loss of amino group, cleavage of carbamate group, or acetylation of amino group.
Because of its solubility in water, rain occurring immediately following application may increase the amount of chemical getting into ground water. Sediment-bound residues or solubilized asulam may run off to surface water. Therefore, surface runoff could be another major route of dissipation.
Based on the laboratory studies, photolysis in water and on soil appear to be major routes of degradation for asulam. However, the role of photolysis may be less significant in the natural field conditions than in the laboratory.
Asulam is stable to hydrolysis at pH's of 5, 7, and 9 in the absence of light. Although this chemical photodegrades very rapidly in aqueous solution at pH 9, with a half-life of 2 hours, no degradation products were present at levels greater than 10 percent of the applied.
On sandy loam soil, asulam was found to be readily photodegradable with a half-life of 1.5 hours.
Sulfanilamide, the major degradation product formed on soil, was present at 27.4 percent of the applied two hours after exposure to light. Based on the low vapor pressure of asulam, volatilization from soils will not be an important dissipation route. The low octanol/water partition coefficient suggests that asulam will have a low tendency to accumulate in fish.
Asulam is much less persistent under aerobic than anaerobic soil and aquatic conditions. If asulam moves into anaerobic conditions, then biotic metabolism is greatly reduced and leaching potential is enhanced. Asulam degraded with half-lives of 8 days in sand, 28 days in sandy loam, and 23 days in loam soils under aerobic conditions whereas it degraded very slowly in sandy loam soil under anaerobic conditions, where the half-life was greater than 1 year. Asulam degraded with a half-life of 105 days in an aerobic aquatic metabolism study.
Sulfanilamide was the major degradate detected in the aerobic/anaerobic soil, and anaerobic/aerobic aquatic metabolism studies. Acetyl asulam (14.3% of the applied at 7 days) was only found in the soil incubated under anaerobic soil/aquatic environment.
Ecotoxicity:
Birds: Acute oral LD50 for mallard ducks, pheasants and pigeons >4000 mg/kg
Fish LC50 (96 h) for rainbow trout, channel catfish and goldfish >5000, bluegill sunfish >3000, harlequin fish >1700 mg/l
Bees: Non-toxic at <2% w/v by direct contact or ingestion
Effects on algae and plankton: little
Degradation Biological: slightly inhib
Technical asulam is practically nontoxic to freshwater fish and slightly toxic to freshwater invertebrates. Also, asulam is practically nontoxic to estuarine/marine species, honeybees, and small mammals.
The sulfonamides are bipolar substances due to their polar functional groups with two pKa-values in the environmentally relevant pH-range. At low pH-values they are cationic due to protonation of the aniline group (pKa1). The isoelectric point is between pH 4 and 5, resulting in neutral species under slightly acidic conditions (pH 3 to 6). At higher pH-values the sulfonamides are anionic due to the deprotonation of the sulfonamide nitrogen group (pKa2). As a consequence of this speciation, the partitioning and the reactivity are pH-dependent which plays an important role for assessing their environmental behavior as well as for their extraction from different matrices for chemical analysis.
Antibiotic sulfonamides, a structurally related group of substances, contain a similar 4-aminobenzene sulfonamide backbone, and are used in agriculture, aquaculture, animal husbandry, and also as human medicines.
After animal medication, they are excreted in high percentages of the administered amount, either as active substance or as acetyl conjugate. In manure, these sulfonamides are persistent. Furthermore the acetyl conjugates are cleaved into the active sulfonamide during manure storage, possibly by nucleophilic attack of ammonium at the carbonyl

Continued...

carbon. Concentrations ranging from 0.1 to more than 10 mg sulfonamide/ kg liquid manure translate into loads of some few grams to several hundred grams per hectare per application that may reach agricultural soils. On a plot scale, losses of sulfonamide antibiotics by surface run-off have been reported to vary from 0.1 to 28% of the applied amount. One reason for this high variability might be the different irrigation intensities ranging from a few mm per day to 100mm/2h . In a field study carried out on a macroporous tile-drained clay soil relative losses of a sulfonamide antibiotic amounted to 0.48% and 0.01% in two subsequent years.
Competing with p-aminobenzoic acid in the enzymatic synthesis of dihydrofolic acid, sulfonamides inhibit the growth and reproduction of bacteria. Once released to the environment, sulfonamides distribute themselves among different environmental compartments, along with their degradation products, and are transported to surface water and groundwater. The physiochemical properties, the dosage applied and the nature of the environmental components with which they interact, govern the whole process. Sulfonamides, as a class, are only partially sorptive, non persistent, and leachable . They cannot be characterised as readily biodegradable. Their adsorption to soil increases with the aromaticity and electronegativity of functional groups attached to the sulfonyl phenyl amine core. Preferential flow in clay soils has been identified as a mechanism responsible for surface water contamination by sulfonamides.
George W. Ware et al: Reviews of Environmental Contamination and Toxicology Vol 187, 2006 pp 67-101.
Twelve different sulfonamides were selected for a biodegradation study using a respirometric screening test and an activated sludge simulation test. A simple bacterial growth inhibition test was applied to show that the sulfonamides did not affect the bacteria at the concentration levels used. None of the compounds were degraded in the screening test, leading to the conclusion that sulfonamides cannot be classified as readily biodegradable. In the simulation test, primary degradation of mixtures of four compounds at concentration levels of 250 to 500 µg/L were tested and analysed using high-performance liquid chromatography. Biodegradation occurred after lag phases of 7 to 10 d at 20°C when nonadapted sludge was applied. Test compounds were degraded within a few days. At 6°C, degradation lag phases and degradation rates were three to four times longer. Sulfonamide adapted bacterial cultures were able to degrade either the same compounds as previously added or four other sulfonamides in a rapid and uniform way (t½ from 0.2 to 3 d). This finding shows that if capable of degrading one sulfonamide substance, these bacteria may also degrade many other sulfonamides. In practice, this implies that because the biodegradation rate is found to be identical for several sulfonamides in the sludge, the compounds may be assessed as a group by studying only a few compounds in applications such as environmental fate assessments. The mechanism for inducement of sulfonamide adaptation to the bacteria was not revealed in this study.
Flemming Ingerslev and Bent Halling-Sørensen: Environmental Toxicology and Chemistry pp 2467-2473.
Laboratory tests showed that phototoxicity resulting from exposure to continuous UVB light generally increased the acute toxicity of the sulfonamides in D. magna by up to 2.3-fold. However, pulsed UVB exposure resulted in a greater increase in phototoxicity. Compared to fluorescent light only (no UVB), pulsed UVB irradiation (96 h) resulted in 12.0-, 5.8-, and 4.4-fold increases in toxicity for sulfamethazine, sulfathiazole, and sulfamethoxazole, respectively. This suggests that the mode of UV irradiation is more important than the dose (UV-intensity × exposure time) for the photo-enhancement of sulfonamide toxicity. Natural sunlight enhanced the toxicity of the sulfonamides to an even greater degree, likely because of the contribution of UVA light. This study suggests that without taking into account the effects of UV irradiation, it is possible to underestimate the actual consequences of phototoxic sulfonamide antibiotics in the aquatic environment.
Jinyong Jung et al: Earth and Environmental Science. Vol 17, January 2008, pp 37-45.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

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 or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Continued...

Marine Pollutant	
HAZCHEM	•3Z

Land transport (ADG)

14.1. **UN number or ID number**	3082
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains asulam sodium)
14.3. **Transport hazard class(es)**	Class: 9 Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5. **Environmental hazard**	Environmentally hazardous
14.6. **Special precautions for user**	Special provisions: 274 331 335 375 AU01 Limited quantity: 5 L

Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082
are not subject to this Code when transported by road or rail in;
(a) packagings;
(b) IBCs; or
(c) any other receptacle not exceeding 500 kg(L).
- Australian Special Provisions (SP AU01) - ADG Code 7th Ed.

Air transport (ICAO-IATA / DGR)

14.1. **UN number**	3082
14.2. **UN proper shipping name**	Environmentally hazardous substance, liquid, n.o.s. (contains asulam sodium)
14.3. **Transport hazard class(es)**	ICAO/IATA Class: 9 ICAO / IATA Subsidiary Hazard: Not Applicable ERG Code: 9L
14.4. **Packing group**	III
14.5. **Environmental hazard**	Environmentally hazardous
14.6. **Special precautions for user**	Special provisions: A97 A158 A197 A215 Cargo Only Packing Instructions: 964 Cargo Only Maximum Qty / Pack: 450 L Passenger and Cargo Packing Instructions: 964 Passenger and Cargo Maximum Qty / Pack: 450 L Passenger and Cargo Limited Quantity Packing Instructions: Y964 Passenger and Cargo Limited Maximum Qty / Pack: 30 kg G

Sea transport (IMDG-Code / GGVSee)

14.1. **UN number**	3082
14.2. **UN proper shipping name**	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains asulam sodium)
14.3. **Transport hazard class(es)**	IMDG Class: 9 IMDG Subsidiary Hazard: Not Applicable
14.4. **Packing group**	III
14.5 **Environmental hazard**	Marine Pollutant
14.6. **Special precautions for user**	EMS Number: F-A, S-F Special provisions: 274 335 375 969 Limited Quantities: 5 L

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
asulam sodium	Not Applicable

14.7.3. Transport in bulk in accordance with the IGC Code

Continued...

Product name	Ship Type
asulam sodium	Not Applicable

SECTION 15 Regulatory information

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

asulam sodium is found on the following regulatory lists

Australia Chemicals with non-industrial uses removed from the Australian Inventory of Chemical Substances (old Inventory)
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (asulam sodium)
Canada - NDSL	No (asulam sodium)
China - IECSC	No (asulam sodium)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (asulam sodium)
Korea - KECI	No (asulam sodium)
New Zealand - NZIoC	No (asulam sodium)
Philippines - PICCS	No (asulam sodium)
USA - TSCA	No (asulam sodium)
Taiwan - TCSI	No (asulam sodium)
Mexico - INSQ	No (asulam sodium)
Vietnam - NCI	Yes
Russia - FBEPH	No (asulam sodium)
UAE - Control List (Banned/Restricted Substances)	No (asulam sodium)
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	29/04/2026
Initial Date	31/12/2025

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	02/01/2026	Toxicological information - Acute Health (eye), Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (skin), Toxicological information - Acute Health (swallowed), First Aid measures - Advice to Doctor, Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Hazards identification - Classification, Ecological Information - Environmental, Firefighting measures - Fire Fighter (fire/explosion hazard), Firefighting measures - Fire Fighter (fire fighting), First Aid measures - First Aid (eye), First Aid measures - First Aid (skin), Handling and storage - Handling Procedure, Composition / information on ingredients - Ingredients, Accidental release measures - Spills (major), Accidental release measures - Spills (minor), Handling and storage - Storage (storage incompatibility), Handling and storage - Storage (storage requirement), Identification of the substance / mixture and of the company / undertaking - Supplier Information, Identification of the substance / mixture and of the company / undertaking - Synonyms, Transport Information, Name
3.1	29/04/2026	Physical and chemical properties - Appearance, Hazards identification - Classification, Disposal considerations - Disposal, Exposure controls / personal protection - Exposure Standard, Handling and storage - Storage (storage requirement), Toxicological information - Toxicity and Irritation (Other), Identification of the substance / mixture and of the company / undertaking - Use

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。

Continued...

- 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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