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化学品安全技术说明书

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MSDS标题

WHITELEY CLEARSOL 50 MSDS报告

产品标题

2-乙基苯酚

CAS号

90-00-6

化学品及企业标识

PRODUCT NAME

WHITELEY CLEARSOL 50

NFPA

Flammability	0
Toxicity	3
Body Contact	3
Reactivity	0
Chronic	0

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

PRODUCT USE

Hospital grade disinfectant/bactericide concentrate. \cdot Material is mixed and used in accordance with manufacturers directions.

SYNONYMS

"phenolic xylenol disinfectant"

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Causes burns. Risk of serious damage to eyes.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Considered an unlikely route of entry in commercial/industrial environments. Ingestion may result in nausea, abdominal irritation, pain and vomiting.

FYF

The material can produce chemical burns to the eye following direct contact. Vapors or mists may be extremely irritating. If applied to the eyes, this material causes severe eye damage.

SKIN

The material can produce chemical burns following direct contactwith the skin. Toxic effects may result from skin absorption. Absorption by skin may readily exceed vapor inhalation exposure. Symptoms for skin absorption are the same as for inhalation.

INHALED

Inhalation may produce serious health damage*. If inhaled, this material can irritate the throat andlungs of some persons. Not normally a hazard due to non-volatile nature of product. Inhalation of vapor is more likely at higher than normal temperatures. Acute effects from inhalation of high vapor concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and by inhalation of vapors especially at higher temperatures. As with any chemical product, contact with unprotected bare skin; inhalation of vapor, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice. Toxicology is identical in most respects to phenol exposures. Evidence exists that oral effects are less severe than when the substance is introduced through dermal wounds, body cavities or even unbroken skin. Irrespective of the route of exposure there is no doubt that the major hazard stems from systemic effects. Although the onset of poisoning is amazingly abrupt, the dangerous phase of intoxication is usually complete within 24 hours. Chronic exposure to low doses may result in liver and kidney damage.

