西亚试剂® Xiya Reagent 说明书

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化 学 品 安 全 技 术 说 明 书

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MSDS标题

M-CHLOROTOLUENE MSDS报告

产品标题

3-氯甲苯;1-氯-3-甲基苯;3-氯-1-甲基苯

CAS号

108-41-8

化学品及企业标识

PRODUCT NAME

M-CHLOROTOLUENE

NFPA

Flammability	2
Toxicity	2
Body Contact	2
Reactivity	1
Chronic	2

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

PRODUCT USE

Used as solvent and intermediate in manufacturer of organic chemicals and dyes.

SYNONYMS

C7-H7-Cl, 3-chloro-l-methylbenzene, 3-chloro-l-methylbenzene, "3 chlorotoluene", "m-tolyl chloride", "m-tolyl chloride", "toluene, m-chloro", "toluene, m-chloro", "benzene, 1-chloro-3-methyl", "benzene, 1-chloro-3-methyl", monochlorotoluene, "monochloro toluene", "chloro toluene"

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Harmful by inhalation.
Flammable.
Toxic to aquatic organisms, may cause long- term adverse effects in the aquatic environment.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

The material is not thought to produce adverse health effects following ingestion (as classified 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.

EYE

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

SKIN

The liquid may be miscible with fats or oils and may degrease the skin, producing a skin reaction described as non-allergic contact dermatitis. The material is unlikely to produce an irritant dermatitis as described in EC Directives . Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. 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.

INHALED

Inhalation of vapors or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. There is some evidence to suggest that the material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation hazard is increased at higher temperatures. Inhalation of high concentrations of gas/vapor causes lung irritation with coughing and nausea, central nervous depression with headache and dizziness, slowing of reflexes, fatigue and inco-ordination. If exposure to highly concentrated solvent atmosphere is prolonged this may lead to narcosis, unconsciousness, even coma and possible death.

CHRONIC HEALTH EFFECTS

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Chronic solvent inhalation exposures may result in nervous system impairment and liver and blood changes. [PATTYS]. Chronic toluene habituation occurs following intentional abuse (glue sniffing) or from occupational exposure. Ataxia, incoordination and tremors of the hands and feet (as a consequence of diffuse cerebral atrophy), headache, abnormal speech, transient memory loss, convulsions, coma, drowsiness, reduced colour perception, frank blindness, nystagmus (rapid, involuntary eye-movements), hearing loss leading to deafness and mild dementia have all been associated with chronic abuse. Peripheral nerve damage, encephalopathy, giant axonopathy electrolyte disturbances in the cerebrospinal fluid and abnormal computer tomographic (CT scans) are common amongst toluene addicts. Although toluene abuse has been linked with kidney disease, this does not commonly appear in cases of occupational toluene exposures. Cardiac and haematological toxicity are however associated with chronic toluene exposures. Cardiac arrhythmia, multifocal and premature ventricular contractions and supraventricular tachycardia are present in 20% of patients who abused toluene-containing paints. Previous suggestions that chronic toluene inhalation produced human peripheral neuropathy have been discounted. However central nervous system (CNS) depression is well documented where blood toluene exceeds 2.2 mg%. Toluene abusers can achieve transient circulating concentrations of 6.5 mg%. Amongst workers exposed for a median time of 29 years, to toluene, no subacute effects on neurasthenic complaints and psychometric test results could be established. The prenatal toxicity of very high toluene concentrations has been documented for several animal species and man. Malformations indicative of specific teratogenicity have not generally been found. Neonatal toxicity, described in the literature, takes the form of embryo death or delayed foetal growth and delayed skeletal system development. Permanent damage of children has been seen only when mothers have suffered from chronic intoxication as a result of "sniffing".