

化 学 品 安 全 技 术 说 明 书

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MSDS标题

UNIROYAL CELOGEN OT MSDS报告

产品标题

4, 4'-氧联苯二磺酸酰肼

CAS号

化学品及企业标识

PRODUCT NAME

UNIROYAL CELOGEN OT

NFPA

Flammability	3
Toxicity	2
Body Contact	3
Reactivity	1
Chronic	2
SCALE: Min/Nil=0 Low=1 Moderate=2 High=3 Extreme=4	

PRODUCT USE

Blowing agent for sponge rubber and expanded plastics.

SYNONYMS

"Salogen Selogen (misspelling)"

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

Causes burns.

Risk of serious damage to eyes.

Flammable.

Toxic to aquatic organisms.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

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. The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Harmful if swallowed. Concentrated solutions of many cationics may cause corrosive damage to mucous membranes and the esophagus. Nausea and vomiting (sometimes bloody) may follow ingestion. Serious exposures may produce an immediate burning sensation of the mouth, throat and abdomen with profuse salivation, ulceration of mucous membranes, signs of circulatory shock (hypotension, labored breathing, and cyanosis) and a feeling of apprehension, restlessness, confusion and weakness. Weak convulsive movements may precede central nervous system depression. Erosion, ulceration, and petechial hemorrhage may occur through the small intestine with glottic, brain and pulmonary edema. Death may result from asphyxiation due to paralysis of the muscles of respiration or cardiovascular collapse. Fatal poisoning may arise even when the only pathological signs are visceral congestion, swallowing, mild pulmonary edema or varying signs of gastrointestinal irritation. Individuals who survive a period of severe hypertension may develop kidney failure. Cloudy swelling, patchy necrosis and fatty infiltration in such visceral organs as the heart, liver and kidneys shows at death.

EYE

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

SKIN

The material can produce chemical burns following direct contact with the skin. Skin contact is not thought to produce harmful health effects (as classified 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. 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

The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. The material is not thought to produce adverse health effects following inhalation (as classified using animal models). Nevertheless, adverse 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. High concentrations cause inflamed airways and watery swelling of the lungs with edema.

CHRONIC HEALTH EFFECTS

Repeated or prolonged exposure to acids may result in the erosion of teeth, swelling and or ulceration of mouth lining. Irritation of airways to lung, with cough, and inflammation of lung tissue often occurs. Chronic exposure may inflame the skin or conjunctiva. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. There is some evidence that inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population. Respiratory sensitization may result in allergic/asthma like

responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. Exposures at 2-5 mg/m³ in azodicarbonamide manufacture caused sensitisation and asthma. Workers symptoms ceased on removal from exposure. [Thorax 1981, vol 36, p906-909].

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