化 学 品 安 全 技 术 说 明 书

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MSDS标题

P-CHLOROANILINE MSDS报告

产品标题

4-氯苯胺;对氨基氯苯

CAS号

106-47-8

化学品及企业标识

PRODUCT NAME

P-CHLOROANILINE

NFPA

Flammability	1
Toxicity	3
Body Contact	3
Reactivity	1
Chronic	3

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

PRODUCT USE

Dye intermediate, pharmaceuticals, agricultural chemicals. Regeant

SYNONYMS

C6-H6-Cl-N, "aniline, p-chloro-", "aniline, p-chloro-", 1-amino-4-chlorobenzene, 1-amino-4-chlorobenzene, "aniline, 4-chloro-", "aniline, 4-chloro-", "benzeneamine, 4-chloro-", "benzeneamine, 4-chloro-", p-chloraniline, p-chloraniline, 4-chlorobenzene, 4-chlorobenzene, 4-chlorophenylamine, 4-chlorophenylamine, "RCRA Waste No. P024"

CANADIAN WHMIS SYMBOLS

EMERGENCY OVERVIEW

RISK

Irritating to eyes.
May cause CANCER.
May cause SENSITIZATION by skin contact.
Toxic by inhalation, in contact with skin and if swallowed.
Very toxic to aquatic organisms, may cause long- term adverse effects in the aquatic environment.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual. The substance and/or its metabolites may bind to hemoglobin inhibiting normal uptake of oxygen. This condition, known as "methemoglobinemia", is a form of oxygen starvation (anoxia). Symptoms include cyanosis (a bluish discoloration skin and mucous membranes) and breathing difficulties. Symptoms may not be evident until several hours after exposure. At about 15% concentration of blood methemoglobin there is observable cyanosis of the lips, nose and earlobes. Symptoms may be absent although euphoria, flushed face and headache are commonly experienced. At 25-40%, cyanosis is marked but little disability occurs other than that produced on physical exertion. At 40-60%, symptoms include weakness, dizziness, lightheadedness, increasingly severe headache, ataxia, rapid shallow respiration, drowsiness, nausea, vomiting, confusion, lethargy and stupor. Above 60% symptoms include dyspnea, respiratory depression, tachycardia or bradycardia, and convulsions. Levels exceeding 70% may be fatal.

EYE

There is evidence that material may produce eye irritation in some persons and produce eye damage 24 hours or more after instillation. Severe inflammation may be expected with pain. There may be damage to the cornea.

Unless treatment is prompt and adequate there may be permanent loss of vision. Conjunctivitis can occur following repeated exposure.

SKIN

Skin contact with the material may produce toxic effects; systemic effectsmay result following absorption. The material is not thought to be a skin irritant (as classified using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Monochloroanilines are as toxic or more toxic when absorbed through the skin than when inhaled; clothing does not necessarily protect against skin toxicity. 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. Toxic effects may result from skin absorption.

INHALED

Inhalation of dusts, generated by the material, during the course of normal handling, may produce toxic effects. The material is not thought to produce respiratory irritation (as classified using animal models). Nevertheless inhalation of dusts, or fume, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. 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.

CHRONIC HEALTH EFFECTS

Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population. There is ample evidence that this material can be regarded as being able to cause cancer in humans based on experiments and other information. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. 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. Prime symptom is breathlessness; lung shadows show on X-ray. Chronic exposure to chloroanilines may result in anaemia, anorexia, weight loss and has been reported to produce red blood cell damage. Haematuria (blood in th urine) has been described, presumably as a result of haemorrhagic cystitis (bladder inflammation and haemorrhage). Kidney and liver damage has been reported in test animals exposed to the parent aniline. o-Chloroaniline produced profound degenerative changes in kidney structure following intraperitoneal injection in rats. Rats administered p-chloroaniline, in their diets, exhibited a dose-dependent incidence of tumours of the spleen (splenic sarcomas) and fibrosis of the spleen. Fatty infiltration of the spleen was also observed. Most arylamines are powerful

poisons to the blood-making system. High chronic doses cause congestion of the spleen and tumor formation.