

International Animal Health Products Pty Ltd

Chemwatch: **36-3841** Version No: **10.1** Chemwatch Hazard Alert Code: 3

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

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Product Identifier

Product name	Keymix Growaid
Chemical Name	Not Applicable
Synonyms	Growaid
Chemical formula	Not Applicable
Other means of identification	Not Available

Relevant identified uses of the substance or mixture and uses advised against

	Vitamin and mineral growth supplement to satisfy the requirements of growing and finishing pigs. Mix thoroughly 1 kg of Growaid
Relevant identified uses	per tonne (1,000 kg) of balanced feed. To ensure thorough mixing, first mix Growaid with about 10 kg of fine feed material (e.g.
	pollard). Add this during the early stages of mixing.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	nternational Animal Health Products Pty Ltd	
Address	Healey Circuit Huntingwood NSW 2148 Australia	
Telephone	9672 7944	
Fax	61 2 9672 7988	
Website	www.iahp.com.au	
Email	info@iahp.com.au	

Emergency telephone number

Association / Organisation	Australian Poison Information Centre	
Emergency telephone numbers	26 (24 Hours)	
Other emergency telephone numbers	New Zealand: National Poisons Centre 0800 764 766 (24 hours)	

SECTION 2 Hazards identification

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

Poisons Schedule	S6
Classification ^[1]	Acute Toxicity (Oral) Category 4, Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Specific Target Organ Toxicity - Repeated Exposure Category 2, Hazardous to the Aquatic Environment Acute Hazard Category 2, Hazardous to the Aquatic Environment Long-Term Hazard Category 3

Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2004 Annex VI		
abel elements			
Hazard pictogram(s)			
Signal word	Danger		

Hazard statement(s)

H302	Harmful if swallowed.
H315	Causes skin irritation.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H373	May cause damage to organs through prolonged or repeated exposure.
H401	Toxic to aquatic life.
H412	Harmful to aquatic life with long lasting effects.

Supplementary statement(s)

Not Applicable

Precautionary statement(s) Prevention

P260	o not breathe dust/fume.	
P271	Use only outdoors or in a well-ventilated area.	
P280	Wear protective gloves, protective clothing, eye protection and face protection.	
P264	Nash 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.	

Precautionary statement(s) Response

P305+P351+P338	N EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P310	tiately call a POISON CENTER/doctor/physician/first aider.	
P301+P312	ALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.	
P302+P352	I SKIN: Wash with plenty of water and soap.	
P304+P340	NHALED: Remove person to fresh air and keep comfortable for breathing.	
P330	Rinse mouth.	
P332+P313	If skin irritation occurs: Get medical advice/attention.	
P362+P364	Take off contaminated clothing and wash it before reuse.	

Precautionary statement(s) Storage

P405 Store locked up.	
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
471-34-1	20-40	calcium carbonate
17375-41-6	10-30	ferrous sulfate monohydrate
1314-13-2	5-15	zinc oxide
590-46-5	1-<10	betaine hydrochloride
7758-98-7	1-<10	copper sulfate
1344-43-0	1-<10	manganous oxide
58-95-7	<5	D-alpha-tocopherol acetate
59-67-6	<2	nicotinic acid
Not Available	balance	Ingredients determined not to be hazardous
Legend:	 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

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Eye Contact	 If this product comes in contact with the eyes: Immediately hold eyelids apart and flush the eye continuously with 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. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. 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 or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay.
Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

for copper intoxication:

- Unless extensive vomiting has occurred empty the stomach by lavage with water, milk, sodium bicarbonate solution or a 0.1% solution of potassium ferrocyanide (the resulting copper ferrocyanide is insoluble).
- Administer egg white and other demulcents.
- Maintain electrolyte and fluid balances.
- Morphine or meperidine (Demerol) may be necessary for control of pain.
- If symptoms persist or intensify (especially circulatory collapse or cerebral disturbances, try BAL intramuscularly or penicillamine in accordance with the supplier's recommendations.
- Treat shock vigorously with blood transfusions and perhaps vasopressor amines.
- If intravascular haemolysis becomes evident protect the kidneys by maintaining a diuresis with mannitol and perhaps by alkalinising the urine with sodium bicarbonate.
- It is unlikely that methylene blue would be effective against the occassional methaemoglobinemia and it might exacerbate the subsequent haemolytic episode.
 Institute measures for impending renal and hepatic failure.
- [GOSSELIN, SMITH & HODGE: Commercial Toxicology of Commercial Products]
 - A role for activated charcoals for emesis is, as yet, unproven.
- In severe poisoning CaNa2EDTA has been proposed.

[ELLENHORN & BARCELOUX: Medical Toxicology]

For acute or short term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.

- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater that 100 ug/dL indicate poisoning with levels, in
 - excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

Both dermal and oral toxicity of manganese salts is low because of limited solubility of manganese. No known permanent pulmonary sequelae develop after acute manganese exposure. Treatment is supportive.

[Ellenhorn and Barceloux: Medical Toxicology]

In clinical trials with miners exposed to manganese-containing dusts, L-dopa relieved extrapyramidal symptoms of both hypo kinetic and dystonic patients. For short periods of time symptoms could also be controlled with scopolamine and amphetamine. BAL and calcium EDTA prove ineffective.

[Gosselin et al: Clinical Toxicology of Commercial Products.]

SECTION 5 Firefighting measures

Extinguishing media

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

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 breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area. 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. Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	 Solid which exhibits difficult combustion or is difficult to ignite. Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type. Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. Build-up of electrostatic charge may be prevented by bonding and grounding. Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion texing. All movable parts coming in contact with this material should have a speed of less than 1-metre/sec. Decomposition may produce toxic fumes of: carbon monoxide (CO2) nitrogen oxides (NCX) sulfur oxides (SOX) metal oxides other pyrolysis products typical of burning organic material. May emit corrosive fumes.
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	 Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Use dry clean up procedures and avoid generating dust. Place in a suitable, labelled container for waste disposal.
Major Spills	 Moderate hazard. CAUTION: Advise personnel in area. Alert Emergency Services and tell them location and nature of hazard. Control personal contact by wearing protective clothing. Prevent, by any means available, spillage from entering drains or water courses. Recover product wherever possible. IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal. ALWAYS: Wash area down with large amounts of water 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

	 Avoid all personal 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. DO NOT allow material to contact humans, exposed food or food utensils. 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. Launder contaminated clothing before re-use. 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 are maintained. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)
Safe handling	 Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. Establish good housekeeping practices. Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area. Do not use air hoses for cleaning.
	 Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used. Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition. Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance. Destinational guidance.
	 Do not empty directly into flammable solvents or in the presence of flammable vapors. The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges. Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source. Do NOT cut, drill, grind or weld such containers. In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace
Other information	 safety authorisation or permit. Store in original containers. Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes. 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.
For major quantities:
 Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
 Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may requir consultation with local authorities.

Conditions for safe storage, including any incompatibilities

Suitable container	Multi-walled paper bag with plastic liner. Paper bag with sealed plastic liner <u>NOTE</u> : Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse.
Storage incompatibility	 Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. Avoid strong bases. Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	 (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	ferrous sulfate monohydrate	Iron salts, soluble (as Fe)	1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	zinc oxide	Zinc oxide (fume)	5 mg/m3	10 mg/m3	Not Available	Not Available
Australia Exposure Standards	zinc oxide	Zinc oxide (dust)	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	manganous oxide	Manganese, dust & compounds (as Mn)	1 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2		TEEL-3
calcium carbonate	45 mg/m3 210 mg/m3			1,300 mg/m3
zinc oxide	10 mg/m3	15 mg/m3		2,500 mg/m3
copper sulfate	7.5 mg/m3	9.9 mg/m3		59 mg/m3
manganous oxide	3.9 mg/m3	6.5 mg/m3		39 mg/m3
Ingredient	Original IDLH		Revised IDLH	
calcium carbonate	Not Available		Not Available	
ferrous sulfate monohydrate	Not Available		Not Available	
zinc oxide	500 mg/m3		Not Available	
betaine hydrochloride	Not Available		Not Available	
copper sulfate	Not Available		Not Available	
manganous oxide	500 mg/m3		Not Available	
D-alpha-tocopherol acetate	Not Available		Not Available	
nicotinic acid	Not Available		Not Available	

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit		
betaine hydrochloride	E	≤ 0.01 mg/m³		
copper sulfate	E	≤ 0.01 mg/m³		
D-alpha-tocopherol acetate	E	≤ 0.1 ppm		
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure			

band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

	Occupational Exposure Band Rating Occupational Exposure Band Limit		
nicotinic acid E s	E ≤ 0.01 mg/m ³		
potency and the adverse health outcomes associated with exposure. 7	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.		

Appropriate engineering controls	 None required when handling small quantities. OTHERWISE: Engineering controls are used to remove a hazard or place at engineering controls can be highly effective in protecting worprovide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activit Enclosure and/or isolation of emission source which keeps at that strategically "adds" and "removes" air in the work envirod designed properly. The design of a ventilation system must remployers may need to use multiple types of controls to prefect exhaust ventilation is required where solids are had large, a certain proportion will be powdered by mutual firit Exhaust ventilation should be designed to prevent accum If in spite of local exhaust an adverse concentration of th considered. Such protection might consist of: (a): particle dust respirators, if necessary, combined with an (b): filter respirators with absorption cartridge or canister of the (c): fresh-air hoods or masks Build-up of electrostatic charge on the dust particle, may Powder handling equipment such as dust collectors, dryge explosion venting. Air contaminants generated in the workplace possess varyin velocities" of fresh circulating air required to efficiently removed type of Contaminant: direct spray, spray painting in shallow booths, drum filling, discharge (active generation into zone of rapid air motion). Within each range the appropriate value depends on: Lower end of the range 1: Room air currents minimal or favourable to capture 2: Contaminants of low toxicity or of nuisance value only 3: Intermittent, low production. 4: Large hood or large air mass in motion Simple theory shows that air velocity falls rapidly with distant generally decreases with the square of distance from the extraction point should be adjusted, accordingly, after reference extra	rkers and will typically be independent of wo ity or process is done to reduce the risk. a selected hazard "physically" away from the imment. Ventilation can remove or dilute an a match the particular process and chemical or vent employee overexposure. Indled as powders or crystals; even when pa- ction. Inulation and recirculation of particulates in the e substance in air could occur, respiratory pro- absorption cartridge; he right type; be prevented by bonding and grounding. ers and mills may require additional protection g "escape" velocities which, in turn, determinate the contaminant. conveyer loading, crusher dusts, gas inerated dusts (released at high initial Upper end of the range 1: Disturbing room air currents 2: Contaminants of high toxicity 3: High production, heavy use 4: Small hood-local control only ce away from the opening of a simple extract traction point (in simple cases). Therefore the nee to distance from the contaminating source (s (800-2000 ft/min) for extraction of crusher onsiderations, producing performance deficit	rker interactions to worker and ventilation air contaminant if r contaminant in use. rticulates are relatively ne workplace. rotection should be on measures such as ne the "capture <u>Air Speed:</u> 1-2.5 m/s (200-500 ft/min) 2.5-10 m/s (500- 2000 ft/min) tion pipe. Velocity e air speed at the ce. The air velocity at the dusts generated 2 ts within the extraction
Individual protection measures, such as personal protective equipment			
Eye and face protection	 No special equipment for minor exposure i.e. when handling small quantities. OTHERWISE: Safety glasses with side shields. 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], [AS/NZS 1336 or national equivalent] 		
Skin protection	See Hand protection below		
Hands/feet protection	No special equipment needed when handling small quantitie OTHERWISE : Wear chemical protective gloves, e.g. PVC.	S.	
Dedu meto stion	Can Other protection holes:		

Body protection See Other protection below

 Other protection
 No special equipment needed when handling small quantities.

 OTHERWISE:
 • Overalls.

 • Barrier cream.
 • Eyewash unit.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AB-AUS P2	-	AB-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AB-AUS / Class 1 P2	-
up to 100 x ES	-	AB-2 P2	AB-PAPR-2 P2 ^

^ - Full-face

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)

· Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

• The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).

· Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.

· Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.

· Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)

· Use approved positive flow mask if significant quantities of dust becomes airborne.

· Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Red-brown free-flowing powder; does not mix with water. Bulk density: 1.1-1.2 g/mL			
Physical state	Divided Solid	Relative density (Water = 1)	Not Available	
Odour	Not Available	Partition coefficient n- octanol / water	Not Available	
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable	
pH (as supplied)	Not Applicable	Decomposition temperature (°C)	Not Available	
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable	
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable	
Flash point (°C)	Not Applicable	Taste	Not Available	
Evaporation rate	Not Applicable	Explosive properties	Not Available	
Flammability	Not Applicable	Oxidising properties	Not Available	
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable	
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable	
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available	
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable	
Vapour density (Air = 1)	Not Applicable	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	Not Available	

(g/m3)

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
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. 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. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles.
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. A metallic taste, nausea, vomiting and burning feeling in the upper stomach region occur after ingestion of copper and its derivatives. The vomitus is usually green/blue and discolours contaminated skin. Poisonings rarely occur after oral administration of manganese salts because they are poorly absorbed from the gut.
Skin Contact	The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering. Open cuts, abraded or irritated skin should not be exposed to this material Exposure to copper, by skin, has come from its use in pigments, ointments, ornaments, jewellery, dental amalgams and IUDs (intra-uterine devices), and in killing fungi and algae. Although copper is used in the treatment of water in swimming pools and reservoirs, there are no reports of toxicity from these applications.
Eye	If applied to the eyes, this material causes severe eye damage. Copper salts, in contact with the eye, may produce inflammation of the conjunctiva, or even ulceration and cloudiness of the cornea.
Chronic	Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconicisis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconicisis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy philegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity). Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed. Inhaling dust over an extended number of years may cause pneumoconicis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible. For copper and its compounds (typically copper choi
	Operations of

Manganese is an essential trace element. Chronic exposure to low levels of manganese can include a mask-like facial expression, spastic gait, tremors, slurred speech, disordered muscle tone, fatigue, anorexia, loss of strength and energy, apathy

Keymix Growaid

	Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. Welding or flame cutting of metals with zinc or zinc dust coatings may result in inhalation of zinc oxide fume; high concentrations of zinc oxide fume may result in "metal fume fever"; also known as "brass chills", an industrial disease of short duration. [I.L.O] Symptoms include malaise, fever, weakness, nausea and may appear quickly if operations occur in enclosed or poorly ventilated areas.			
	There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.			
	ΤΟΧΙΟΙΤΥ	IRRITATION		
Keymix Growaid	Not Available	Not Available		
	ΤΟΧΙCΙΤΥ	IRRITATION		
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE		
calcium carbonate	Inhalation (Rat) LC50: >3 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]		
	Oral (Rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate		
		Skin: no adverse effect observed (not irritating) ^[1]		
ferrous sulfate monohydrate	тохісіту	IRRITATION		
	Oral (Rat) LD50: 319 mg/kg ^[2]	Not Available		
	τοχιςιτγ	IRRITATION		
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit) : 500 mg/24 h - mild		
zinc oxide	Inhalation (Rat) LC50: >1.79 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]		
	Oral (Rat) LD50: >5000 mg/kg ^[1]	Skin (rabbit) : 500 mg/24 h- mild		
		Skin: no adverse effect observed (not irritating) ^[1]		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
betaine hydrochloride	Oral (Rat) LD50: >11148 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]		
		Skin: no adverse effect observed (not irritating) ^[1]		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
copper sulfate	dermal (rat) LD50: >2000 mg/kg ^[1]	Not Available		
	Oral (Rat) LD50: 300 mg/kg ^[2]			
	τοχιζιτγ	IRRITATION		
manganous oxide	Inhalation (Rat) LC50: >5.35 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]		
	Oral (Rat) LD50: >2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
D-alpha-tocopherol acetate	Oral (Mouse) LD50; 5000 mg/kg ^[2]	Eye (rabbit): non-irritating *		
		Skin (rabbit): non-irritating ** [ROCHE]		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: adverse effect observed (irritating) ^[1]		
nicotinic acid	Inhalation (Rat) LC50: >3.8 mg/l4h ^[1]	Skin: no adverse effect observed (not irritating) ^[1]		
	Oral (Mouse) LD50; 3720 mg/kg ^[2]			
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No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

Keymix	Growaid
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FERROUS SULFATE	as CAS RN 7720-78-7 ferrous sulfate
FERROUS SULFATE MONOHYDRATE	No significant acute toxicological data identified in literature search. For acid mists, aerosols, vapours Test results suggest that eukaryotic cells are susceptible to genetic damage when the pH falls to about 6.5. Cells from the respiratory tract have not been examined in this respect. Mucous secretion may protect the cells of the airway from direct exposure to inhaled acidic mists (which also protects the stomach lining from the hydrochloric acid secreted there). The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function. Amphoteric surfactants are easily absorbed in the gut and partly excreted unchanged in the faeces. It has not been shown to accumulate in the body. Concentrated betaines are expected to irritate the skin and eyes, but dilute solutions only irritate the eyes. No evidence of delayed contact hypersensitivity was found in animal testing. Tests for mutation-causing potential have proved negative.
BETAINE HYDROCHLORIDE	For alkyltrimethylamonium chloride (ATMAC) Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41. In addition, certain surfactants will satisfy the criteria for classification as Corrosive with R34 in addition to the acute toxicity. According to Centre Europeen des Agents de Surface et de leurs Intermediaires Organiques (CESIO), C8-18 alkyltrimethylammonium chloride (ATMAC) (i.e., lauryl, coco, soya, and tallow) are classified as Corrosive (C) with the risk phrases R22 (Harmful if swallowed) and R34 (Causes burns). C16 ATMAC is classified as Harmful (Xn) with the risk phrases R22 (Harmful if swallowed), R38 (Irritating to skin), and R41 (Risk of serious damage to eyes). C20-22 ATMAC are classified as Irritant (Xi) with R36/38 (Irritating to eyes and skin). Acute toxicity: ATMA8 (the bromide) is porly absorbed through the skin or the digestive tract. Acute oral toxicity of alkyltrimethylammonium salts is somewhat higher than the toxicity of anionic and nonionic surfactants. This may be due to the strongly irritating effect which cationic surfactants have on the mucous membrane of the gastrointestinal tract. Cationic surfactants are generally about 10 times more toxic when given through a vein, compared to being given by mouth. Skin and eye irritation. Skin irritation depends on surfactant concentration. Concentrations above 1% generally cause pronounced irritation. Cationic surfactants are the most irritating gurfactants to the eye. Many proteins in the skin are considerably more resistant to the denaturing effects of cationic surfactants compared to those of anionic surfactants on proteins may be reversible. Sensitisation: A repeated patch test performed on human volunteers did not show sensitization. Sub-chronic toxicity: Animal testing showed no effects toxic to the embryo or causing birth defects. Mild effects on the embryo were seen only at levels which were toxic to the mother. Mutation-causing potentia:
COPPER SULFATE	This paralysis seems to be transient. From human testing, it is concluded that all the compounds investigated to date show similar toxicological properties. For copper sulfate Copper sulfate is corrosive. Side effects are diverse and multi-systemic, and include severe gastrointestinal symptoms and signs, metallic taste in the mouth, burning pain in the chest, headache, sweating, shock and damage to brain, liver and kidneys. It has been reported as a cause of human suicide. On exposure, it can cause dose dependent damage to the skin and eye, also, eczema and allergic reactions. Long term effects can lead to anaemia and degenerative changes and are more likely in individuals with Wilson's disease, a condition which causes excessive absorption and storage of copper. It has adverse effects on reproduction and fertility as well as cancer and embryo toxic effects. Although it is excreted in the faeces, there is residual accumulation the liver, brain, heart, kidney and muscles.
MANGANOUS OXIDE	No data of toxicological significance identified in literature search.
D-ALPHA-TOCOPHEROL ACETATE	for DL-form alpha-Tocopherol was non-mutagenic and non-carcinogenic, and the results of reproduction/ teratology studies did not indicate that alpha-tocopherol had adverse effects on reproductive function. However, in a long-term study in rats, a no-effect level could not be established with respect to effects on blood clotting and liver histology, and there was evidence from human studies that excessive intakes of alpha-tocopherol could cause haemorrhage. Other adverse effects noted in clinical studies at doses of > 720 mg alpha-tocopherol/day included weakness, fatigue, creatinuria and effects on steroid hormone metabolism. Clinical studies indicate that, generally, intakes of below about 720 mg/day are without adverse effects in man, but one investigation in elderly patients showed an increase in serum cholesterol at doses of 300 mg alpha-tocopherol daily. Incidences of allergic reactions seem to be very rare. alpha-Tocopherol may be an essential nutrient. The U.S. National Academy of Sciences/National Research Council has recommended a dietary allowance of 0.15 mg/kg b.w./day. However, excessive intakes of alpha-tocopherol produce adverse clinical and biochemical effects, and self-medication with large doses of vitamin E preparations could present a hazard. The previously-allocated ADI was amended to include a lower value, which reflects the fact that alpha-tocopherol may be an essential nutrient. The upper value, which represents the maximum value for the AID, is based on clinical experience in man.
	IPCS Inchem: https://www.inchem.org/documents/jecfa/jecmono/v21je05.htm

concentrations. Most notable are its effects on cyclosporine, some 1,4-dihydropyridine calcium antagonists, and some 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors. In the case of some drugs, these increased drug concentrations have been associated with an increased frequency of dose-dependent adverse effects. The P-glycoprotein pump, located in the brush border of the intestinal wall, also transports many cytochrome P-450 3A4 substrates, and this transporter also may be affected by CYP3A4 inhibitors..

Most calcium channel blockers (CCBs) are metabolized by CYP3A4 and will be affected by strong inhibitors and inducers of CYP3A4. Grapefruit juice in sufficient quantities can block intestinal CYP3A4, which can lead to an enhancement of the effects of CCBs. This could affect the blood pressure response for all CCBs

Common classes of drugs that are strong inhibitors of CYP3A4 include azole antifungals, macrolide antibiotics (except azithromycin), protease inhibitors used for HIV, amiodarone, diltiazem, and verapamil.

Niacin (nicotinic acid, Vitamin B3, Vitamin PP) and nicotinamide are both converted into the coenzyme NAD. NAD converts to NADP by phosphorylation in the presence of the enzyme NAD+ kinase. NAD and NADP are coenzymes for many dehydrogenases, participating in many hydrogen transfer processes. NAD is important in catabolism of fat, carbohydrate, protein, and alcohol, as well as cell signaling and DNA repair, and NADP mostly in anabolism reactions such as fatty acid and cholesterol synthesis. High energy requirements (brain) or high turnover rate (gut, skin) organs are usually the most susceptible to their deficiency.

Activating HCA2 has effects other than lowering serum cholesterol and triglyceride concentrations: antioxidative, antiinflammatory, antithrombotic, improved endothelial function and plaque stability, all of which counter development and progression of atherosclerosis

Niacin inhibits cytochrome P450 enzymes CYP2E1, CYP2D6 and CYP3A4. Niacin produces a rise in serum unconjugated bilirubin in normal individuals and in those with Gilbert's Syndrome. However, in the Gilbert's Syndrome, the rise in bilirubin is higher and clearance is delayed longer than in normal people

In animal models and in vitro, niacin produces marked anti-inflammatory effects in a variety of tissues – including the brain, gastrointestinal tract, skin, and vascular tissue – through the activation of hydroxycarboxylic acid receptor 2 (HCA2), also known as niacin receptor 1 (NIACR1) Unlike niacin, nicotinamide does not activate NIACR1; however, both niacin and nicotinamide activate the G protein-coupled estrogen receptor (GPER) in vitro

Niacin reduces synthesis of low-density lipoprotein cholesterol (LDL-C), very low-density lipoprotein cholesterol (VLDL-C), lipoprotein(a) and triglycerides, and increases high-density lipoprotein cholesterol (HDL-C) The lipid-therapeutic effects of niacin are partly mediated through the activation of G protein-coupled receptors, including hydroxycarboxylic acid receptor 2 (HCA2) and hydroxycarboxylic acid receptor 3 (HCA3), which are highly expressed in body fat HCA2 and HCA3 inhibit cyclic adenosine monophosphate (cAMP) production and thus suppress the release of free fatty acids (FFAs) from body fat, reducing their availability to the liver to synthesize the blood-circulating lipids in question. A decrease in free fatty acids also suppresses liver expression of apolipoprotein C3 and PPARgamma coactivator-1b, thus increasing VLDL-C turnover and reducing its production Niacin also directly inhibits the action of diacylglycerol O-acyltransferase 2 (DGAT2) a key enzyme for triglyceride synthesis. The mechanism behind niacin increasing HDL-C is not totally understood, but seems to occur in various ways. Niacin increases apolipoprotein A1 levels by inhibiting the breakdown of this protein, which is a component of HDL-C. It also inhibits HDL-C hepatic uptake by suppressing production of the cholesterol ester transfer protein (CETP) gene. It stimulates the ABCA1 transporter in monocytes and macrophages and upregulates peroxisome proliferator-activated receptor gamma (PPARgamma), resulting in reverse cholesterol transport.

Severe deficiency of niacin in the diet causes the disease pellagra, characterized by diarrhea, sun-sensitive dermatitis involving hyperpigmentation and thickening of the skin, inflammation of the mouth and tongue, delirium, dementia, and if left untreated, death. Common psychiatric symptoms include irritability, poor concentration, anxiety, fatigue, loss of memory, restlessness, apathy, and depression. The biochemical mechanism(s) for the observed deficiency-caused neurodegeneration are not well understood, but may rest on: A) the requirement for nicotinamide adenine dinucleotide (NAD+) to suppress the creation of neurotoxic tryptophan metabolites, B) inhibition of mitochondrial ATP generation, resulting in cell damage; C), activation of the poly (ADP-ribose) polymerase (PARP) pathway, as PARP is a nuclear enzyme involved in DNA repair, but in the absence of NAD+ can lead to cell death; D) reduced synthesis of neuro-protective brain-derived neurotrophic factor or its receptor tropomyosin receptor kinase B; or E) changes to genome expression directly due to the niacin deficiency.

Hartnup disease is a hereditary nutritional disorder resulting in niacin deficiency. It is caused by a genetic disorder that results in a failure to absorb the essential amino acid tryptophan, tryptophan being a precursor for niacin synthesis. The symptoms are similar to pellagra, including red, scaly rash and sensitivity to sunlight. Oral niacin or niacinamide is given as a treatment for this condition in doses ranging from 50 to 100 mg twice a day, with a good prognosis if identified and treated early. Niacin synthesis is also deficient in carcinoid syndrome, because of metabolic diversion of its precursor tryptophan to form serotonin

Cytochrome P450 enzymes are essential for the metabolism of many medications. Although this class has more than 50 enzymes, six of them metabolize 90 percent of drugs, with the two most significant enzymes being CYP3A4 and CYP2D6. Genetic variability (polymorphism) in these enzymes may influence a patient's response to commonly prescribed drug classes, including beta blockers and antidepressants. Cytochrome P450 enzymes can be inhibited or induced by drugs, resulting in clinically significant drug-drug interactions that can cause unanticipated adverse reactions or therapeutic failures.

Drugs that inhibit CYP2D6 activity are likely to increase the plasma concentrations of certain medications, and, in some cases, adverse outcomes will occur. Some drugs, such as fluoxetine, paroxetine, and quinidine, are particularly potent inhibitors of CYP2D6; patients on these drugs may have almost no CYP2D6 activity.

Clinical results suggest that >30% of patients with a poor or ultrarapid CYP2D6 phenotype may experience an adverse outcome after being prescribed codeine, tramadol, oxycodone, or hydrocodone. These medications are frequently prescribed for pain relief, and ~39% of the US population is expected to carry one of these phenotypes, suggesting that the population-level impact of these gene-drug interactions could be substantial.

For drugs that are converted to active metabolites by CYP2D6, the addition of a CYP2D6 inhibitor will tend to inhibit the efficacy of the drug. Genetic variability in CYP2D6 activity also can affect the outcome of CYP2D6 drug interactions.

In patients genetically deficient in CYP2D6 and who are taking a CYP2D6 substrate, the addition of a CYP2D6 inhibitor will not result in any change in the plasma concentrations of the substrate.

CYP2D6 is highly polymorphic with single-nucleotide polymorphisms, small insertions/deletions and larger structural variants including multiplications, deletions, tandem arrangements, and hybridisations with non-functional CYP2D7 pseudogenes. The frequency of these variants differs across populations, and they significantly influence the drug-metabolising enzymatic function of CYP2D6. Importantly, altered CYP2D6 function has been associated with both adverse drug reactions and reduced drug efficacy, and there is growing recognition of the clinical and economic burdens associated with suboptimal drug utilisation The CYP2D6 genotype is associated with the occurrence of adverse effects and clinical nonresponse in psychiatric patients treated with CYP2D6-dependent antidepressants.

	The cytochrome P450 isozymes, in particular CYP2D6, is responsible for the biotransformation of many psychopharmacological drugs . Substrates of CYP2D6 include first generation antipsychotics, selective serotonin receptor inhibitors and tricyclic antidepressants1. Based on genetic variation, patients can be divided into poor metabolizers (PM), intermediate metabolizers (IM), extensive metabolizers (EM), and ultrarapid metabolizers (UM). The recommended dosages of psychopharmacological medication that are metabolized by this enzyme are based on the metabolism of the most common genotype, i.e., the EM type (i.e., a normal CYP2D6 function). However, because the plasma level of a drug is related to the genotype, the, the same dosage will probably lead to a higher plasma level in PMs and IMs, as compared to EMs, and to a lower plasma level in UMs as compared to EMs. The plasma level is often related to the effectiveness of the drug and the risk of dose-related side-effects . Also, when physicians prescribe a drug metabolized by CYP2D6 without taking into account the genotype, the hospital stay is longer (and the costs higher) in patients with a PM and UM profile. For nicotinic acid: Nicotinic acid is a vitamin essential for human and animal health. The daily requirement to avoid deficiencies in humans is in the range of 15 to 40 mg. For therapeutical purposes daily doses up to 6000 mg are used. Nicotinic acid is actually not toxic, but moderately irritant to the eye. Rare cases of skin flushing may occur, but this effect is reversible after termination of exposure. The no observed adverse effect level (NOAEL) in a 28-day oral study in rats was 50 mg/kg/day. However, only a minimal effect on body weight gain without any organ toxicity was found up to the high dose of 1000 mg/kg/day. A carcinogenicity study in mice showed no carcinogenic effects. Nicotinic acid is not teratogenic up to 1000 mg/kg/day. The no effect level for maternal toxicity is 200 mg/kg/day. Nicotinic acid is not teratogenic up to 1000 mg/kg/day. Th			
CALCIUM CARBONATE & BETAINE HYDROCHLORIDE & COPPER SULFATE & MANGANOUS OXIDE & NICOTINIC ACID	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non- allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.			
CALCIUM CARBONATE & ZINC OXIDE	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.			
Acute Toxicity	Carcinogenicity X			
Skin Irritation/Corrosion	×	Reproductivity	×	
Serious Eye Damage/Irritation	*	STOT - Single Exposure	*	
Respiratory or Skin sensitisation	×	STOT - Repeated Exposure	*	
Mutagenicity	×	Aspiration Hazard	×	

Legend: X – Data either not available or does not fill the criteria for classification

Data available to make classification

SECTION 12 Ecological information

Toxicity Endpoint Test Duration (hr) Species Value Source Keymix Growaid Not Not Not Not Available Not Available Available Available Available Endpoint Test Duration (hr) Species Value Source EC50 72h Algae or other aquatic plants >14mg/l 2 calcium carbonate 96h >165200mg/L LC50 Fish 4 NOEC(ECx) 1h Fish 4-320mg/l 4 Endpoint Test Duration (hr) Species Value Source 140.39-EC50 48h Crustacea 4 186.85mg/L ferrous sulfate 36.36monohydrate LC50 96h Fish 4 60.6mg/L 140.39-EC50(ECx) 48h Crustacea 4 186.85mg/L zinc oxide Endpoint Test Duration (hr) Species Value Source BCF 1344h Fish 19-110 7 EC50 72h Algae or other aquatic plants 0.022mg/L 2

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	ErC50	72h	Algae or other aquatic plants	0.62mg/l	2
	EC50	48h	Crustacea	0.105mg/L	2
	LC50	96h	Fish	0.102mg/L	2
	EC10(ECx)	168h	Algae or other aquatic plants	0.003mg/L	2
	EC50	96h	Algae or other aquatic plants	0.042mg/L	2
	Endpoint	Test Duration (hr)	Species	Value	Source
k stalo a budo abbaida	EC50	72h	Algae or other aquatic plants	>=100mg/l	2
betaine hydrochloride	EC50	48h	Crustacea	>=100mg/l	2
	EC10(ECx)	48h	Crustacea	>=100mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	<0.001mg/L	4
	EC50	48h	Crustacea	0.001mg/L	2
copper sulfate	LC50	96h	Fish	<0.001mg/L	4
	EC50	96h	Algae or other aquatic plants	0.011mg/L	4
	NOEC(ECx)	384h	Fish	<0.001mg/L	4
	Endpoint	Test Duration (hr)	Species	Value	Source
manganous oxide	EC50	48h	Crustacea	>4mg/l	2
	NOEC(ECx)	1560h	Fish	0.55mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
D-alpha-tocopherol acetate	Not Available	Not Available	Not Available	Not Available	Not Availabl
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	37.356mg/l	2
	EC50	48h	Crustacea	77mg/l	1
nicotinic acid	LC50	96h	Fish	520mg/l	2
	EC50	96h	Algae or other aquatic plants	19.623mg/l	2
	EC10(ECx)	72h	Algae or other aquatic plants	4.253mg/l	2
Legend:	EC10(ECx)	72h 1. IUCLID Toxicity Data 2. Europ		4.253mg/l	

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
betaine hydrochloride	LOW	LOW
copper sulfate	HIGH	HIGH
nicotinic acid	LOW	LOW

Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Bioaccumulative potential

Ingredient	Bioaccumulation		
zinc oxide	LOW (BCF = 217)		
betaine hydrochloride	LOW (LogKOW = -2.9275)		
copper sulfate	LOW (LogKOW = -2.2002)		
nicotinic acid	LOW (LogKOW = 0.36)		

Mobility in soil

Ingredient	Mobility
betaine hydrochloride	HIGH (Log KOC = 1.557)
copper sulfate	LOW (Log KOC = 6.124)
nicotinic acid	LOW (Log KOC = 14.49)

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. 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. In most instances the supplier of the material should be consulted. 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.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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
calcium carbonate	Not Available
ferrous sulfate monohydrate	Not Available
zinc oxide	Not Available
betaine hydrochloride	Not Available
copper sulfate	Not Available
manganous oxide	Not Available
D-alpha-tocopherol acetate	Not Available
nicotinic acid	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
calcium carbonate	Not Available
ferrous sulfate monohydrate	Not Available
zinc oxide	Not Available
betaine hydrochloride	Not Available
copper sulfate	Not Available
manganous oxide	Not Available
D-alpha-tocopherol acetate	Not Available
nicotinic acid	Not Available

SECTION 15 Regulatory information

Australian Inventory of Industrial Chemicals (AIIC) International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (M ferrous sulfate monohydrate is found on the following regulatory lists Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6 Australia Inventory of Industrial Chemicals (AIIC) zinc oxide is found on the following regulatory lists Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Inventory of Industrial Chemicals (AIIC) International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (M betaine hydrochloride is found on the following regulatory lists Australia Inventory of Industrial Chemicals (AIIC) International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (M betaine hydrochloride is found on the following regulatory lists Australia Inventory of Industrial Chemicals (AIIC) Copper sulfate is found on the following regulatory lists Australia Inventory of Industrial Chemicals (AIIC) Capper sulfate is found on the following regulatory lists Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4	
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Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4	
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5	
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6	
Australian Inventory of Industrial Chemicals (AIIC)	
manganous oxide is found on the following regulatory lists	
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals	
Australian Inventory of Industrial Chemicals (AIIC)	
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (N	INMS)
D-alpha-tocopherol acetate is found on the following regulatory lists	
Australian Inventory of Industrial Chemicals (AIIC)	
nicotinic acid is found on the following regulatory lists	
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 3	
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4	
Australian Inventory of Industrial Chemicals (AIIC)	
Additional Regulatory Information	
Not Applicable	
National Inventory Status	
National Inventory Status	

Status
Yes
No (ferrous sulfate monohydrate)
No (ferrous sulfate monohydrate; betaine hydrochloride; copper sulfate; manganous oxide; D-alpha-tocopherol acetate; nicotinic acid)
No (betaine hydrochloride)
No (ferrous sulfate monohydrate)
Yes
No (ferrous sulfate monohydrate; betaine hydrochloride)
Yes
No (ferrous sulfate monohydrate)
No (ferrous sulfate monohydrate)
Yes
No (ferrous sulfate monohydrate; betaine hydrochloride)

National Inventory	Status
Vietnam - NCI	Yes
Russia - FBEPH	No (ferrous sulfate monohydrate; betaine hydrochloride)
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	10/03/2023
Initial Date	01/08/2013

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。
- 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
- 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