

TEAK RENEWER

Wilhelmsen Ships Service AS

Catalogue Number: 758623 (20 kg)

Version No: 4.4

Safety Data Sheet

Issue Date: 21/01/2019

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L.GHS.NOR.EN

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

Product Identifier

Product name	TEAK RENEWER
Chemical Name	oxalic acid
Synonyms	Pr. No: 51138
Other means of identification	758623 (20 kg), 758623

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

Relevant identified uses	Cleaning agent
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Details of the supplier of the safety data sheet

Registered company name	Wilhelmsen Ships Service AS	Outback (M)SDS portal: http://jr.chemwatch.net/outb/account/autologin?login=wilhelmsen	Wilhelmsen Ships Service AS* Central Warehouse
Address	Strandveien 20 Lysaker 1366 Norway	-----Use our Outback portal to obtain our (M)SDSs in other languages and/or format.----- For questions relating to our SDSs please use Email: WSS.GLOBAL.SDSINFO@wilhelmsen.com ----- Norway	Willem Barentszstraat 50 Rotterdam Netherlands
Telephone	+47 67 58 40 00	Not Available	+31 10 4877 777
Fax	Not Available	Not Available	Not Available
Website	http://www.wilhelmsen.com/	http://www.wilhelmsen.com	http://www.wilhelmsen.com
Email	wss.norway.cs@wilhelmsen.com	wss.global.sdsinfo@wilhelmsen.com	wss.rotterdam@wilhelmsen.com

Emergency telephone number

Association / Organisation	Giftinformasjonssentralen - 24 timer	American Chemistry Council 24hrs - Chemtrec	Dutch nat. poison centre
Emergency telephone numbers	+47 22591300	+1 703 527 3887	+ 31 30 274 88 88
Other emergency telephone numbers	Not Available	+1 800 424 9300	Not Available


SECTION 2 Hazards identification

Classification of the substance or mixture

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Classification according to regulation (EC) No 1272/2008 [CLP] and amendments [1]	H302 - Acute Toxicity (Oral) Category 4, H312 - Acute Toxicity (Dermal) Category 4, H318 - Serious Eye Damage Category 1
Legend:	1. Classified by Chemwatch; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H302	Harmful if swallowed.
H312	Harmful in contact with skin.
H318	Causes serious eye damage.

Precautionary statement(s) General

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.
P103	Read label before use.

Precautionary statement(s) Prevention

P280	Wear protective gloves/protective clothing/eye protection/face protection.
P270	Do not eat, drink or smoke when using this product.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P321	Specific treatment (see advice on this label).
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.
P302+P352	IF ON SKIN: Wash with plenty of water.
P330	Rinse mouth.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name	Classification according to regulation (EC) No 1272/2008 [CLP] and amendments
144-62-7	100	oxalic acid *	Acute Toxicity (Oral) Category 4, Acute Toxicity (Dermal) Category 4; H302, H312 [2]
Legend:		1. Classified by Chemwatch; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 3. Classification drawn from C&L; * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▸ 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	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▸ 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	<ul style="list-style-type: none"> ▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
Ingestion	<ul style="list-style-type: none"> ▸ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▸ For advice, contact a Poisons Information Centre or a doctor. ▸ Urgent hospital treatment is likely to be needed. ▸ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▸ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▸ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▸ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

Indication of any immediate medical attention and special treatment needed

- Effective therapy against burns from oxalic acid involves replacement of calcium.
- Intravenous oxalic acid is substantially excreted (88% - 90%) in the urine within 36 hours.

Treatment must be prompt.

- Give immediately by mouth, a dilute solution of any soluble calcium salt; calcium lactate, lime water, finely pulverised chalk or plaster suspended in a large volume of water or milk. Large amounts of calcium are required to inactivate oxalate by precipitating it as the insoluble calcium salt. Do NOT give an emetic drug.
- Perform gastric lavage carefully or not at all if severe mucosal injury is evident. Dilute lime water (calcium hydroxide) makes a good lavage fluid if used in large quantity.
- Administer a slow intravenous injection of 10-20 ml of calcium gluconate (10% solution) or of calcium chloride (5% solution). This injection may be repeated frequently to prevent hypocalcaemic tetany. Calcium gluconate (10 m) may also be given intramuscularly every few hours. Calcium compounds are never given subcutaneously; even the intramuscular route is hazardous in infants because of the incidence of sloughing.
- In severe cases parathyroid extract (100 USP units) should be given intramuscularly.
- Morphine may be necessary to control pain.
- Treat shock by cautious intravenous injection of isotonic saline solution. Check for metabolic acidosis and infuse sodium bicarbonate if necessary.
- Watch for oedema of the glottis late formation of oesophageal stricture.
- Useful demulcents by mouth include milk of magnesia, bismuth subcarbonate, and mineral oil.
- Prophylactic and therapeutic measures in anticipation of renal damage.

[GOSSELIN SMITH HODGE: Clinical Toxicology of Commercial Products]

Oxalates are readily metabolized to oxalic acid in the body. Oxalic acid is excreted in the urine at a rate of 8-40 mg/day in healthy normal men and women. About half is excreted as oxalic acid and half as magnesium, calcium or other salts. Ingested oxalic acid is also excreted in the feces. In rats, approximately half of ingested oxalic acid is destroyed by bacterial action and about 25% is excreted unchanged in the feces. In humans, calcium oxalate is deposited in the kidneys as crystals and may be deposited in non-crystalline form, bound to lipid, in the liver and other body tissues.

For acute or short term repeated exposures to strong acids:

- Airway problems may arise from laryngeal edema and inhalation exposure. Treat with 100% oxygen initially.
- Respiratory distress may require cricothyroidotomy if endotracheal intubation is contraindicated by excessive swelling
- Intravenous lines should be established immediately in all cases where there is evidence of circulatory compromise.
- Strong acids produce a coagulation necrosis characterised by formation of a coagulum (eschar) as a result of the dessicating action of the acid on proteins in specific tissues.

INGESTION:

- Immediate dilution (milk or water) within 30 minutes post ingestion is recommended.

Continued...

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- ▶ **DO NOT attempt to neutralise the acid since exothermic reaction may extend the corrosive injury.**
- ▶ Be careful to avoid further vomit since re-exposure of the mucosa to the acid is harmful. Limit fluids to one or two glasses in an adult.
- ▶ Charcoal has no place in acid management.
- ▶ Some authors suggest the use of lavage within 1 hour of ingestion.

SKIN:

- ▶ Skin lesions require copious saline irrigation. Treat chemical burns as thermal burns with non-adherent gauze and wrapping.
- ▶ Deep second-degree burns may benefit from topical silver sulfadiazine.

EYE:

- ▶ Eye injuries require retraction of the eyelids to ensure thorough irrigation of the conjunctival cul-de-sacs. Irrigation should last at least 20-30 minutes. **DO NOT use neutralising agents or any other additives.** Several litres of saline are required.
- ▶ Cycloplegic drops, (1% cyclopentolate for short-term use or 5% homatropine for longer term use) antibiotic drops, vasoconstrictive agents or artificial tears may be indicated dependent on the severity of the injury.
- ▶ Steroid eye drops should only be administered with the approval of a consulting ophthalmologist).

[Ellenhorn and Barceloux: Medical Toxicology]

SECTION 5 Firefighting measures

Extinguishing media

- ▶ Water spray or fog.
- ▶ Foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

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
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use water delivered as a fine spray to control fire and cool adjacent 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.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Acids may react with metals to produce hydrogen, a highly flammable and explosive gas. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ May emit acrid smoke and corrosive fumes. <p>Combustion products include:</p> <ul style="list-style-type: none"> , carbon monoxide (CO) , carbon dioxide (CO2) , other pyrolysis products typical of burning organic material. <p>May emit poisonous fumes. May emit corrosive fumes.</p>

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ 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.
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	<ul style="list-style-type: none"> Use dry clean up procedures and avoid generating dust. Place in a suitable, labelled container for waste disposal.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> 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 of concentrated product 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

Safe handling	<ul style="list-style-type: none"> 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.
Other information	<ul style="list-style-type: none"> 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. <p>For major quantities:</p> <ul style="list-style-type: none"> Consider storage in banded 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 require consultation with local authorities.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> DO NOT use aluminium or galvanised containers Lined metal can, lined metal pail/ can. Plastic pail. Polyliner drum. Packing as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>Oxalic acid (and its dihydrate):</p> <ul style="list-style-type: none"> react violently with strong oxidisers, bromine, furfuryl alcohol, hydrogen peroxide (90%), phosphorous trichloride, silver powders reacts explosively with chlorites and hypochlorites mixture with some silver compounds form explosive salts of silver oxalate is incompatible with caustics and alkalis, urea, alkaline metals and steel attacks polyvinyl alcohol and acetal plastics Incidents involving interaction of active oxidants and reducing agents, either by design or accident, are usually very energetic and examples of so-called redox reactions. Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air. Avoid strong bases.



+ X + X + + +

X — Must not be stored together
 0 — May be stored together with specific preventions
 + — May be stored together

SECTION 8 Exposure controls / personal protection

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Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
EU Consolidated List of Indicative Occupational Exposure Limit Values (IOELVs)	oxalic acid	Oxalic acid	1 mg/m3	Not Available	Not Available	Not Available
Norway regulations on action values and limit values physical and chemical factors in the work environment and infection risk groups for biological factors	oxalic acid	Oksalsyre	1 mg/m3	Not Available	Not Available	E

Emergency Limits


Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
oxalic acid	Oxalic acid, anhydrous; (Ethanedioic acid)	2 mg/m3	20 mg/m3	500 mg/m3

Ingredient	Original IDLH	Revised IDLH
oxalic acid	500 mg/m3	Not Available

MATERIAL DATA

There is only scant data regarding the toxicology of industrial exposure to airborne oxalates. There is no data regarding potential systemic toxicity or bioavailability of inhaled oxalates. The TLV-TWA (corresponding to 0.27 ppm on a molecular basis) is comparable to that of sulfuric acid and phosphoric acid and is thought to provide protection against the risk of eye and skin burns and respiratory tract irritation. The recommendation for a STEL is added to prevent irritation of skin and mucous membranes.

Exposure controls

Appropriate engineering controls	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Recommended material(s)

Respiratory protection

Continued...

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GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
BUTYL	A
NATURAL RUBBER	A
NATURAL+NEOPRENE	A
NEOPRENE	A
NEOPRENE/NATURAL	A
NITRILE	A
NITRILE+PVC	A
PV	A
VITON	A

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3 Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

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)

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	White odourless powder		
Physical state	Divided Solid Crystalline	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 Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	1
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
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Chemical stability	<ul style="list-style-type: none"> ▶ 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	<p>The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives 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 and that suitable control measures be used in an occupational setting.</p> <p>Inhalation of oxalic acid dusts or vapours can cause ulceration of the mucous membranes of the nose and throat, epistaxis (nosebleed), headache and nervousness. The airborne dust behaves as a strong acid producing severe local burns of the mucous membranes.</p> <p>Acidic corrosives produce respiratory tract irritation with coughing, choking and mucous membrane damage. Symptoms of exposure may include dizziness, headache, nausea and weakness. In more severe exposures, pulmonary oedema may be evident either immediately or after a latent period of 5-72 hours. Symptoms of pulmonary oedema include a tightness in the chest, dyspnoea, frothy sputum and cyanosis. Examination may reveal hypotension, a weak and rapid pulse and moist rates. Death, due to anoxia, may occur several hours after onset of the pulmonary oedema.</p> <p>Inhalation of soluble oxalates produces irritation of the respiratory tract. Systemic effects may include protein in the urine (albuminuria), ulceration of the mucous membranes, headaches, nervousness, cough, vomiting, emaciation, back pain (due to kidney injury) and weakness.</p> <p>Inhalation of soluble oxalates over a long period of time might result in weight loss and respiratory tract inflammation.</p>
Ingestion	<p>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.</p> <p>Oxalic acid is a minor, normal body constituent occurring in blood at approximately 0.150 mg/100 ml and in kidney, muscle and liver at about 0.050 mg/100 ml dry weight, but higher concentrations are toxic.</p> <p>Ingestion of 5 grams has caused death within hours. It is a systemic poison which affects the central nervous system and kidney function. Low doses (i.e. excess in blood) may cause hypocalcemia (presence in the blood of an abnormally low concentration of calcium).</p> <p>Oxalic acid occurs naturally in the common weed Oxalis, 'sour sobs'.</p> <p>Ingestion of low-molecular organic acid solutions may produce spontaneous haemorrhaging, intravascular coagulation, gastrointestinal damage and oesophageal and pyloric stricture.</p> <p>Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure.</p> <p>Soluble or solubilised oxalates act as severe corrosive agents within the alimentary tract and may be lethal as a result of severe gastroenteritis and secondary shock. Ingestion of concentrated solutions has produced severe gastrointestinal irritation, haematemesis (blood in the vomitus), central nervous system and cardiac depression and death. Dilute solutions produce little gastrointestinal distress but may produce weakness, muscular twitching, and on occasion, coma and death. Where gastrointestinal symptoms are absent (as is the case with dilute solutions) systemic effects may dominate resulting in cramps and central nervous system depression.</p> <p>Neuromuscular effects are the result of the calcium-complexing action of oxalate and the subsequent depression of body fluid calcium ion. This form of hypocalcaemia is thought to produce severe disturbances in heart and brain function. Calcium oxalate also deposits in the soft tissues of the kidney and liver and may result in renal damage with the development of lesions and mechanical injury.</p> <p>Symptoms of poisoning may include vomiting (often bloody with coffee-ground appearance), pain, weak, irregular pulse, headache, muscular cramp, tetany and, sometimes, convulsion, stupor and coma.</p>
Skin Contact	<p>Skin contact with the material may be harmful; systemic effects may result following absorption.</p> <p>The material is not thought to be a skin irritant (as classified by EC Directives 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.</p> <p>Solutions of 5% to 10% oxalic acid are irritating to the skin after prolonged contact; early gangrene may occur after hand immersion in oxalate solutions.</p> <p>Oxalate ion is an irritant and may cause dermatitis. Following contact skin lesions may develop. Epithelial cracking and slow-healing ulceration may follow. They fingers may appear cyanotic.</p> <p>Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with</p>

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	<p>the formation of scar tissue.</p> <p>Solution of material in moisture on the skin, or perspiration, may increase irritant effects</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.</p>
Eye	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p> <p>Dilute solutions of low-molecular organic acids cause conjunctival hyperaemia, prompt pain and corneal injury.</p> <p>Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness.</p>
Chronic	<p>Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.</p> <p>The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract.</p> <p>Chronic exposure to oxalates may result in circulatory failure or nervous system irregularities may follow prolonged calcium metabolism due to oxalation. Sharp reduction of serum calcium, following exposure, can cause dysfunction of head and brain. Calcium may be deposited in the liver and kidneys leading to damage.</p> <p>Circulatory failure or nervous system irregularities may follow prolonged calcium metabolism disturbances</p> <p>Prolonged and severe exposure can cause chronic cough, albuminuria, vomiting, pain in the back and gradual emaciation and weakness. Prolonged or repeated overexposure may result in delayed liver and/or kidney damage.</p> <p>Certain rare individuals are subject to oxalosis (deposition of oxalates in the kidneys) and are unusually reactive to any exposure. Rats administered oxalic acid at 2.5 and 5% in the diet for 70 days developed depressed thyroid function and weight loss.</p>

TEAK RENEWER	TOXICITY	IRRITATION
	Not Available	Not Available
oxalic acid	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: 2000 mg/kg ^[2]	Eye: adverse effect observed (irritating) ^[1]
	Oral (rat) LD50: ~660-700 mg/kg ^[2]	Skin: no adverse effect observed (not irritating) ^[1]
	Oral (rat) LD50: =375 mg/kg ^[2]	
Oral (rat) LD50: 475 mg/kg ^[2]		
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

TEAK RENEWER	<p>for acid mists, aerosols, vapours</p> <p>Data from assays for genotoxic activity <i>in vitro</i> 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 airways from direct exposure to inhaled acidic mists, just as mucous plays an important role in protecting the gastric epithelium from its auto-secreted hydrochloric acid. In considering whether pH itself induces genotoxic events <i>in vivo</i> in the respiratory system, comparison should be made with the human stomach, in which gastric juice may be at pH 1-2 under fasting or nocturnal conditions, and with the human urinary bladder, in which the pH of urine can range from <5 to > 7 and normally averages 6.2. Furthermore, exposures to low pH <i>in vivo</i> differ from exposures <i>in vitro</i> in that, <i>in vivo</i>, only a portion of the cell surface is subjected to the adverse conditions, so that perturbation of intracellular homeostasis may be maintained more readily than <i>in vitro</i>.</p>
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TEAK RENEWER & OXALIC ACID	<p>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.</p>
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Acute Toxicity	✓	Carcinogenicity	✗
Skin Irritation/Corrosion	✗	Reproductivity	✗

Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✗
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

Legend: ✗ – Data either not available or does not fill the criteria for classification
 ✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

TEAK RENEWER	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

oxalic acid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48	Crustacea	136.9mg/L	2
	EC0	192	Algae or other aquatic plants	80mg/L	1

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

Ecotoxicity:

The tolerance of water organisms towards pH margin and variation is diverse. Recommended pH values for test species listed in OECD guidelines are between 6.0 and almost 9. Acute testing with fish showed 96h-LC50 at about pH 3.5

For Oxalic Acid and Oxalate Salts:

Atmospheric Fate: If released to the atmosphere, removal from air via wet deposition, dry deposition, and photolysis is likely to occur.

Terrestrial Fate: If released to soil, oxalic acid at pH 5 - 9 will be in the form of the oxalate ion and is expected to leach in soil. Photolysis and biodegradation are expected to be an important fate processes. It has not been determined whether the oxalate ion will adsorb to sediment or soil more strongly than its estimated Koc value indicates.

Aquatic Fate: If released to water, oxalic acid / oxalates will not volatilize, adsorb to sediment, bioconcentrate in aquatic organisms, oxidize or hydrolyze. Oxalic acid, however, may act as a leaching agent for those metals that form soluble oxalate complexes, including aluminum and iron. Oxalic acid is not expected to bioconcentrate in aquatic organisms. The predominant aquatic fate processes are expected to be photolysis in surface waters, aerobic and anaerobic biodegradation.

Ecotoxicity: Exposure of the general population to oxalic acid / oxalates is expected to occur through consumption of foods in which it is naturally contained, inhalation of contaminated air, and consumption of contaminated groundwater. When assessing the overall exposure to oxalic acid, the residues of ethylene glycol and ethylene oxide must be considered. Metabolites are not expected to contribute significantly to total exposure.

DO NOT discharge concentrated product into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
oxalic acid	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
oxalic acid	LOW (LogKOW = -1.7365)

Mobility in soil

Ingredient	Mobility
oxalic acid	HIGH (KOC = 1.895)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise:
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TEAK RENEWER

	<ul style="list-style-type: none"> ▸ 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. <p>For small quantities:</p> <ul style="list-style-type: none"> ▸ Cautiously add the material to dry butanol in an appropriate solvent. ▸ Reaction may be vigorous and exothermic. ▸ Large volumes of flammable hydrogen may be generated and venting procedures should be conducted in a flame-proof environment. ▸ Neutralise the solution with aqueous acid, filter and burn the liquid portion in an approved incinerator. ▸ 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. <p>Recycle wherever possible.</p> <ul style="list-style-type: none"> ▸ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified. ▸ Treat and neutralise at an approved treatment plant. Treatment should involve: Mixing or slurring in water; Neutralisation with soda-lime or soda-ash followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material) ▸ Decontaminate empty containers with 5% aqueous sodium hydroxide or soda ash, followed by water. Observe all label safeguards until containers are cleaned and destroyed.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
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Land transport (ADR): 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

Inland waterways transport (ADN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture

oxalic acid is found on the following regulatory lists

<p>EU Consolidated List of Indicative Occupational Exposure Limit Values (IOELVs)</p> <p>Europe EC Inventory</p> <p>European Union - European Inventory of Existing Commercial Chemical Substances (EINECS)</p>	<p>European Union (EU) Regulation (EC) No 1272/2008 on Classification, Labelling and Packaging of Substances and Mixtures - Annex VI</p> <p>dNorway regulations on action values and limit values for physical chemical factors in the work environment and infection risk groups for biological factors</p>
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National Inventory Status

National Inventory	Status
Australia - AIIIC	Yes
Australia - Non-Industrial Use	No (oxalic acid)
Canada - DSL	Yes
Canada - NDSL	No (oxalic acid)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes

National Inventory	Status
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes

Legend:
Yes = All CAS declared ingredients are on the inventory
No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	21/01/2019
Initial Date	02/11/2017

CONTACT POINT

- For quotations contact your local Customer Services - <http://wssdirectory.wilhelmsen.com/#/customerservices> - - Responsible for safety data sheet Wilhelmsen Ships Service AS - Prepared by: Product HSE Manager, - Email: WSS.GLOBAL.SDSINFO@wilhelmsen.com - Telephone: Tel.: +31 10 4877775

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.

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:

- EN 166 Personal eye-protection
- EN 340 Protective clothing
- EN 374 Protective gloves against chemicals and micro-organisms
- EN 13832 Footwear protecting against chemicals
- EN 133 Respiratory protective devices

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
- 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

Notes

"This composition meets the criteria for not being harmful to the marine environment according to MARPOL Annex V and may be discharged into the sea when used to clean cargo holds and external surfaces on ships."

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