

R32

A-Gas (Australia) Pty Ltd

Chemwatch: **5197-91**Version No: **6.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: **01/11/2019**Print Date: **21/09/2020**L.GHS.AUS.EN

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

Product Identifier

Product name	R32
Synonyms	Difluoromethane
Proper shipping name	DIFLUOROMETHANE (REFRIGERANT GAS R 32)
Other means of identification	Not Available

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

Refrigerant.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.

Details of the supplier of the safety data sheet

Registered company name	A-Gas (Australia) Pty Ltd
Address	9-11 Oxford Rd, Laverton North Victoria 3026 Australia
Telephone	93689208
Fax	Not Available
Website	Not Available
Email	Not Available

Emergency telephone number

Association / Organisation	TOLL CHEMICAL LOGISTICS
Emergency telephone numbers	1800024973
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule Not Applicable	
Classification [1] Flammable Gas Category 1, Gas under Pressure (Liquefied gas) Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - And	

Label elements

Hazard pictogram(s)





Signal word

Danger

Hazard statement(s)

H220	Extremely flammable gas.
H280	Contains gas under pressure; may explode if heated.
AUH044	Risk of explosion if heated under confinement.

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

P210 Keep away from heat/sparks/open fla	mes/hot surfaces No smoking.
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Precautionary statement(s) Response

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P377	Leaking gas fire: Do not extinguish, unless leak can be stopped safely.
P381	Eliminate all ignition sources if safe to do so.

Precautionary statement(s) Storage

P410+P403	Protect from sunlight. Store in a well-ventilated place.

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
75-10-5	>60	<u>R32</u>

SECTION 4 First aid measures

Description of first aid measures	
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. In case of cold burns (frost-bite): Move casualty into warmth before thawing the affected part; if feet are affected carry if possible Bathe the affected area immediately in luke-warm water (not more than 35 deg C) for 10 to 15 minutes, immersing if possible and without rubbing DO NOT apply hot water or radiant heat. Apply a clean, dry, light dressing of "fluffed-up" dry gauze bandage If a limb is involved, raise and support this to reduce swelling If an adult is involved and where intense pain occurs provide pain killers such as paracetomol

- Transport to hospital, or doctor
- ▶ Subsequent blackening of the exposed tissue indicates potential of necrosis, which may require amputation.

Inhalation

- $\ ^{\blacktriangleright}$ Following exposure to gas, remove the patient from the gas source or contaminated area. NOTE: Personal Protective Equipment (PPE), including positive pressure self-contained breathing apparatus may be required to assure
- Prostheses such as false teeth, which may block the airway, should be removed, where possible, prior to initiating first aid procedures.
- ▶ If the patient is not breathing spontaneously, administer rescue breathing.
- $^{\blacktriangleright}\,$ If the patient does not have a pulse, administer CPR.

	 If medical oxygen and appropriately trained personnel are available, administer 100% oxygen. Summon an emergency ambulance. If an ambulance is not available, contact a physician, hospital, or Poison Control Centre for further instruction. Keep the patient warm, comfortable and at rest while awaiting medical care. MONITOR THE BREATHING AND PULSE, CONTINUOUSLY. Administer rescue breathing (preferably with a demand-valve resuscitator, bag-valve mask-device, or pocket mask as trained) or CPR if necessary.
Ingestion	 Not considered a normal route of entry. For advice, contact a Poisons Information Centre or a doctor. Avoid giving milk or oils. Avoid giving alcohol.

Indication of any immediate medical attention and special treatment needed

for intoxication due to Freons/ Halons;

A: Emergency and Supportive Measures

- Maintain an open airway and assist ventilation if necessary
- Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
- ► Monitor the ECG for 4-6 hours
- B: Specific drugs and antidotes:
- ► There is no specific antidote

C: Decontamination

- ▶ Inhalation; remove victim from exposure, and give supplemental oxygen if available.
- Ingestion; (a) Prehospital: Administer activated charcoal, if available. **DO NOT** induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)

D: Enhanced elimination:

▶ There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.

POISONING and DRUG OVERDOSE, Californian Poison Control System Ed. Kent R Olson; 3rd Edition

- b Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
- No specific antidote.
- Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
- ► If lavage is performed, suggest endotracheal and/or esophageal control.
- ▶ Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
- ▶ Treatment based on judgment of the physician in response to reactions of the patient

For frost-bite caused by liquefied petroleum gas:

- If part has not thawed, place in warm water bath (41-46 C) for 15-20 minutes, until the skin turns pink or red.
- ▶ Analgesia may be necessary while thawing.
- If there has been a massive exposure, the general body temperature must be depressed, and the patient must be immediately rewarmed by whole-body immersion, in a bath at the above temperature.
- Shock may occur during rewarming.
- Administer tetanus toxoid booster after hospitalization.
- ▶ Prophylactic antibiotics may be useful.
- ▶ The patient may require anticoagulants and oxygen.

[Shell Australia 22/12/87]

For gas exposures:

BASIC TREATMENT

Establish a patent airway with suction where necessary.

- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- $^{\blacktriangleright}$ Administer oxygen by non-rebreather mask at 10 to 15 l/min.
- Monitor and treat, where necessary, for pulmonary oedema .
- Monitor and treat, where necessary, for shock.

Anticipate seizures.

ADVANCED TREATMENT

- Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.
- Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Extinguishing media

DO NOT EXTINGUISH BURNING GAS UNLESS LEAK CAN BE STOPPED SAFELY:

OTHERWISE: LEAVE GAS TO BURN.

FOR SMALL FIRE:

- ▶ Dry chemical, CO2 or water spray to extinguish gas (only if absolutely necessary and safe to do so).
- **DO NOT** use water jets.

FOR LARGE FIRE:

• Cool cylinder by direct flooding quantities of water onto upper surface until well after fire is out.

Special hazards arising from the substrate or mixture

Fire Incompatibility

P Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

Advice for firefighters	
Fire Fighting	FOR FIRES INVOLVING MANY GAS CYLINDERS: To stop the flow of gas, specifically trained personnel may inert the atmosphere to reduce oxygen levels thus allowing the capping of leaking container(s). Reduce the rate of flow and inject an inert gas, if possible, before completely stopping the flow to prevent flashback. DO NOT extinguish the fire until the supply is shut off otherwise an explosive re-ignition may occur. If the fire is extinguished and the flow of gas continues, used increased ventilation to prevent build-up, of explosive atmosphere. GENERAL Alert Fire Brigade and tell them location and nature of hazard. May be violently or explosively reactive. Wear breathing apparatus plus protective gloves. Consider evacuation Fight fire from a safe distance, with adequate cover.
Fire/Explosion Hazard	 Fight the Hoffia sale distance, with adequate cover. HIGHLY FLAMMABLE: will be easily ignited by heat, sparks or flames. Will form explosive mixtures with air Fire exposed containers may vent contents through pressure relief valves thereby increasing fire intensity and/ or vapour concentration. Vapours may travel to source of ignition and flash back. Containers may explode when heated - Ruptured cylinders may rocket Fire may produce irritating, poisonous or corrosive gases. Combustion products include: carbon monoxide (CO) carbon dioxide (CO2) hydrogen fluoride other pyrolysis products typical of burning organic material. Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions. Vented gas is more dense than air and may collect in pits, basements.
HAZCHEM	2YE

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

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Minor Spills	 Avoid breathing vapour and any contact with liquid or gas. Protective equipment including respirator should be used. DO NOT enter confined spaces where gas may have accumulated. Shut off all sources of possible ignition and increase ventilation.
Major Spills	 Clear area of all unprotected personnel and move upwind. Alert Emergency Authority and advise them of the location and nature of hazard. May be violently or explosively reactive. Wear full body clothing with breathing apparatus. Remove leaking cylinders to a safe place. Fit vent pipes. Release pressure under safe, controlled conditions Burn issuing gas at vent pipes. DO NOT exert excessive pressure on valve; DO NOT attempt to operate damaged valve.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 Handling and storage

Precautions for safe handling

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·Consider use in closed pressurised systems, fitted with temperature, pressure and safety relief valves which are vented for safe

dispersal. Use only properly specified equipment which is suitable for this product, its supply pressure and temperature ·The tubing network design connecting gas cylinders to the delivery system should include appropriate pressure indicators and vacuum or suction lines. ·Fully-welded types of pressure gauges, where the bourdon tube sensing element is welded to the gauge body, are recommended. $\cdot \text{Before connecting gas cylinders, ensure manifold is mechanically secure and does not containing another gas.}\\$ ▶ Avoid generation of static electricity. Earth all lines and equipment. DO NOT transfer gas from one cylinder to another. • Cylinders should be stored in a purpose-built compound with good ventilation, preferably in the open. • Such compounds should be sited and built in accordance with statutory requirements. Other information ▶ The storage compound should be kept clear and access restricted to authorised personnel only. $\mbox{\ensuremath{}^{\blacktriangleright}}$ Cylinders stored in the open should be protected against rust and extremes of weather.

Conditions for safe storage, including any incompatibilities

Store below 45 deg. C.

Suitable container	 DO NOT use aluminium or galvanised containers Cylinder: Ensure the use of equipment rated for cylinder pressure. Ensure the use of compatible materials of construction. Valve protection cap to be in place until cylinder is secured, connected. Cylinder must be properly secured either in use or in storage.
Storage incompatibility	 Compressed gases may contain a large amount of kinetic energy over and above that potentially available from the energy of reaction produced by the gas in chemical reaction with other substances Presence of heat source and direct sunlight Avoid magnesium, aluminium and their alloys, brass and steel.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

R32 Methylene fluoride; (Difluoromethane; HFC-32) 3,000 ppm 6,500 ppm 39,000 ppm	Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
	R32	Methylene fluoride; (Difluoromethane; HFC-32)	3,000 ppm	6,500 ppm	39,000 ppm

Ingredient	Original IDLH	Revised IDLH
R32	Not Available	Not Available

MATERIAL DATA

Exposure controls	
Appropriate engineering controls	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. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. 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.
Personal protection	
Eye and face protection	 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.
Skin protection	See Hand protection below
Hands/feet protection	 When handling sealed and suitably insulated cylinders wear cloth or leather gloves. Insulated gloves: NOTE: Insulated gloves should be loose fitting so that may be removed quickly if liquid is spilled upon them. Insulated gloves are not made to permit hands to be placed in the liquid; they provide only short-term protection from accidental contact with the liquid.
Body protection	See Other protection below
Other protection	 The clothing worn by process operators insulated from earth may develop static charges far higher (up to 100 times) than the minimum ignition energies for various flammable gas-air mixtures. This holds true for a wide range of clothing materials including cotton. Avoid dangerous levels of charge by ensuring a low resistivity of the surface material worn outermost. BRETHERICK: Handbook of Reactive Chemical Hazards.

Protective overalls, closely fitted at neck and wrist.

► Eye-wash unit.

IN CONFINED SPACES:

- Non-sparking protective boots
- ► Static-free clothing.
- ► Ensure availability of lifeline.
- Some plastic personal protective equipment (PPE) (e.g. gloves, aprons, overshoes) are not recommended as they may produce static electricity.
- For large scale or continuous use wear tight-weave non-static clothing (no metallic fasteners, cuffs or pockets).
- Non sparking safety or conductive footwear should be considered. Conductive footwear describes a boot or shoe with a sole made from a conductive compound chemically bound to the bottom components, for permanent control to electrically ground the foot an shall dissipate static electricity from the body to reduce the possibility of ignition of volatile compounds.

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class1	-
up to 50	1000	-	AX-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2
up to 100	10000	-	AX-3
100+			Airline**

 $[\]mbox{\ensuremath{\mbox{*}}}$ - Continuous Flow $\mbox{\ensuremath{\mbox{**}}}$ - Continuous-flow or positive pressure demand

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	Clear colourless compressed liquefied gas with a slight ethereal odour; insoluble in water.			
Physical state	Liquified Gas	Relative density (Water = 1)	1.1	
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)	-136 (freezing point)	Viscosity (cSt)	Not Available	
Initial boiling point and boiling range (°C)	-51.7	Molecular weight (g/mol)	52	
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 (%)	31	Surface Tension (dyn/cm or mN/m)	Not Available	
Lower Explosive Limit (%)	14	Volatile Component (%vol)	100	
Vapour pressure (kPa)	1700 @ 25 deg C	Gas group	Not Available	
Solubility in water	Immiscible	pH as a solution (1%)	Not Available	
Vapour density (Air = 1)	1.86	VOC g/L	Not Available	

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.

Depression of the central nervous system is the most outstanding effect of most halogenated aliphatic hydrocarbons. Inebriation and excitation, passing into narcosis, is a typical reaction. In severe acute exposures there is always a danger of death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin)

Inhaled

Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure.

Symptoms of asphyxia (suffocation) may include headache, dizziness, shortness of breath, muscular weakness, drowsiness and ringing in the ears. If the asphyxia is allowed to progress, there may be nausea and vomiting, further physical weakness and unconsciousness and, finally, convulsions, coma and death. Significant concentrations of the non-toxic gas reduce the oxygen level in the air. As the amount of oxygen is reduced from 21 to 14 volume %, the pulse rate accelerates and the rate and volume of breathing increase.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation.

Exposure to high concentrations of fluorocarbons may produce cardiac arrhythmias or cardiac arrest due sensitisation of the heart to adrenalin or noradrenalin. Deaths associated with exposures to fluorocarbons (specifically halogenated aliphatics) have occurred in occupational settings and in inhalation of bronchodilator drugs.

Bronchospasm consistently occurs in human subjects inhaling fluorocarbons. At a measured concentration of 1700 ppm of one of the commercially available aerosols there is a biphasic change in ventilatory capacity, the first reduction occurring within a few minutes and the second delayed up to 30 minutes.

Ingestion

Not normally a hazard due to physical form of product.

Considered an unlikely route of entry in commercial/industrial environments

Principal route of occupational exposure to the gas is by inhalation.

Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.

Skin Contact

Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

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.

Vapourising liquid causes rapid cooling and contact may cause cold burns, frostbite, even through normal gloves. Frozen skin tissues are painless and appear waxy and yellow. Signs and symptoms of frost-bite may include "pins and needles", paleness followed by numbness, a hardening an stiffening of the skin, a progression of colour changes in the affected area, (first white, then mottled and blue and eventually black; on recovery, red, hot, painful and blistered).

In common with other halogenated aliphatics, fluorocarbons may cause dermal problems due to a tendency to remove natural oils from the skin causing irritation and the development of dry, sensitive skin. They do not appear to be appreciably absorbed.

Eye

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

Direct contact with the eye may not cause irritation because of the extreme volatility of the gas; however concentrated atmospheres may produce irritation after brief exposures..

Chronic

It is generally accepted that the fluorocarbons are less toxic than the corresponding halogenated aliphatic based on chlorine. Repeated inhalation exposure to the fluorocarbon FC-11 does not produce pathologic lesions of the liver and other visceral organs in experimental animals. There has been conjecture in non-scientific publications that fluorocarbons may cause leukemia, cancer, sterility and birth defects; these have not been verified by current research. The high incidence of cancer, spontaneous abortion and congenital anomalies amongst hospital personnel, repeatedly exposed to fluorine-containing general anaesthetics, has caused some scientists to call for a lowering of the fluorocarbon exposure standard to 5 ppm since some are mutagens.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

R32	

TOXICITY	IRRITATION
Not Available	Not Available

	TOXICITY	IRRITATION
	Inhalation (rat) LC50: >759132.84 mg/l/4h*) ^[2]	Not Available
R32	Inhalation (rat) LC50: 1890 mg/l/4H ^[2]	
	Oral (rat) LD50: 1890 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	

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: 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
R32	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
R32	LC50	96	Fish	1-507mg/L	2
	EC50	48	Crustacea	1-573mg/L	2
	EC50	96	Algae or other aquatic plants	1-888mg/L	2
	NOEC	96	Fish	10mg/L	2
Legend:	-	m 1. IUCLID Toxicity Data 2. Europe ECHA Registere - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecot	• •		

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
R32	LOW	LOW

Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

Bioaccumulative potential

Ingredient	Bioaccumulation
R32	LOW (LogKOW = 0.2)

Mobility in soil

Ingredient	Mobility
R32	LOW (KOC = 23.74)

SECTION 13 Disposal considerations

Waste treatment methods

waste treatment methods	
Product / Packaging disposal	 Evaporate or incinerate residue at an approved site. Return empty containers to supplier. Ensure damaged or non-returnable cylinders are gas-free before disposal.

SECTION 14 Transport information

Labels Required



Land transport (ADG)

UN number	3252		
UN proper shipping name	DIFLUOROMETHANE (REFRIGERANT GAS R 32)		
Transport hazard class(es)	Class 2.1 Subrisk Not Applicable		
Packing group	Not Applicable		
Environmental hazard	Not Applicable		
Special precautions for user	Special provisions Not Applicable Limited quantity 0		

Air transport (ICAO-IATA / DGR)

UN number	3252			
UN proper shipping name	Refrigerant gas R 32; Di	fluoromethane		
	ICAO/IATA Class	2.1		
Transport hazard class(es)	ICAO / IATA Subrisk	Not Applicable		
	ERG Code	10L		
Packing group	Not Applicable			
Environmental hazard	Not Applicable			
	Special provisions		A1	
	Cargo Only Packing Instructions		200	
	Cargo Only Maximum Qty / Pack		150 kg	
Special precautions for user	Passenger and Cargo Packing Instructions		Forbidden	
	Passenger and Cargo Maximum Qty / Pack		Forbidden	
	Passenger and Cargo	Limited Quantity Packing Instructions	Forbidden	
	Passenger and Cargo Limited Maximum Qty / Pack		Forbidden	

Sea transport (IMDG-Code / GGVSee)

UN number	3252			
UN proper shipping name	DIFLUOROMETHANE (REFRIGERANT GAS R 32)			
Transport hazard class(es)				
Packing group	Not Applicable			
Environmental hazard	Not Applicable			
Special precautions for user	EMS Number Special provisions Limited Quantities	F-D , S-U Not Applicable 0		

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

R32 is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia Non-Industrial Use	No (R32)
Canada - DSL	Yes
Canada - NDSL	No (R32)
China - IECSC	No (R32)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
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	01/11/2019
Initial Date	22/01/2016

SDS Version Summary

Version	Issue Date	Sections Updated
5.1.1.1	16/03/2017	Acute Health (eye), Acute Health (inhaled), Acute Health (skin), Chronic Health, Classification, Ingredients, Personal Protection (eye), Storage (storage incompatibility)
6.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

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

 ${\tt PC-STEL: Permissible Concentration-Short Term\ Exposure\ Limit}$

IARC: International Agency for Research on Cancer

 $\label{lem:acgin} \mbox{ACGIH: American Conference of Governmental Industrial Hygienists}$

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit $_{\circ}$

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

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