

**Johnson Matthey Flux Paste**  
**Johnson Matthey (Aust.) Ltd.**

Chemwatch: 1901814  
Version No: 13.1  
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 30/12/2020  
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L.GHS.AUS.EN

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

**Product Identifier**

Product name	Johnson Matthey Flux Paste
Chemical Name	Not Applicable
Synonyms	Easyflo flux paste; Easyflo flux type S paste; Tenacity No 4A Fluxpaste; Tenacity 6 Fluxpaste; Agrotect Fluxpaste
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Brazing flux.
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**Details of the supplier of the safety data sheet**

Registered company name	Johnson Matthey (Aust.) Ltd.
Address	64 Lillee Crescent Tullamarine VIC 3043 Australia
Telephone	1 800 009 580
Fax	1 800 068 335
Website	<a href="http://www.matthey.com.au/">http://www.matthey.com.au/</a>
Email	technology@matthey.com

**Emergency telephone number**

Association / Organisation	Johnson Matthey (Aust.) Ltd.
Emergency telephone numbers	1 800 009 580 (9am-5pm Mon- Fri)
Other emergency telephone numbers	13 11 26 (Poison No.)

**SECTION 2 Hazards identification**

**Classification of the substance or mixture**

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

**ChemWatch Hazard Ratings**

	Min	Max	
Flammability	0		
Toxicity	2		0 = Minimum
Body Contact	2		1 = Low
Reactivity	1		2 = Moderate
Chronic	3		3 = High
			4 = Extreme

Poisons Schedule	S5
Classification [1]	Acute Toxicity (Inhalation) Category 4, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Reproductive Toxicity Category 1A, Acute Toxicity (Oral) Category 4
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

**Label elements**

Hazard pictogram(s)	
Signal word	Danger

**Hazard statement(s)**

H332	Harmful if inhaled.
H335	May cause respiratory irritation.
H360FD	May damage fertility. May damage the unborn child.
H302	Harmful if swallowed.

**Precautionary statement(s) Prevention**

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves and protective clothing.
P261	Avoid breathing mist/vapours/spray.

**Precautionary statement(s) Response**

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P330	Rinse mouth.

**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.
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**SECTION 3 Composition / information on ingredients****Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
Not Available		Flux paste is prepared by reaction of bifluorides and borates
Not Available		in the presence of water and other additives to form a complex
Not Available		mixture of potassium fluoborates
Not Available		Potassium Fluorine (as Fluoborates)
16984-48-8	10-60	<u>fluorides as F<sub>-</sub></u>
7440-42-8	10-60	<u>boron</u>
Not Available		(as Borates, Fluoborates and Boric Acid)
7789-29-9	0-1	<u>potassium bifluoride</u>

**Legend:** 1. 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**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Wash out immediately with fresh running water.</li> <li>▶ 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.</li> <li>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.</b></li> <li>▶ For advice, contact a Poisons Information Centre or a doctor.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ 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.</li> <li>▶ 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</li> </ul>

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- 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.

**Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:**

- ▶ **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.

**NOTE:** Wear a protective glove when inducing vomiting by mechanical means.

**Indication of any immediate medical attention and special treatment needed**

Treat symptomatically.

For acute or repeated short term exposures to boron and its compounds:

- ▶ Nausea, vomiting, diarrhoea and epigastric pain, haematemesis and blue-green discolouration of both faeces and vomitus characterise adult boron intoxication.
- ▶ Access and correct any abnormalities found in airway and circulation.
- ▶ A tidal volume of 10-15 mg/kg should be maintained.
- ▶ Emesis should be induced unless the patient is in coma, is experiencing seizures or has lost the gag reflex. If any of these are present, gastric lavage should be performed with a large-bore tube after endotracheal intubation or in the presence of continuous respiratory action.
- ▶ Activated charcoal is probably not of value though its use might be indicated following gastric evacuation. Catharsis might be useful to eliminate any borates remaining in the gastro-intestinal tract (magnesium sulfate: adults, 30 gms: children 250 mg/kg).
- ▶ Peritoneal dialysis and haemodialysis remove some borates.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to fluorides:

- ▶ Fluoride absorption from gastro-intestinal tract may be retarded by calcium salts, milk or antacids.
- ▶ Fluoride particulates or fume may be absorbed through the respiratory tract with 20-30% deposited at alveolar level.
- ▶ Peak serum levels are reached 30 mins. post-exposure; 50% appears in the urine within 24 hours.
- ▶ For acute poisoning (endotracheal intubation if inadequate tidal volume), monitor breathing and evaluate/monitor blood pressure and pulse frequently since shock may supervene with little warning. Monitor ECG immediately; watch for arrhythmias and evidence of Q-T prolongation or T-wave changes. Maintain monitor. Treat shock vigorously with isotonic saline (in 5% glucose) to restore blood volume and enhance renal excretion.
- ▶ Where evidence of hypocalcaemic or normocalcaemic tetany exists, calcium gluconate (10 ml of a 10% solution) is injected to avoid tachycardia.

**BIOLOGICAL EXPOSURE INDEX - BEI**

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

Determinant	Index	Sampling Time	Comments
Fluorides in urine	3 mg/gm creatinine	Prior to shift	B, NS
	10mg/gm creatinine	End of shift	B, NS

B: Background levels occur in specimens collected from subjects **NOT** exposed

NS: Non-specific determinant; also observed after exposure to other exposures.

**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**

<b>Fire Incompatibility</b>	▶ 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**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> Decomposition may produce toxic fumes of: carbon dioxide (CO <sub>2</sub> ) hydrogen fluoride sulfur oxides (SO <sub>x</sub> ) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
<b>HAZCHEM</b>	Not Applicable

**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**

<b>Minor Spills</b>	▶ Clean up all spills immediately.
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	<ul style="list-style-type: none"> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Wear impervious gloves and safety goggles.</li> <li>▶ Trowel up/scrape up.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by all means available, spillage from entering drains or water courses.</li> </ul>

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

## SECTION 7 Handling and storage

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> </ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Packing as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Reacts with acids producing flammable / explosive hydrogen (H<sub>2</sub>) gas</li> <li>▶ Avoid reaction with oxidising agents</li> </ul>

## 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	fluorides as F-	Fluorides (as F)	2.5 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
Australia Exposure Standards	potassium bifluoride	Fluorides (as F)	2.5 mg/m <sup>3</sup>	Not Available	Not Available	Not Available

#### Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
fluorides as F-	7.5 mg/m <sup>3</sup>	83 mg/m <sup>3</sup>	500 mg/m <sup>3</sup>
boron	1.9 mg/m <sup>3</sup>	21 mg/m <sup>3</sup>	130 mg/m <sup>3</sup>
potassium bifluoride	15 mg/m <sup>3</sup>	170 mg/m <sup>3</sup>	1,000 mg/m <sup>3</sup>

Ingredient	Original IDLH	Revised IDLH
fluorides as F-	Not Available	Not Available
boron	Not Available	Not Available
potassium bifluoride	Not Available	Not Available

#### Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
boron	E	≤ 0.01 mg/m <sup>3</sup>

**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.

#### MATERIAL DATA

For cyclohexanol:

Odour Threshold Value: 0.155 ppm (detection)

IDLH Level: 400 ppm

The TLV-TWA is based upon the estimated acceptable air concentration for human subjects exposed for 3 to 5 minutes to varying concentrations. The estimated accepted concentration for eight hours was reported by the volunteer subjects to be less than 100 ppm.

Odour Safety Factor (OSF)

OSF=3.3E2 (CYCLOHEXANOL)

NOTE: Detector tubes for sulfuric acid, measuring in excess of 1 mg/m<sup>3</sup>, are commercially available.

Based on controlled inhalation studies the TLV-TWA is thought to be protective against the significant risk of pulmonary irritation and incorporates a margin of safety so as to prevent injury to the skin and teeth seen in battery workers acclimatised to workplace concentrations of 16 mg/m<sup>3</sup>. Experimental evidence in normal unacclimated humans indicates the recognition, by all subjects, of odour, taste or irritation at 3 mg/m<sup>3</sup> or 5 mg/m<sup>3</sup>. All subjects reported these levels to be objectionable but to varying degrees.

For inorganic borates and tetraborates:


No data are currently available to establish a causal link between inhalation exposures to sodium tetraborates and chronic respiratory and/or systemic effects.

An occupationally important toxic effect of the sodium tetraborates is their acute irritant effect when in contact with skin and the mucous membranes of the eyes, nose and other sites of the respiratory tract. The irritant properties increase with decreasing water of hydration due to the exothermic effect of hydration. The TLV-TWA of 1 mg/m<sup>3</sup> for the anhydrous and

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pentahydrate forms and 5 mg/m<sup>3</sup> for the decahydrate is thought to be protective against the acute irritant effects.

#### 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	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ 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.</li> </ul>
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> <li>▶ Wear chemical protective gloves, e.g. PVC.</li> <li>▶ Wear safety footwear or safety gumboots, e.g. Rubber</li> </ul> <b>NOTE:</b> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul>
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> <li>▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.</li> <li>▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>▶ Overalls.</li> <li>▶ P.V.C apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> </ul>

#### Respiratory protection

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

Appearance	White to brown powder or paste; slightly mixes with water.		
Physical state	Non Slump Paste	Relative density (Water = 1)	~1.6
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	4.0-8.0 approx.	Decomposition temperature	Not Available
Melting point / freezing point (°C)	~450 to 850	Viscosity (cSt)	Not Available
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 Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available

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Solubility in water	Partly miscible	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

## SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	Product is considered stable and 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>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial 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.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>Borates, as represented by borax, may act as simple respiratory irritants. In a study of the respiratory effects of borax dust on active borax workers, the incidence of respiratory symptoms, pulmonary function and abnormalities of chest radiographs were related to estimated exposures. Dryness of the mouth, nose or throat, dry cough, nose bleeds, sore throat, productive cough, shortness of breath and chest tightness were related to exposures of 4 mg/m<sup>3</sup> or more</p> <p>Harmful by inhalation.</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>Ingestion or percutaneous absorption of boric acid causes nausea, abdominal pain, diarrhoea and violent vomiting, sometimes bloody, which may be accompanied by headache and weakness, and characteristic erythematous (abnormally red) lesions on the skin. In severe cases, shock with fall in arterial pressure, tachycardia (increase in heart rate) and cyanosis (blue skin colour) may occur. Marked central nervous system irritation, oliguria (small volume of urine), and anuria (absence of or defective excretion of urine) may be present.</p> <p>Symptoms of borate poisoning include nausea, vomiting, diarrhoea, epigastric pain. These may be accompanied headache, weakness and a distinctive red skin rash. In severe cases there may be shock, increased heart rate and the skin may appear blue. Vomiting (which may be violent) is often persistent and vomitus and faeces may contain blood.</p>
Skin Contact	<p>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.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Boric acid is not absorbed through intact skin but is readily absorbed through areas of damaged, abraded, burned skin, areas of active dermatitis</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>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals.</p> <p>Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p>
Chronic	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>On the basis of limited epidemiological data, the material is regarded as carcinogenic to humans. At least one classification body considers that there is sufficient data to establish a causal association between human exposure to the material and the development of cancer.</p> <p>There is sufficient evidence to establish a causal relationship between human exposure to the material and impaired fertility</p> <p>There is sufficient evidence to establish a causal relationship between human exposure to the material and subsequent developmental toxic effects in the off-spring.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Chronic boric acid poisoning is characterized by mild gastrointestinal irritation, loss of appetite, disturbed digestion, nausea, possibly vomiting and a hard blotchy rash. Dryness of skin, reddening of tongue, loss of hair, conjunctivitis, and kidney injury have also been reported.</p> <p>[Occupational Diseases]</p> <p>Long term exposure to boric acid may be of more concern, causes kidney damage and eventually kidney failure. Although it does not appear to be carcinogenic, studies in dogs have reported testicular atrophy after exposure to 32 mg/kg bw/day for 90 days.</p> <p>Chronic poisoning by borates may be characterised gastrointestinal disturbances and skin rash. Chronic absorption of small amounts of borax causes mild gastroenteritis and dermatitis.</p> <p>Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal).</p> <p>There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals.</p>

Johnson Matthey Flux Paste	TOXICITY	IRRITATION
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	Not Available	Not Available
fluorides as F-	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
boron	<b>TOXICITY</b>	<b>IRRITATION</b>
	Inhalation(Rat) LC50; >5.08 mg/l4h <sup>[1]</sup>	Not Available
	Oral (Cat) LD50; 250 mg/kg <sup>[2]</sup>	
potassium bifluoride	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>Legend:</b>	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	

<b>BORON</b>	Elemental boron produces lower foetal body weight in rats. As dose levels increase the effects seen include rib effects, increased foetal cardiovascular malformations in the rabbit and severe testicular pathology in the rat, including testicular atrophy and sterility. Reduced foetal weight also occurs in mice.
<b>POTASSIUM BIFLUORIDE</b>	No significant acute toxicological data identified in literature search.  The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
<b>BORON &amp; POTASSIUM BIFLUORIDE</b>	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.

<b>Acute Toxicity</b>	✓	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✗	<b>Reproductivity</b>	✓
<b>Serious Eye Damage/Irritation</b>	✗	<b>STOT - Single Exposure</b>	✓
<b>Respiratory or Skin sensitisation</b>	✗	<b>STOT - Repeated Exposure</b>	✗
<b>Mutagenicity</b>	✗	<b>Aspiration Hazard</b>	✗

**Legend:** ✗ – 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
<b>Johnson Matthey Flux Paste</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>fluorides as F-</b>	<b>Endpoint</b>	<b>Test Duration (hr)</b>	<b>Species</b>	<b>Value</b>	<b>Source</b>
	EC50(ECx)	24.00h	Crustacea	155.4mg/L	5
<b>boron</b>	<b>Endpoint</b>	<b>Test Duration (hr)</b>	<b>Species</b>	<b>Value</b>	<b>Source</b>
	NOEC(ECx)	768h	Fish	0.009mg/l	2
	EC50	72h	Algae or other aquatic plants	40.2mg/l	2
	LC50	96h	Fish	74mg/l	2
	EC50	96h	Algae or other aquatic plants	15.4mg/l	2
<b>potassium bifluoride</b>	<b>Endpoint</b>	<b>Test Duration (hr)</b>	<b>Species</b>	<b>Value</b>	<b>Source</b>
	NOEC(ECx)	504h	Crustacea	3.7mg/l	2
	LC50	96h	Fish	51mg/l	2
	EC50	48h	Crustacea	97mg/l	2
	EC50	96h	Algae or other aquatic plants	43mg/l	2
<b>Legend:</b>	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				

Harmful to aquatic organisms.

Although small amounts of fluorides are conceded to have beneficial effects, two forms of chronic toxic effect, dental fluorosis and skeletal fluorosis may be caused by excessive intake over long periods. Fluorides are absorbed by humans following inhalation of workplace and ambient air that has been contaminated, ingestion of drinking water and foods and

Continued...

dermal contact.

Fluoride accumulates, food-dependently in skeletal tissues of both aquatic and terrestrial vertebrates and invertebrates. Bioaccumulation occurs in marine organisms and, to a lesser extent, fresh water organisms.

For boron and borates:

**Environmental fate:**

Boron is generally found in nature bound to oxygen and is never found as the free element. Atmospheric boron may be in the form of particulate matter or aerosols as borides, boron oxides, borates, boranes, organoboron compounds, trihalide boron compounds, or borazines. Borates are relatively soluble in water, and will probably be removed from the atmosphere by precipitation and dry deposition. The half-life of airborne particles is usually on the order of days, depending on the size of the particle and atmospheric conditions.

**DO NOT discharge into sewer or waterways.**

**Persistence and degradability**

Ingredient	Persistence: Water/Soil	Persistence: Air
fluorides as F-	LOW	LOW

**Bioaccumulative potential**

Ingredient	Bioaccumulation
fluorides as F-	LOW (LogKOW = 0.2259)

**Mobility in soil**

Ingredient	Mobility
fluorides as F-	LOW (KOC = 14.3)

**SECTION 13 Disposal considerations**

**Waste treatment methods**

Product / Packaging disposal	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul>
	<p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Authority for disposal.</li> <li>▶ Bury or incinerate residue at an approved site.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>

**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

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

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
fluorides as F-	Not Available
boron	Not Available
potassium bifluoride	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
fluorides as F-	Not Available
boron	Not Available
potassium bifluoride	Not Available

**SECTION 15 Regulatory information**

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

fluorides as F- is found on the following regulatory lists

Continued...



International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

boron is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

Australian Inventory of Industrial Chemicals (AIIC)

potassium bifluoride is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

Australian Inventory of Industrial Chemicals (AIIC)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 6

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

#### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (fluorides as F-)
Canada - DSL	Yes
Canada - NDSL	No (fluorides as F-; boron; potassium bifluoride)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (fluorides as F-)
Japan - ENCS	No (fluorides as F-; boron)
Korea - KECI	No (fluorides as F-)
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (fluorides as F-)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (fluorides as F-)
<b>Legend:</b>	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	30/12/2020
Initial Date	25/02/2008

#### SDS Version Summary

Version	Date of Update	Sections Updated
12.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
13.1	30/12/2020	Classification change due to full database hazard calculation/update.

#### 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  
 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

Continued...

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

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end of SDS