## AERCHEM INC.

## 320 North Walnut Bloomington, IN 47404

Tel: 812.334.9996 Fax: 812.334.1960 Emergency: 800.424.9300

Effective Date: 6/20/95

Product Name: Ferrous Sulfate Dried Synonyms: Ferrous Sulfate Monohydrate Chemical Family: Inorganic salt Chemical Formula: FeSO<sub>4</sub> • H<sub>2</sub>O Molecular Weight: 169.96

**Cas No.:** 13463-43-9

**NFPA Ratings (scale 0-4):** Health=2 Fire=0 Reactivity=0

**Components and Contaminants:** 

Component: Ferrous sulfate monohydrate, 99-100%

Exposure limits:

Iron salts, soluble, as Fe 1 mg/m<sup>3</sup> ACGIH TWA

1000 pounds reportable quantity

**Physical Data:** 

Description:Grayish white powderSolubility:Slowly soluble in waterMelting point:Decomposes at 671 □C

Boiling point: N/A

Bulk density: 30 lb/cu. ft. (loose), 45 lb/cu. ft. (packed)

pH (10% solution): 2.8-5

**Fire and Explosion Information:** 

Fire and Explosion Hazard: Negligible fire hazard when exposed to heat or flame. Firefighting Media: Dry chemical, carbon dioxide, water spray or foam

Firefighting: Move container from fire area if possible. Do not scatter spilled

material with high pressure water. Use agents appropriate to

surrounding fire.

**Reactivity Data:** Stable under normal temperatures and pressures.

Incompatibilities: Alkalis

Arsenic trioxide and sodium nitrate: Spontaneously combustible mixture. Methyl isocyanoacetate: May decompose explosively at 25 \( \text{C} \)

Decomposition: Thermal decomposition products may include toxic

sulfur oxides.

Polymerization: Does not occur

**Storage and Disposal Information:** 

Obey all federal, state, and local regulations when storing or disposing of ferrous sulfate monohydrate.

Always store away from incompatible substances.

Conditions to avoid: Dispersion of dust in air

**Leak and Spill Information:** 

Contain soil spill or liquid spills, and neutralize with lime or sodium carbonate if necessary.

Place into suitable container for alter disposal.

Reportable Quantity: 1000 pounds

If the release of this substance is reportable under CERCLA section 103, the National Response Center must be

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**Protective Equipment:** 

Respirator: Specific respirators selected must be based on levels of the substance in the workplace. They

> must not exceed the working limits of the respirator and be jointly approved by the National Institute for Occupational Safety and Health and The Mine Safety and Health Administration.

(NIOSH-MSHA)

Clothing: Clean body covering clothing recommended.

Gloves: Rubber gloves or other appropriate protective gloves

Eye protection: Dust resistant safety goggles recommended. Eye wash station.

**Health Effects and First Aid:** 

Inhalation:

May cause irritation of the respiratory tract. Acute exposure:

No information available. Chronic exposure:

Remove from exposure area to fresh air. If breathing has stopped, First Aid:

perform artificial respiration. Consult physician.

**Skin Contact:** 

Acute exposure: May cause irritation

Chronic exposure: Repeated exposure to irritants may cause dermatitis. First Aid: Remove contaminated clothing and shoes immediately.

Wash affected area with soap and water.

Eye contact: Corrosive

> Acute Exposure: Contact with eyes may cause severe irritation and corrosive action

> > due to acidity.

Effects depend on concentration and duration of exposure. Chronic exposure:

Prolonged contact with corrosives may result in conjunctivitis.

**Ingestion:** 

Acute exposure: Side effects of ingestion of iron salts may include heartburn,

nausea, gastric discomfort, constipation, or diarrhea. Symptoms of severe poisoning may occur within 30 minutes or be delayed for several hours. Severe hemorrhagic gastritis with abdominal pain, retching, violent diarrhea and vomiting may occur. Circulatory system may be affected with symptoms of shock, rapid, weak or no pulse, severe hypotension and pulmonary changes with dyspnea. and emphysema may occur. The average lethal dose of iron is

about 200 to 250 mg per kg of body weight.

Chronic exposure: Reproductive effects have been reported in animals.

First Aid: In patients not in shock or coma, induce emesis with syrup of

> ipecac if vomiting has not occurred. Follow with gastric lavage using deferoxamine, 2 grams in 1 liter of water which contains sodium bicarbonate 20g/L. Leave 10 grams of deferoxamine in 50 ml of 5% sodium bicarbonate in the stomach. Maintain airway, blood pressure and respiration. Treat symptomatically and

supportively. (Dreisbach, Handbook of Poisoning, 11th edition.)

Get medical attention. Treatment should be administered by qualified medical personnel. The decision whether the severity of poisoning requires administering of any antidotes and actual dose required should be made by qualified medical personnel.