

Glaumox™ Acetazolamide Sodium, 500mg Powder For Injection

Phebra Pty Ltd

Chemwatch: **23-0966** Version No: **6.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **27/06/2017**Print Date: **07/03/2018**S.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Glaumox™ Acetazolamide Sodium, 500mg Powder For Injection
Chemical Name	acetazolamide sodium
Synonyms	Phebra Glaumox [™] , Acetazolamide Sodium 500mg Powder for Injection.
Other means of identification	Not Available

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

Relevant identified uses

Acetazolamide Sodium (Glaumox) is indicated for the adjunctive treatment of: oedema due to congestive heart failure; drug-induced oedema; centrencephalic epilepsies (petit mal, unlocalised seizures); chronic simple (open-angle) glaucoma; secondary glaucoma; and preoperatively in acute angle-closure glaucoma where delay of surgery is desired in order to lower intraocular pressure. It requires reconstitution with water for Injections before use.

Details of the supplier of the safety data sheet

Registered company name	Phebra
Address	19 Orion Road Lane Cove West NSW 2066 Australia
Telephone	+61 2 9420 9199 1800 720 020
Fax	+61 2 9420 9177
Website	www.phebra.com
Email	info@phebra.com

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	+61 401 264 004
Other emergency telephone numbers	N/A

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	S4	
Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Reproductive Toxicity Category 1B	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI	

Label elements

Hazard pictogram(s)





SIGNAL WORD

DANGER

Hazard statement(s)

H315	Causes skin irritation.
H319	Causes serious eye irritation.
H360	May damage fertility or the unborn child.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P281	Use personal protective equipment as required.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

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Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P362	Take off contaminated clothing and wash before reuse.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P332+P313	If skin irritation occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

P501 Dispose of contents/container in accordance with local regulations.

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1424-27-7	100	acetazolamide sodium

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: Wash out immediately with fresh 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. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	 If dust is inhaled, remove from contaminated area. Encourage patient to blow nose to ensure clear passage of breathing. If irritation or discomfort persists seek medical attention.
Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice.

Indication of any immediate medical attention and special treatment needed

In massive overdose treatment should be symptomatic and directed at fluid and electrolyte replacement. In case of recent ingestion gastric lavage should be carried out. MARTINDALE: The Extra Pharmacopoeia, 29th Edition.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility

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

Advice for firefighters

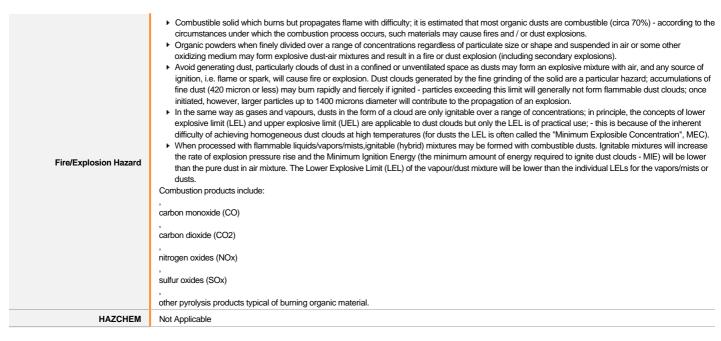
- ► Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves in the event of a fire.
- ▶ Prevent, by any means available, spillage from entering drains or water courses.
- Fire Fighting

 Use fire fighting procedures suitable for surrounding area.
 - ▶ DO NOT approach containers suspected to be hot.
 - Cool fire exposed containers with water spray from a protected location.
 - ▶ If safe to do so, remove containers from path of fire.
 - ▶ Equipment should be thoroughly decontaminated after use.

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SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Environmental precautions

See section 12

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Methods and material for cor	itainment and cleaning up
Minor Spills	 Environmental hazard - contain spillage. Clean up waste regularly and abnormal spills immediately. Avoid breathing dust and contact with skin and eyes. Wear protective clothing, gloves, safety glasses and dust respirator. Use dry clean up procedures and avoid generating dust. Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). Dampen with water to prevent dusting before sweeping. Place in suitable containers for disposal.
Major Spills	Environmental hazard - contain spillage. Moderate hazard. CAUTION: Advise personnel in area. Alert Emergency Services and tell them location and nature of hazard. Control personal contact by wearing protective clothing. Prevent, by any means available, spillage from entering drains or water courses. Recover product wherever possible. If DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal.

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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Precautions for safe handling	
Safe handling	 Limit all unnecessary personal contact. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Avoid contact with incompatible materials. When handling, DO NOT eat, drink or smoke. Keep containers securely sealed when not in use. Avoid physical damage to containers. Always wash hands with soap and water after handling. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. Establish good housekeeping practices. Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area. Do not use air hoses for cleaning.
Other information	Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers.

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- ▶ Protect containers against physical damage and check regularly for leaks.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container

- ► Glass container is suitable for laboratory quantities
- Storage incompatibility
- Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available

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EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
Glaumox™ Acetazolamide Sodium, 500mg Powder For Injection	Not Available	Not Available	Not Available	Not Available
Ingredient	Original IDLH		Revised IDLH	
acetazolamide sodium	Not Available		Not Available	

Exposure controls

Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

Appropriate engineering controls

A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Personal protection











Eye and face protection

When handling very small quantities of the material eye protection may not be required.

- For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:
 - Chemical goggles
 - ► Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.
 - 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.

Skin protection

See Hand protection below

- ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- ► Change gloves frequently and when contaminated, punctured or torn.
- Wash hands immediately after removing gloves.
- ► Protective shoe covers. [AS/NZS 2210]
- Head covering.

Hands/feet protection

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- ▶ polychloroprene
- nitrile rubber.
- ▶ butyl rubber.
- ▶ fluorocaoutchouc.
- ► polyvinyl chloride.

Gloves should be examined for wear and/ or degradation constantly.

Body protection

See Other protection below

Other protection

- ▶ For quantities up to 500 grams a laboratory coat may be suitable.
- ▶ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection
- Eye wash unit.
- ► Ensure there is ready access to an emergency shower.
- ► For Emergencies: Vinyl suit

Thermal hazards

Not Available

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Respiratory protection

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)

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Odourless white or almost white crystalline powder; mixes with water. The pH (10% solution) is 9.0-10.0.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	245.23
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Applicable	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)	Negligible
Vapour pressure (kPa)	Negligible	Gas group	Not Available
Solubility in water (g/L)	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Applicable	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	
Hazardous decomposition products	See section 5	

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result

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	in excessive exposures.		
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Overdose of diuretics may produce severe dehydration from increased urination and may lead to increased thirst, mental disturbances, nausea and vomiting, weakness, dizziness, head ache, muscles cramps, fluid and salt imbalance, low blood pressure and heart rhythm disturbances. In those with pre-existing rhythm disturbances, it has been suggested that mortality due to coronary heart disease is increased. Thiazides in general dilate the blood vessels. Large doses may produce gastrointestinal disturbances with nausea, vomiting and hypermobility; producing severe imbalance in patients' salt levels. Potassium deficiency may cause confusion, dizziness and muscle weakness. Low blood pressure on standing, depressed function of the cardiovascular, respiratory and central nervous system may also occur; lethargy may turn into coma within hours. Hypersensitivity reactions have also been recorded. Giving treatment doses of thiazide may lead to low blood potassium, low chloride, alkalosis or acidosis, low chloride, acidosis or alkalosis, high calcium, low sodium, low magnesium, low phosphate, high urate (rarely with gout), azotemia, high blood cholesterol, reversible hyperthyroidism and a reduced serum protein-bound iodine. Impaired glucose tolerance, high blood sugar, sugar in the urine and precipitation or worsening of diabetes mellitus may occur. Gastrointestinal symptoms may include dry mouth, an unpleasant or bitter taste, salivary gland obstruction, diarrhoea, bloating, abdominal pain, constipation, poor appetite, and weight loss. Sulfonamides and their derivatives can cause extensive kidney damage, and destroy red blood cells. Overdose may cause an accumulation of acid in the blood or a diminished blood sugar level with confusion and coma resulting. Side effects of diuretics include stomach upset (loss of appetite, nausea and vomiting), loss of weight, mineral disturbances, constipation, frequent urination, spasmodic pains in the		
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Open cuts, abraded or irritated skin should not be exposed to this material Solution of material in moisture on the skin, or perspiration, may increase irritant effects Entry into the blood-stream, through, for example, cuts, abrasions 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.		
Eye	This material can cause eye irritation and damage in some persons. Eye drops with sulfonamides can cause local irritation, sensations of burning and stinging, blurred vision and loss of depth perception. The conjunctiva and comea may become inflamed, and the comea and lens may become clouded.		
Chronic	Ample evidence exists, from results in experimentation, that developmental disorders are directly caused by human exposure to the material. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. There is some evidence from animal testing that exposure to this material may result in reduced fertility. Prolonged oral treatment with sulfonamides has caused nausea, vomiting, diarrhoea, abdominal pain, loss of appetite, inflammation of the mouth cavity, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver damage with impaired blood clotting, jaundice and inflammation of the pancreas. Effects on the kidney include blood and crystals in the urine, painful and frequent urination or lack of urine with nitrogen retention. Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis, caused by particles less than 0.5 micron penetrating and remaining in the lung. Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).		
Glaumox™ Acetazolamide			
Sodium, 500mg Powder For	TOXICITY	IRRITATION	
Injection	Not Available	Not Available	
	TOXICITY	IRRITATION	
acetazolamide sodium	Not Available	Not Available	
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		
Glaumox™ Acetazolamide Sodium, 500mg Powder For Injection & ACETAZOLAMIDE SODIUM	Exposure to the material for prolonged periods may cause physical defects in the developing embryo (teratogenesis).		
Acute Toxicity	0	Carcinogenicity	0
Skin Irritation/Corrosion			<u>√</u>
Serious Eye Damage/Irritation	•		<u> </u>
Respiratory or Skin sensitisation			0
Mutagenicity		oiration Hazard	0
	L		ta available but does not fill the criteria for classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Glaumox™ Acetazolamide	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
Sodium, 500mg Powder For Injection	Not Available	Not Available	Not Available	Not Available	Not Available
	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
acetazolamide sodium	Not Available	Not Available	Not Available	Not Available	Not Available

O - Data Not Available to make classification

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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

Toxic to soil organisms.

For Sulfonamindes:

Environmental Fate: Sulfonamides are the oldest and most widely used sulfa-related antibiotics which are used to treat bacterial, and some fungal, infections. These substances are used to in humans, and animals, as well as in aquaculture. Partitioning and reactivity of the different species of these substances are pH dependent, which plays an important role in their behavior in the environment and extraction techniques.

Atmospheric Fate: Natural sunlight may enhance the toxicity of the sulfonamides, likely because of the contribution of UVA light.

Terrestrial Fate: The sulfonamides dissipate more rapidly from the silt loam soil compared to sandy soil. Low concentrations of these substances are not expected to negatively impact soil microbes. Sulfonamides are only partially sorptive in soil and are non-persistent, and leachable. They are not classified as � readily biodegradable �.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air	
	No Data available for all ingredients	No Data available for all ingredients	

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility	
	No Data available for all ingredients	

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

- ► Containers may still present a chemical hazard/ danger when empty.
- ▶ Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- ► Reduction
- ► Reuse
- ▶ Recycling
- Product / Packaging disposal

Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.

- ▶ DO NOT allow wash water from cleaning or process equipment to enter drains
- It may be necessary to collect all wash water for treatment before disposal.
- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- ► Recycle wherever possible.
- 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.
- Dispose of 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. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 TRANSPORT INFORMATION

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Labola 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

SECTION 15 REGULATORY INFORMATION

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

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ACETAZOLAMIDE SODIUM(1424-27-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Not Applicable

National Inventory	Status	
Australia - AICS	N (acetazolamide sodium)	
Canada - DSL	N (acetazolamide sodium)	
Canada - NDSL	N (acetazolamide sodium)	
China - IECSC	N (acetazolamide sodium)	
Europe - EINEC / ELINCS / NLP	N (acetazolamide sodium)	
Japan - ENCS	N (acetazolamide sodium)	
Korea - KECI	N (acetazolamide sodium)	
New Zealand - NZIoC	N (acetazolamide sodium)	
Philippines - PICCS	N (acetazolamide sodium)	
USA - TSCA	N (acetazolamide sodium)	
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)	

SECTION 16 OTHER INFORMATION

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

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

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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