
HYDROFLUORIC ACID

MSDS Number: H3994 --- Effective Date: 07/15/98

1. Product Identification

Synonyms: Fluorohydric acid; fluoric acid; Hydrogen fluoride solution

CAS No.: 7664-39-3

Molecular Weight: 20.01

Chemical Formula: HF in Aqueous Solution.

Product Codes:

J.T. Baker: 5368, 5659, 5818, 5823, 5824, 5840, 5840, 6904, 9559, 9560, 9563, 9564, 9567, 9572, 9573, 9574, 9575

Mallinckrodt: 2640, 2648, V141, V580

2. Composition/Information on Ingredients

Ingredient	CAS No	Percent	Hazardous
Hydrogen Fluoride	7664-39-3	48 - 52%	Yes
Water	7732-18-5	48 - 52%	No

3. Hazards Identification

Emergency Overview

POISON! DANGER! CORROSIVE. EXTREMELY HAZARDOUS LIQUID AND VAPOR. CAUSES SEVERE BURNS WHICH MAY NOT BE IMMEDIATELY PAINFUL OR VISIBLE. MAY BE FATAL IF SWALLOWED OR INHALED. LIQUID AND VAPOR CAN BURN SKIN, EYES AND RESPIRATORY TRACT. CAUSES BONE DAMAGE. REACTION WITH CERTAIN METALS GENERATES FLAMMABLE AND POTENTIALLY EXPLOSIVE HYDROGEN GAS.

J.T. Baker SAF-T-DATA^(tm) Ratings (Provided here for your convenience)

Health Rating: 4 - Extreme (Poison)

Flammability Rating: 0 - None

Reactivity Rating: 2 - Moderate

Contact Rating: 4 - Extreme (Corrosive)

Lab Protective Equip: GOGGLES & SHIELD; LAB COAT & APRON; VENT HOOD; PROPER GLOVES

Storage Color Code: White (Corrosive)

Potential Health Effects

Exposure to hydrofluoric acid can produce harmful health effects that may not be immediately apparent.

Inhalation:

Severely corrosive to the respiratory tract. May cause sore throat, coughing, labored breathing and lung congestion/inflammation.

Ingestion:

Corrosive. May cause sore throat, abdominal pain, diarrhea, vomiting, severe burns of the digestive tract, and kidney dysfunction.

Skin Contact:

Corrosive to the skin. Skin contact causes serious skin burns which may not be immediately apparent or painful. Symptoms may be delayed 8 hours or longer. The fluoride ion readily penetrates the skin causing destruction of deep tissue layers and even bone.

Eye Contact:

Corrosive to the eyes. Symptoms of redness, pain, blurred vision, and permanent eye damage may occur.

Chronic Exposure:

Intake of more than 6 mg of fluorine per day may result in fluorosis, bone and joint damage. Hypocalcemia and hypomagnesemia can occur from absorption of fluoride ion into blood stream.

Aggravation of Pre-existing Conditions:

Persons with pre-existing skin disorders, eye problems, or impaired kidney or respiratory function may be more susceptible to the effects of this substance.

4. First Aid Measures

For any route of contact: Detailed First Aid procedure should be planned before beginning work with HF.

Inhalation:

Get medical help immediately. If patient is unconscious, give artificial respiration or use inhalator. Keep patient warm and resting, and send to hospital after first aid is complete.

Ingestion:

If swallowed, DO NOT INDUCE VOMITING. Give large quantities of water. Never give anything by mouth to an unconscious person. Get medical attention immediately.

Skin Contact:

FOR ACID BURNS TO THE BODY: 1) Remove the victim from the contaminated area and immediately place him under a safety shower or wash him with a water hose, whichever is available. 2) Remove all contaminated clothing. 3) Keep washing with large amounts of water for a minimum of 15 to 20 minutes. 4) Have someone make arrangements for medical attention while you continue flushing the affected area with water. 5) a) If available, after thorough washing, the burned area should be immersed in a solution of 0.2% iced aqueous Hyamine 1622 or 0.13% iced aqueous Zephiran Chloride. If immersion is not practical, towels should be soaked with one of the above solutions and used as compresses for the burn area. Ideally compresses should be changed every 2 minutes. 5) b) An alternative treatment to 5a is for the physician to inject sterile 10% aqueous calcium gluconate solution subcutaneously beneath, around, and in the burned area. Initially use no more than 0.5 cc per square centimeter and do not distort appearance of skin. If pain is not completely relieved, additional treatment is indicated. 6) Seek medical attention as soon as possible for all burns regardless of how minor they may appear initially. Hyamine 1622 is a trade name for Tetracaine Benzethonium Chloride, Merck Index Monograph 1078, a quaternary ammonium compound sold by Rohm & Haas, Philadelphia. Zephiran Chloride is a trade name for Benzalkonium Chloride, Merck Index Monograph 1059, also a quaternary ammonium compound, sold by SANOFI Winthrop Pharmaceutical, New York, NY.

Eye Contact:

FOR ACID IN THE EYES: 1) Irrigate eyes for at least 30 minutes with copious quantities of water, keeping the eyelids apart and away from eyeballs during irrigation. 2) Get competent medical attention immediately, preferably an eye specialist. 3) If a physician is not immediately available, apply one or two drops of 0.5% Pontocaine Hydrochloride solution. 4) Do not use oily drops or ointment. Place ice pack on eyes until reaching emergency room.

Note to Physician:

For burns of large skin areas, (greater than 25 square inches), for ingestion and for significant inhalation exposure, severe systemic effects may occur. Monitor and correct for hypocalcemia, cardiac arrhythmias, hypomagnesemia and hyperkalemia. In some cases renal dialysis may be indicated. For certain burns, especially of the digits, use of intra-arterial calcium gluconate may be indicated. Treat as chemical pneumonia. Monitor for hypocalcemia, 2.5% calcium gluconate in normal saline by nebulizer or by IPPB with 100% oxygen may decrease pulmonary damage. Bronchodilators may also be administered. Medical Surveillance: Provide physical examinations of exposed personnel every six months including fluoride determinations in urine, studies of liver and kidney function: chest X-ray, annually. Protect from exposure those individuals with diseases of kidneys, liver, and lung. (ITII. Toxic and Hazardous Industrial Chemicals Safety Manual). AN ALTERNATIVE FIRST AID PROCEDURE: Hydrofluoric Acid (HF) is a highly corrosive and toxic acid, even in a dilute form. It can severely damage the skin and eyes causing severe burns which are extremely painful. Additionally, the vapor from anhydrous HF or its concentrated solutions can cause damage to skin, eyes and the respiratory system. HF differs from other strong acids in that it not only causes surface burns but rapidly penetrates the skin, even in dilute solution, and causes destruction of underlying tissue and even bone by the extraction of Calcium. For this reason, washing the burn with water is not sufficient. A neutralizing agent which will also penetrate the skin is required. The effect of HF, i.e. onset of pain, particularly in dilute solutions, may not be felt for up to 24 hours. It is important, therefore, that persons using HF have immediate access to an effective antidote even when they are away from their work place in order that first aid treatment can be commenced immediately while the patient seeks medical advice. HOW TO TREAT HYDROFLUORIC ACID BURNS: It has been conclusively shown (references 1,2,3 and 4 below) that flushing the affected area with water for one minute and then massaging HF Antidote Gel into the wound until there is a cessation of pain is the most effective first aid treatment available. HF Antidote Gel contains Calcium Gluconate which combines with HF to form insoluble Calcium Fluoride, thus preventing the extraction of Calcium from the body tissue and bones. HF Antidote Gel is available in 25g tubes, and since the effects of the dilute acid may not be apparent for some hours, we recommend that any person in contact with HF should carry, or have access to a tube of HF Antidote Gel at all times; ideally with one tube at the work place, one on the person and one at home. For safety's sake, we believe that HF Antidote Gel should be issued to all employees who may come into contact with HF. EYE INJURIES: Irrigate the affected part immediately with copious amounts of cold water. Urgent medical advice must be sought. HF Antidote Gel is NOT for use in the eye. It is imperative that any person who has been contaminated by HF should seek medical advice even when the treatment by HF Antidote Gel has been applied. REFERENCES: 1. Brown, T.D. Treatment of Hydrofluoric Acid Burns 2. Sprout, W.L. et al Treatment of Severe Hydrofluoric Acid Exposures (Journal of American Occupational Medicine 25:12, 1993) 3. Bracken, W.M. et al Comparative Effectiveness of Topical Treatments for Hydrofluoric Acid Burns, University of Kansas (Journal of Occupational Medicine 27:10:1985) 4. Burke, W.J. , et al Systemic Fluoride Poisoning Resulting from A Fluoride Skin Burn (Journal of Occupational Medicine (5,39:1973) HF ANTIDOTE GEL: Distributed by PHARMASCIENCE INC. Montreal, Canada. Phone: (514) 340 - 1114 Fax: (514) 342 - 7764

5. Fire Fighting Measures

Fire:

Not considered to be a fire hazard. Fire may produce poisonous or irritating gases.

Explosion:

Violent exothermic reaction occurs with water. Sufficient heat may be produced to ignite combustible materials. Reacts with metals forming flammable Hydrogen gas.

Fire Extinguishing Media:

Keep upwind of fire. Use water or carbon dioxide on fires in which Hydrofluoric Acid is involved. Halon or foam may also be used. In case of fire, the sealed containers can be kept cool by spraying with water.

Special Information:

In the event of a fire, wear full protective clothing and NIOSH-approved self-contained breathing apparatus with full facepiece operated in the pressure demand or other positive pressure mode. Avoid getting water in tanks or drums; water can cause generation of heat and spattering. In contact with air, the

acid gives off corrosive fumes which are heavier than air.

6. Accidental Release Measures

Notify safety personnel, provide adequate ventilation, and remove ignition sources since hydrogen may be generated by reactions with metals. Wear appropriate personal protective equipment as specified in Section 8. Do not flush to sewers or waterways. Spills: Evacuate the danger area. Apply magnesium sulfate (dry) to the spill area. Follow up with inert absorbent and add soda ash or magnesium oxide and slaked lime. Collect in appropriate plastic containers and save for disposal. Wash spill site with soda ash solution. NOTE: Porous materials (concrete, wood, plastic, etc.) will absorb HF and become a hazard for an indefinite time. Such spills should be cleaned and neutralized immediately. US Regulations (CERCLA) require reporting spills and releases to soil, water and air in excess of reportable quantities. The toll free number for the US Coast Guard National Response Center is (800) 424-8802.

J. T. Baker TEAM(R) 'Low Na+' acid neutralizer is recommended for spills of this product.

7. Handling and Storage

Keep in tightly closed polyethylene containers. Store in a cool, dry place with adequate ventilation separated from other chemicals. Protect from physical damage. Storage facilities should be constructed for containment and neutralization of spills. Handling and storage of HF requires special materials and technology for containers, pipes, valves, etc., which is available from suppliers. Containers of this material may be hazardous when empty since they retain product residues (vapors, liquid); observe all warnings and precautions listed for the product.

8. Exposure Controls/Personal Protection

Airborne Exposure Limits:

Hydrogen fluoride:

-OSHA Permissible Exposure Limit (PEL):

3 ppm (TWA)

ACGIH Threshold Limit Value (TLV):

3 ppm Ceiling as F

Ventilation System:

A system of local and/or general exhaust is recommended to keep employee exposures as low as possible. Local exhaust ventilation is generally preferred because it can control the emissions of the contaminant at its source, preventing dispersion of it into the general work area. Please refer to the ACGIH document, *Industrial Ventilation, A Manual of Recommended Practices*, most recent edition, for details.

Personal Respirators (NIOSH Approved):

If the exposure limit is exceeded, a full facepiece respirator with an acid gas cartridge may be worn up to 50 times the exposure limit or the maximum use concentration specified by the appropriate regulatory agency or respirator supplier, whichever is lowest. For emergencies or instances where the exposure levels are not known, use a full-facepiece positive-pressure, air-supplied respirator. WARNING: Air purifying respirators do not protect workers in oxygen-deficient atmospheres. Since the IDLH is low (30 ppm), the above cartridge system is not specifically approved for HF. (3M Respirator Selection Guide)

Skin Protection:

Wear protective clothing, including boots or safety shoes with polyvinyl chloride (PVC) or neoprene. Use chemical goggles and/or a full face shield. Wear coveralls with long sleeves, gauntlets and gloves of PVC or neoprene. A high degree of protection is obtained with an air-inflated suit with mask and safety belt. Use protection suitable for conditions.

Eye Protection:

Use chemical safety goggles and/or full face shield where splashing is possible. Maintain eye wash fountain and quick drench facilities in work area.

9. Physical and Chemical Properties

Appearance:

Colorless, fuming liquid.

Odor:

Acrid odor. Do not breathe fumes.

Solubility:

Infinitely soluble.

Specific Gravity:

1.15 -1.18

pH:

1.0 (0.1M solution)

% Volatiles by volume @ 21C (70F):

100 (as water and acid)

Boiling Point:

108C (226F)

Melting Point:

< -36C (< -33F)

Vapor Density (Air=1):

1.97

Vapor Pressure (mm Hg):

25 @ 20C (68F)

Evaporation Rate (BuAc=1):

No information found.

10. Stability and Reactivity

Stability:

Stable at room temperature (68F) when stored and used under proper conditions.

Hazardous Decomposition Products:

On contact with metals, liberates hydrogen gas. On heating to decomposition, could yield toxic fumes of fluorides. Attacks glass and other silicon containing compounds. Reacts with silica to produce silicon tetrafluoride, a hazardous colorless gas.

Hazardous Polymerization:

Will not occur.

Incompatibilities:

Hydrofluoric acid is incompatible with arsenic trioxide, phosphorus pentoxide, ammonia, calcium oxide, sodium hydroxide, sulfuric acid, vinyl acetate, ethylenediamine, acetic anhydride, alkalis, organic materials, most common metals, rubber, leather, water, strong bases, carbonates, sulfides, cyanides, oxides of silicon, especially glass, concrete, silica, fluorine. Will also react with steam or water to produce toxic fumes.

Conditions to Avoid:

Moisture and incompatibles.

11. Toxicological Information

Hydrofluoric acid: Inhalation rat LC50: 1276 ppm/1H; Investigated as a mutagen, reproductive effector.

-----\Cancer Lists\-----

Ingredient	---NTP Carcinogen---		IARC Category
	Known	Anticipated	
Hydrogen Fluoride (7664-39-3)	No	No	None
Water (7732-18-5)	No	No	None

12. Ecological Information

Environmental Fate:

If the pH is > 6.5, soil can bind fluorides tightly. High calcium content will immobilize fluorides, which can be damaging to plants when present in acid soils.

Environmental Toxicity:

This material is expected to be slightly toxic to aquatic life. 60 ppm*/Fish/Lethal/Fresh Water *=time period not specified. > 300ppm/48hr./Shrimp/LC50/Aerated Saltwater

13. Disposal Considerations

Whatever cannot be saved for recovery or recycling should be handled as hazardous waste and sent to a RCRA approved incinerator or disposed in a RCRA approved waste facility. Processing, use or contamination of this product may change the waste management options. State and local disposal regulations may differ from federal disposal regulations. Dispose of container and unused contents in accordance with federal, state and local requirements.

14. Transport Information

Domestic (Land, D.O.T.)

Proper Shipping Name: RQ, HYDROFLUORIC ACID (WITH NOT MORE THAN 60% STRENGTH)

Hazard Class: 8, 6.1

UN/NA: UN1790

Packing Group: II

Information reported for product/size: 250LB

International (Water, I.M.O.)

Proper Shipping Name: HYDROFLUORIC ACID (WITH NOT MORE THAN 60% STRENGTH)

Hazard Class: 8, 6.1

UN/NA: UN1790

Packing Group: II

Information reported for product/size: 250LB

15. Regulatory Information

-----\Chemical Inventory Status - Part 1\-----

Ingredient	TSCA	EC	Japan	Australia
Hydrogen Fluoride (7664-39-3)	Yes	Yes	Yes	Yes
Water (7732-18-5)	Yes	Yes	Yes	Yes

-----\Chemical Inventory Status - Part 2\-----

Ingredient	Korea	DSL	NDSL	Phil.
Hydrogen Fluoride (7664-39-3)	Yes	Yes	No	Yes
Water (7732-18-5)	Yes	Yes	No	Yes

-----\Federal, State & International Regulations - Part 1\-----

Ingredient	-SARA 302-		-----SARA 313-----	
	RQ	TPQ	List	Chemical Catg.
Hydrogen Fluoride (7664-39-3)	100	100	Yes	No
Water (7732-18-5)	No	No	No	No

-----\Federal, State & International Regulations - Part 2\-----

Ingredient	CERCLA	-RCRA-	-TSCA-
		261.33	8(d)
Hydrogen Fluoride (7664-39-3)	100	U134	No
Water (7732-18-5)	No	No	No

Chemical Weapons Convention: Yes TSCA 12(b): No CDTA: No
SARA 311/312: Acute: Yes Chronic: Yes Fire: No Pressure: No
Reactivity: Yes (Mixture / Liquid)

Australian Hazchem Code: 2R

Poison Schedule: S7

WHMIS:

This MSDS has been prepared according to the hazard criteria of the Controlled Products Regulations (CPR) and the MSDS contains all of the information required by the CPR.

16. Other Information

NFPA Ratings: Health: 4 Flammability: 0 Reactivity: 1

Label Hazard Warning:

POISON! DANGER! CORROSIVE. EXTREMELY HAZARDOUS LIQUID AND VAPOR. CAUSES SEVERE BURNS WHICH MAY NOT BE IMMEDIATELY PAINFUL OR VISIBLE. MAY BE FATAL IF SWALLOWED OR INHALED. LIQUID AND VAPOR CAN BURN SKIN, EYES AND RESPIRATORY TRACT. CAUSES BONE DAMAGE. REACTION WITH CERTAIN METALS GENERATES FLAMMABLE AND POTENTIALLY EXPLOSIVE HYDROGEN GAS.

Label Precautions:

Do not get in eyes, on skin, or on clothing.

Do not breathe vapor.

Cool before opening.

Use only with adequate ventilation.

Wash thoroughly after handling.

Store in a tightly closed container.

Label First Aid:

IN ALL CASES, CALL PHYSICIAN IMMEDIATELY. First Aid procedures should be pre-planned for HF emergencies. A supply of 50:50 water/magnesium sulfate paste or 2 1/2% Calcium Gluconate paste should be available where first aid medications are administered. If ingested, DO NOT INDUCE

VOMITING. If patient is conscious, give large quantities of milk or water and send to hospital. If inhaled and patient is unconscious, give artificial respiration or use inhalator and send to hospital. In case of eye contact, wash open eyes with large but gentle stream of water for 15 minutes. Place ice pack on eyes until reaching emergency room. In case of skin contact, remove contaminated clothing and wash burn area with plenty of water to remove acid. Cover burn area with a poultice of 50:50 water/magnesium sulfate paste or 2 1/2% calcium gluconate paste. Leave in place until medical help arrives or patient is transferred to hospital.

Product Use:

Laboratory Reagent.

Revision Information:

MSDS Section(s) changed since last revision of document include: 4.

Disclaimer:

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