

Activated Amitrole 400 (Arxada) Arxada NZ Limited

Chemwatch: **5491-29** Version No: **6.2**

Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Chemwatch Hazard Alert Code: 3

Initial Date: 08/09/2021 Revision Date: 15/09/2025 Print Date: 18/09/2025 L.GHS.NZL.EN.E

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

Product Identifier	
Product name	Activated Amitrole 400 (Arxada)
Chemical Name	Not Applicable
Synonyms	ACVM approval: P006051
Proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains 3-amino-1,2,4-triazole)
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	Herbicide.
Relevant identified uses	Use according to manufacturer's directions.

Details of the manufacturer or importer of the safety data sheet

Registered company name	Arxada NZ Limited
Address	13-15 Hudson Road Bell Block New Plymouth 4312 New Zealand
Telephone	+64 6 755 9234
Fax	+64 6 755 1174
Website	www.arxada.co.nz
Email	office-newplymouth@arxada.com

Emergency telephone number

Association / Organisation	Arxada NZ Limited
Emergency telephone number(s)	0800 243 622
Other emergency telephone number(s)	+64 4 917 9888 (International)

SECTION 2 Hazards identification

Classification of the substance or mixture

Classification ^[1]	Serious Eye Damage/Eye Irritation Category 2, Reproductive Toxicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 2, Hazardous to Soil Organisms
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)







Signal word Danger

Hazard statement(s)

	• • • • • • • • • • • • • • • • • • • •	
H319	Causes serious eye irritation.	
H361	Suspected of damaging fertility or the unborn child.	
H372	Causes damage to organs through prolonged or repeated exposure.	
H411	Toxic to aquatic life with long lasting effects.	
H423	Hazardous to soil organisms.	

Precautionary statement(s) Prevention

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P280	Wear protective gloves, protective clothing, eye protection and face protection.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P202	Do not handle until all safety precautions have been read and understood.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
P391	Collect spillage.

Precautionary statement(s) Storage

P405 Store locked up.

Precautionary statement(s) Disposal

P501 Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

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See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
61-82-5	30-60	3-amino-1,2,4-triazole
5329-14-6	10-30	sulfamic acid
Not Available	balance	Ingredients determined not to be hazardous
Legend:	Classified by Chemwatch; 2. Classifica VI; 4. Classification drawn from C&L * EU	tion drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex J IOELVs available

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 contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. 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. Transport to hospital, or doctor, without delay.
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

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- ► Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Monitor and treat, where necessary, for shock.
- ▶ Anticipate seizures.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

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ADVANCED TREATMENT

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

- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

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

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

Treat symptomatically.

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
dvice for firefighters	
Fire Fighting	 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. 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.
Fire/Explosion Hazard	 ▶ The material is not readily combustible under normal conditions. ▶ However, it will break down under fire conditions and the organic component may burn. ▶ Not considered to be a significant fire risk. ▶ Heat may cause expansion or decomposition with violent rupture of containers. ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. Combustion products include: carbon dioxide (CO2) nitrogen oxides (NOx) sulfur oxides (SOx) other pyrolysis products typical of burning organic material. May emit clouds of acrid smoke

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

Minor Spills	 Environmental hazard - contain spillage. Clean up all spills immediately. Avoid breathing vapours and contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite. Wipe up. Place in a suitable, labelled container for waste disposal.
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by all means available, spillage from entering drains or water courses. Consider evacuation (or protect in place). No smoking, naked lights or ignition sources. Increase ventilation. Stop leak if safe to do so. Water spray or fog may be used to disperse / absorb vapour. Contain or absorb spill with sand, earth or vermiculite. Collect recoverable product into labelled containers for recycling. Collect solid residues and seal in labelled drums for disposal. Wash area and prevent runoff into drains. After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. If contamination of drains or waterways occurs, advise emergency services. Environmental hazard - contain spillage.

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

SECTION 7 Handling and storage

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Precautions for safe handling

▶ DO NOT allow clothing wet with material to stay in contact with skin Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs Use in a well-ventilated area. Avoid contact with moisture. Avoid contact with incompatible materials. When handling, **DO NOT** eat, drink or smoke Safe handling Keep containers securely sealed when not in use. Avoid physical damage to containers. Always wash hands with soap and water after handling. Work clothes should be laundered separately. Launder contaminated clothing before re-use. Use good occupational work practice. Observe manufacturer's storage and handling recommendations contained within this SDS. Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. Store in original containers. Keep containers securely sealed No smoking, naked lights or ignition sources. Other information Store in a cool, dry, well-ventilated area Store away from incompatible materials and foodstuff containers. 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

HDPE Jerry can.

- ▶ Polyethylene or polypropylene container.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

Storage incompatibility

Avoid reaction with oxidising agents, bases and strong reducing agents.

Avoid strong acids, acid chlorides, acid anhydrides and chloroformates









Ingradient Material name







X — Must not be stored together

May be stored together with specific preventions

May be stored together

Note: Depending on other risk factors, compatibility assessment based on the table above may not be relevant to storage situations, particularly where large volumes of dangerous goods are stored and handled. Reference should be made to the Safety Data Sheets for each substance or article and risks assessed accordingly.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	ingrealent	waterial name	IVVA		SIEL	reak	Notes
New Zealand Workplace Exposure Standards (WES)	3-amino-1,2,4- triazole	3-Amino-1,2,4-triazole (Amitrole)	0.2 mg/r	m3	Not Available	Not Available	Not Available
Ingredient	Original IDLH			Revise	d IDLH		
3-amino-1,2,4-triazole	Not Available	Not Available		Not Available			
sulfamic acid	Not Available			Not Ava	ilable		

MATERIAL DATA

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.

Employers may need to use multiple types of controls to prevent employee overexposure.

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50- 100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100- 200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200- 500 f/min.)

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2.5-10 m/s (500-2000 f/min.)

grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Individual protection measures, such as personal protective equipment









Eye and face protection

Safety glasses with side shields.

- ► Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- 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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

Skin protection

See Hand protection below

▶ Elbow length PVC gloves

NOTE:

- 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.
- ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- · frequency and duration of contact,
- · chemical resistance of glove material,
- · glove thickness and
- · dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.

Hands/feet protection

- · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- · Excellent when breakthrough time > 480 min
- · Good when breakthrough time > 20 min
- · Fair when breakthrough time < 20 min
- · Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Body protection

See Other protection below

Other protection

- Overalls.P.V.C apron
- Barrier cream.
- Skin cleansing cream.

Eye wash unit.

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

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Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS	-	A-PAPR-AUS / Class 1
up to 50 x ES	-	A-AUS / Class 1	-
up to 100 x ES	-	A-2	A-PAPR-2 ^

^{^ -} Full-face

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)

- 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	Straw to brown liquid with a little odour; soluble in water.		
Physical state	Liquid	Relative density (Water = 1)	1.25
Odour	Not Available	Partition coefficient n-octanol / water	-0.97
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	4.0-4.5	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	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
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	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

a) Acute Toxicity	Based on available data, the classification criteria are not met.
b) Skin Irritation/Corrosion	Based on available data, the classification criteria are not met.
c) Serious Eye Damage/Irritation	There is sufficient evidence to classify this material as eye damaging or irritating
d) Respiratory or Skin sensitisation	Based on available data, the classification criteria are not met.
e) Mutagenicity	Based on available data, the classification criteria are not met.
f) Carcinogenicity	Based on available data, the classification criteria are not met.
g) Reproductivity	There is sufficient evidence to classify this material as toxic to reproductivity
h) STOT - Single Exposure	Based on available data, the classification criteria are not met.

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i) STOT - Repeated Exposure There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure i) Aspiration Hazard Based on available data, the classification criteria are not met Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may produce severe damage to the health of the individual. Relatively small amounts absorbed through the lungs may prove fatal. Inhalation of sulfamic acid may cause bloody spit, difficulty breathing, low blood pressure, headache, dizziness, bluish skin colour and lung Inhaled Inhalation of dusts, generated by the material during the course of normal handling, may produce severe damage to the health of the individual. Relatively small amounts absorbed from the lungs may prove fatal 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. ingestion of sulfamic acid may cause vomiting, diarrhoea and a drop in blood pressure. Asphyxia may occur from oedema of the glottis. After initial recovery, onset of fever indicates mediastinitis or peritonitis from perforation of the esophagus or stomach. Ingestion of greater than 10% solutions will cause lesions of the stomach. Ingestion of acidic corrosives may produce circumoral burns with a distinct discolouration of the mucous membranes of the mouth, throat Ingestion and oesophagus. Immediate pain and difficulties in swallowing and speaking may also be evident. Oedema of the epiglottis may produce respiratory distress and possibly, asphyxia. Nausea, vomiting, diarrhoea and a pronounced thirst may occur. More severe exposures may produce a vomitus containing fresh or dark blood and large shreds of mucosa. Shock, with marked hypotension, weak and rapid pulse, shallow respiration and clammy skin may be symptomatic of the exposure. Circulatory collapse may, if left untreated, result in renal failure. Severe cases may show gastric and oesophageal perforation with peritonitis, fever and abdominal rigidity. Stricture of the oesophageal, gastric and pyloric sphincter may occur as within several weeks or may be delayed for years. Death may be rapid and often results from asphyxia, circulatory collapse or aspiration of even minute amounts. Delayed deaths may be due to peritonitis, severe nephritis or pneumonia. Coma and convulsions may be terminal. Concentrated solutions may cause chemical burns. The effects of sulfamic acid on the skin appear to be limited to the effects of low pH. Concentrations of greater than 20% of sulfamic acid may injure the skin. Repeated application of a 4% solution of sulfamic acid several times a day for 5 days on the skin produced mild irritation Open cuts, abraded or irritated skin should not be exposed to this material 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. Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of Skin Contact 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 enidermis Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Skin contact with acidic corrosives may result in pain and burns; these may be deep with distinct edges and may heal slowly with the Irritation of the eyes may produce a heavy secretion of tears (lachrymation). Direct eye contact with acid corrosives may produce pain, lachrymation, photophobia and burns. Mild burns of the epithelia generally recover rapidly and completely. Severe burns produce long-lasting and possible irreversible damage. The appearance of the burn may not be Eve apparent for several weeks after the initial contact. The cornea may ultimately become deeply vascularised and opaque resulting in blindness This material causes serious eve irritation. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of: - appropriate long-term animal studies - other relevant information Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by Chronic repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, generally on the basis that results in appropriate animal studies provide strong suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Repeated or prolonged exposure to acids may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis. The impact of inhaled acidic agents on the respiratory tract depends upon a number of interrelated factors. These include physicochemical characteristics, e.g., gas versus aerosol; particle size (small particles can penetrate deeper into the lung); water solubility (more soluble agents are more likely to be removed in the nose and mouth). Given the general lack of information on the particle size of aerosols involved in occupational exposures to acids, it is difficult to identify their principal deposition site within the respiratory tract. Acid mists containing particles with a diameter of up to a few micrometers will be deposited in both the upper and lower airways. They are irritating to mucous epithelia, they cause dental erosion, and they produce acute effects in the lungs (symptoms and changes in pulmonary function). Asthmatics

appear to be at particular risk for pulmonary effects.

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Activated Amitrole 400 (Arxada)

	Not Available	Not Available	
	TOXICITY	IRRITATION	
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (Rodent - r	abbit): 100mg
3-amino-1,2,4-triazole	Inhalation (Rat) LC50: >0.439 mg/l4h ^[2]	Eye: no advers	e effect observed (not irritating) ^[1]
	Oral (Rat) LD50: 1100 mg/kg ^[2]	Skin: no advers	e effect observed (not irritating) ^[1]
	тохісіту	IRRITATION	
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (Rodent - r	abbit): 20mg - Moderate
	Oral (Rat) LD50: >2000 mg/kg ^[2]	Eye (Rodent - r	abbit): 250ug/24H - Severe
sulfamic acid		Eye: adverse e	ffect observed (irritating) ^[1]
		Skin (Human):	4%/5D (intermittent) - Mild
		Skin (Rodent -	rabbit): 500mg/24H - Severe
		Skin: adverse e	ffect observed (irritating) ^[1]
Legend:	Value obtained from Europe ECHA Registered Su specified data extracted from RTECS - Register of T		btained from manufacturer's SDS. Unless otherwise
3-AMINO-1,2,4-TRIAZOLE	The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or lir Tenth Annual Report on Carcinogens: Substance an [National Toxicology Program: U.S. Dep. of Health &	nited in animal testing. ticipated to be Carcinogen	
	for acid mists, aerosols, vapours Data from assays for genotoxic activity in vitro sugge 6.5. Cells from the respiratory tract have not been ex direct exposure to inhaled acidic mists, just as muco hydrochloric acid. In considering whether pH itself in with the human stomach, in which gastric juice may in which the pH of urine can range from <5 to > 7 an in vitro in that, in vivo, only a portion of the cell surfar homeostasis may be maintained more readily than ir	est that eukaryotic cells are suscepti kamined in this respect. Mucous sec us plays an important role in protect duces genotoxic events in vivo in th be at pH 1-2 under fasting or noctur d normally averages 6.2. Furthermo ce is subjected to the adverse condi	retion may protect the cells of the airways from ing the gastric epithelium from its auto-secreted e respiratory system, comparison should be made nal conditions, and with the human urinary bladder, re, exposures to low pH in vivo differ from exposure
SULFAMIC ACID	Data from assays for genotoxic activity in vitro sugge 6.5. Cells from the respiratory tract have not been ex direct exposure to inhaled acidic mists, just as muco hydrochloric acid. In considering whether pH itself in with the human stomach, in which gastric juice may in which the pH of urine can range from <5 to > 7 an in vitro in that, in vivo, only a portion of the cell surface.	est that eukaryotic cells are suscepticamined in this respect. Mucous secus plays an important role in protect duces genotoxic events in vivo in the be at pH 1-2 under fasting or noctured normally averages 6.2. Furthermoce is subjected to the adverse condinition. Prolonged or repeated exposure, as redness (erythema) thickening of the spongy layer (spongiosis) and intain the repeated exposures may produce even years after exposure to the main drome (RADS) which can occur after the absence of previous airways of hours of a documented exposure tests, moderate to severe bronchial lithout eosinophilia. RADS (or asthmat duration of exposure to the irritatir to high concentrations of irritating si	retion may protect the cells of the airways from ing the gastric epithelium from its auto-secreted e respiratory system, comparison should be made all conditions, and with the human urinary bladder, re, exposures to low pH in vivo differ from exposure tions, so that perturbation of intracellular Repeated or prolonged exposure to irritants may and may produce a contact dermatitis (nonallergic). The epidermis. The epidermis. Prolonged severe ulceration. This may be due to a non-allergic er exposure to high levels of highly irritating disease in a non-atopic individual, with sudden onse to the irritant. Other criteria for diagnosis of RADS hyperreactivity on methacholine challenge testing, a) following an irritating inhalation is an infrequent g substance. On the other hand, industrial bronchitiubstance (often particles) and is completely
SULFAMIC ACID Acute Toxicity	Data from assays for genotoxic activity in vitro sugge 6.5. Cells from the respiratory tract have not been ex direct exposure to inhaled acidic mists, just as muco hydrochloric acid. In considering whether pH itself in with the human stomach, in which gastric juice may in which the pH of urine can range from <5 to > 7 an in vitro in that, in vivo, only a portion of the cell surfar homeostasis may be maintained more readily than in The material may produce severe irritation to the eye produce conjunctivitis. The material may produce severe skin irritation after This form of dermatitis is often characterised by skin Histologically there may be intercellular oedema of the contact is unlikely, given the severity of response, but Asthma-like symptoms may continue for months or econdition known as reactive airways dysfunction syncompound. Main criteria for diagnosing RADS includ of persistent asthma-like symptoms within minutes to include a reversible airflow pattern on lung function the and the lack of minimal lymphocytic inflammation, with sorder with rates related to the concentration of an is a disorder that occurs as a result of exposure due	est that eukaryotic cells are suscepticamined in this respect. Mucous secus plays an important role in protect duces genotoxic events in vivo in the be at pH 1-2 under fasting or noctured normally averages 6.2. Furthermoce is subjected to the adverse condinition. Prolonged or repeated exposure, as redness (erythema) thickening of the spongy layer (spongiosis) and intain the repeated exposures may produce even years after exposure to the main drome (RADS) which can occur after the absence of previous airways of hours of a documented exposure tests, moderate to severe bronchial lithout eosinophilia. RADS (or asthmat duration of exposure to the irritatir to high concentrations of irritating si	retion may protect the cells of the airways from ing the gastric epithelium from its auto-secreted e respiratory system, comparison should be made all conditions, and with the human urinary bladder, re, exposures to low pH in vivo differ from exposure tions, so that perturbation of intracellular Repeated or prolonged exposure to irritants may and may produce a contact dermatitis (nonallergic). The epidermis. The epidermis. Prolonged severe ulceration. This may be due to a non-allergic er exposure to high levels of highly irritating disease in a non-atopic individual, with sudden onse to the irritant. Other criteria for diagnosis of RADS hyperreactivity on methacholine challenge testing, a) following an irritating inhalation is an infrequent g substance. On the other hand, industrial bronchitiubstance (often particles) and is completely
	Data from assays for genotoxic activity in vitro sugge 6.5. Cells from the respiratory tract have not been ex direct exposure to inhaled acidic mists, just as muco hydrochloric acid. In considering whether pH itself in with the human stomach, in which gastric juice may in which the pH of urine can range from <5 to > 7 an in vitro in that, in vivo, only a portion of the cell surfar homeostasis may be maintained more readily than in The material may produce severe irritation to the eye produce conjunctivitis. The material may produce severe skin irritation after This form of dermatitis is often characterised by skin Histologically there may be intercellular oedema of the contact is unlikely, given the severity of response, but Asthma-like symptoms may continue for months or econdition known as reactive airways dysfunction syn compound. Main criteria for diagnosing RADS included presistent asthma-like symptoms within minutes to include a reversible airflow pattern on lung function that the lack of minimal lymphocytic inflammation, with disorder with rates related to the concentration of an is a disorder that occurs as a result of exposure due reversible after exposure ceases. The disorder is characterised.	est that eukaryotic cells are suscepticamined in this respect. Mucous secus plays an important role in protect duces genotoxic events in vivo in the eat pH 1-2 under fasting or noctured normally averages 6.2. Furthermoce is subjected to the adverse condin vitro. The causing pronounced inflammation. Prolonged or repeated exposure, and redness (erythema) thickening of the spongy layer (spongiosis) and into the spongiosis and into the spongi	retion may protect the cells of the airways from ing the gastric epithelium from its auto-secreted e respiratory system, comparison should be made all conditions, and with the human urinary bladder, re, exposures to low pH in vivo differ from exposure tions, so that perturbation of intracellular Repeated or prolonged exposure to irritants may and may produce a contact dermatitis (nonallergic). The epidermis. Prolonged severe ulceration. This may be due to a non-allergic er exposure to high levels of highly irritating disease in a non-atopic individual, with sudden onse to the irritant. Other criteria for diagnosis of RADS exports on the irritant of the prolonged severe ulceration. The prolonged is a non-atopic individual, with sudden onse to the irritant. Other criteria for diagnosis of RADS exports on the irritating inhalation is an infrequent agreement of the prolonged industrial bronchitical bustance. On the other hand, industrial bronchitical bustance (often particles) and is completely ough and mucus production.
Acute Toxicity	Data from assays for genotoxic activity in vitro sugge 6.5. Cells from the respiratory tract have not been ex direct exposure to inhaled acidic mists, just as muco hydrochloric acid. In considering whether pH itself in with the human stomach, in which gastric juice may in which the pH of urine can range from <5 to > 7 an in vitro in that, in vivo, only a portion of the cell surfar homeostasis may be maintained more readily than in The material may produce severe irritation to the eye produce conjunctivitis. The material may produce severe skin irritation after This form of dermatitis is often characterised by skin Histologically there may be intercellular oedema of the contact is unlikely, given the severity of response, but Asthma-like symptoms may continue for months or econdition known as reactive airways dysfunction syncompound. Main criteria for diagnosing RADS includ of persistent asthma-like symptoms within minutes to include a reversible airflow pattern on lung function the and the lack of minimal lymphocytic inflammation, with disorder with rates related to the concentration of an is a disorder that occurs as a result of exposure due reversible after exposure ceases. The disorder is characterised.	est that eukaryotic cells are suscepticamined in this respect. Mucous secus plays an important role in protect duces genotoxic events in vivo in the be at pH 1-2 under fasting or noctured normally averages 6.2. Furthermoce is subjected to the adverse condinivitro. The causing pronounced inflammation. Prolonged or repeated exposure, as redness (erythema) thickening of the spongy layer (spongiosis) and into the spongiosis layer (s	retion may protect the cells of the airways from ing the gastric epithelium from its auto-secreted e respiratory system, comparison should be made all conditions, and with the human urinary bladder, re, exposures to low pH in vivo differ from exposure tions, so that perturbation of intracellular Repeated or prolonged exposure to irritants may and may produce a contact dermatitis (nonallergic), re epidermis. racellular oedema of the epidermis. Prolonged severe ulceration. terial ends. This may be due to a non-allergic er exposure to high levels of highly irritating disease in a non-atopic individual, with sudden onse to the irritant. Other criteria for diagnosis of RADS hyperreactivity on methacholine challenge testing, a) following an irritating inhalation is an infrequent go substance. On the other hand, industrial bronchiti ubstance (often particles) and is completely ough and mucus production.
Acute Toxicity Skin Irritation/Corrosion Serious Eye	Data from assays for genotoxic activity in vitro sugge 6.5. Cells from the respiratory tract have not been ex direct exposure to inhaled acidic mists, just as muco hydrochloric acid. In considering whether pH itself in with the human stomach, in which gastric juice may in which the pH of urine can range from <5 to > 7 an in vitro in that, in vivo, only a portion of the cell surfact homeostasis may be maintained more readily than in the material may produce severe irritation to the eye produce conjunctivitis. The material may produce severe skin irritation after This form of dermatitis is often characterised by skin Histologically there may be intercellular oedema of the contact is unlikely, given the severity of response, bu Asthma-like symptoms may continue for months or econdition known as reactive airways dysfunction syn compound. Main criteria for diagnosing RADS included persistent asthma-like symptoms within minutes to include a reversible airflow pattern on lung function the and the lack of minimal lymphocytic inflammation, with disorder with rates related to the concentration of an is a disorder that occurs as a result of exposure due reversible after exposure ceases. The disorder is characterised.	est that eukaryotic cells are suscepticamined in this respect. Mucous secus plays an important role in protect duces genotoxic events in vivo in the beat pH 1-2 under fasting or noctured normally averages 6.2. Furthermore is subjected to the adverse conditivition. The causing pronounced inflammation. Prolonged or repeated exposure, as redness (erythema) thickening of the spongy layer (spongiosis) and interpreted exposures may produce even years after exposure to the material enditivities and the desired exposure to the material enditivities on hours of a documented exposure tests, moderate to severe bronchial thout eosinophilia. RADS (or asthmed duration of exposure to the irritatire to high concentrations of irritating segmentations of irritating segmentations.	retion may protect the cells of the airways from ing the gastric epithelium from its auto-secreted e respiratory system, comparison should be made all conditions, and with the human urinary bladder, re, exposures to low pH in vivo differ from exposurestions, so that perturbation of intracellular Repeated or prolonged exposure to irritants may and may produce a contact dermatitis (nonallergic). The epidermis. Prolonged severe ulceration. The resposure to high levels of highly irritating disease in a non-atopic individual, with sudden onset to the irritant. Other criteria for diagnosis of RADS syperreactivity on methacholine challenge testing, a) following an irritating inhalation is an infrequent group and mucus production.

✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
Activated Amitrole 400 (Arxada)	Not Available	Not Available	Not Available	Not Available	Not Available
3-amino-1,2,4-triazole	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<0.3	7
	EC50	72h	Algae or other aquatic plants	14- 22mg/L	4
	EC50	48h	Crustacea	4.67- 10.24mg/L	4

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	EC50	96h	Algae or other aquatic plants	<2.3mg/l	1
	NOEC(ECx)	576h	Crustacea	0.2mg/l	1
	LC50	96h	Fish	>95mg/L	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	33.8mg/l	2
sulfamic acid	EC50	48h	Crustacea	71.6mg/l	2
	NOEC(ECx)	1560h	Fish	0.025mg/l	2
	LC50	96h	Fish	14.2mg/l	1
Legend:		,	CHA Registered Substances - Ecotoxicological Informa C Aquatic Hazard Assessment Data 6. NITE (Japan) - L	, ,	

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

(Japan) - Bioconcentration Data 8, Vendor Data

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
3-amino-1,2,4-triazole	HIGH (Half-life = 360 days)	LOW (Half-life = 1.33 days)
sulfamic acid	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
3-amino-1,2,4-triazole	LOW (BCF = 2.46)
sulfamic acid	LOW (LogKOW = -4.3438)

Mobility in soil

Ingredient	Mobility
3-amino-1,2,4-triazole	LOW (Log KOC = 82.01)
sulfamic acid	LOW (Log KOC = 6.124)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- ▶ 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
- 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. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. 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.

- ▶ 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 or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer

Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

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Activated Amitrole 400 (Arxada)



Marine Pollutant



HAZCHEM ●3Z

Land transport (UN)

Version No: 6.2

14.1. UN number or ID number	3082				
14.2. UN proper shipping name	ENVIRONMENTALLY	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains 3-amino-1,2,4-triazole)			
14.3. Transport hazard class(es)	Class Subsidiary Hazard				
14.4. Packing group	III				
14.5. Environmental hazard	Environmentally hazar	dous			
14.6. Special precautions for user	Special provisions Limited quantity	274; 331; 335; 375 5 L			

Air transport (ICAO-IATA / DGR)

14.1. UN number	3082		
4.2. UN proper shipping name	Environmentally hazardous substar	nce, liquid, n.o.s. (contains 3-	-amino-1,2,4-triazole)
	ICAO/IATA Class	9	
4.3. Transport hazard class(es)	ICAO / IATA Subsidiary Hazard	Not Applicable	
3.005(00)	ERG Code	9L	
4.4. Packing group	Ш		
14.5. Environmental hazard	Environmentally hazardous		
	Special provisions		A97 A158 A197 A215
	Cargo Only Packing Instructions		964
	Cargo Only Maximum Qty / Pack		450 L
14.6. Special precautions for user	Passenger and Cargo Packing Instructions		964
usei	Passenger and Cargo Maximum Qty / Pack		450 L
	Passenger and Cargo Limited Qu	antity Packing Instructions	Y964
	Passenger and Cargo Limited Ma	ximum Qtv / Pack	30 kg G

Sea transport (IMDG-Code / GGVSee)

14.1. UN number	3082		
14.2. UN proper shipping name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, LIQUID, N.O.S. (contains 3-amino-1,2,4-triazole)		
14.3. Transport hazard class(es)	IMDG Class IMDG Subsidiary Ha	9 zard Not Applicable	
14.4. Packing group			
14.5 Environmental hazard	Marine Pollutant		
14.6. Special precautions for user	EMS Number Special provisions Limited Quantities	F-A, S-F 274 335 969 5 L	

14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

Product name	Group
3-amino-1,2,4-triazole	Not Available
sulfamic acid	Not Available

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14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
3-amino-1,2,4-triazole	Not Available
sulfamic acid	Not Available

SECTION 15 Regulatory information

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR000422	Not Available

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

3-amino-1,2,4-triazole is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods

New Zealand Workplace Exposure Standards (WES)

sulfamic acid is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

Additional Regulatory Information

Not Applicable

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantities
Not Applicable	Not Applicable

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Gas (aggregate water capacity in mL)	Liquid (L)	Solid (kg)	Maximum quantity per package for each classification
Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable

Tracking Requirements

Not Applicable

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National Inventory Status	
National Inventory	Status
Australia - AIIC / Australia Non- Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (3-amino-1,2,4-triazole; sulfamic acid)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes

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National Inventory	Status
Vietnam - NCI	Yes
Russia - FBEPH	Yes
UAE - Control List (Banned/Restricted Substances)	No (sulfamic acid)
Legend:	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	15/09/2025
Initial Date	08/09/2021

SDS Version Summary

Version	Date of Update	Sections Updated
6.1	15/09/2025	Hazards identification - Classification, Identification of the substance / mixture and of the company / undertaking - Synonyms
6.2	17/09/2025	Hazards identification - Classification, Identification of the substance / mixture and of the company / undertaking - Synonyms

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
- DNEL: Derived No-Effect Level ▶ PNEC: Predicted no-effect concentration
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code
- ▶ 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
- ► 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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