

# Doxepin hydrochloride

sc-203930

Material Safety Data Sheet



The Power is Question

Hazard Alert Code Key: **EXTREME** **HIGH** **MODERATE** **LOW**

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

Doxepin hydrochloride

### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

### NFPA



### SUPPLIER

Santa Cruz Biotechnology, Inc.  
2145 Delaware Avenue  
Santa Cruz, California 95060  
800.457.3801 or 831.457.3800

### EMERGENCY:

ChemWatch  
Within the US & Canada: 877-715-9305  
Outside the US & Canada: +800 2436 2255  
(1-800-CHEMCALL) or call +613 9573 3112

### SYNONYMS

C19-H21-N-O.HCl, "11-dimethylaminopropylidene 6H-dibenz[b, e]oxepin hydrochloride", "11-[3-(dimethylamino)propylidene]-6, 11-dihydrobenz[b, e]oxepin", hydrochloride, "N, N-dimethyldibenz[b, e]oxepin-delta(sup 11(6H), gamma)propylamine HCl", "1-propanamine, 3-dibenz[b, e]oxepin-11[6H]ylidene-N, N-dimethyl-, HCl", "11[16H]-[3-(dimethylamino)propylidene]dibenz[b, e]oxepine hydrochloride", Adapin, "Cidoxepin Hydrochloride", Curatin, Deptran, NSC-108160, P-3693A, P-4599, Sinequan, "tricyclic antidepressant"

## Section 2 - HAZARDS IDENTIFICATION

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability:	1	
Toxicity:	3	
Body Contact:	2	
Reactivity:	1	
Chronic:	0	

Min/Nil=0  
Low=1  
Moderate=2  
High=3  
Extreme=4



### CANADIAN WHMIS SYMBOLS



## EMERGENCY OVERVIEW

### RISK

Toxic if swallowed.

### POTENTIAL HEALTH EFFECTS

### ACUTE HEALTH EFFECTS

#### SWALLOWED

- Toxic effects may result from the accidental ingestion of the material; animal experiments indicate that ingestion of less than 40 gram may be fatal or may produce serious damage to the health of the individual.
- Accidental ingestion of the material may be damaging to the health of the individual.
- Side effects of tricyclic antidepressants include dry mouth, sour or metallic taste, constipation, retention of urine, blurred vision and changes in focusing, palpitations, and fast heart beat. Gastrointestinal disturbances (including nausea and vomiting), drowsiness, tremor, low blood pressure when standing, dizziness, sweating, weakness and fatigue, inco-ordination, epilepsy-like seizures, and speech difficulties may occur. Allergic skin reactions and sensitivity to light have been reported, as well as jaundice and blood disorders. Effects on the heart muscle may produce conduction defects and irregularities in heart beat. Endocrine effects may produce changes in sexdrive, impotence, enlarged breasts and copious milk production. Changes in blood sugar levels and reduced levels of antidiuretic hormone may also occur. Overdose may produce excitement and restlessness with dry mouth, dilated pupils, increased heart rate, retention of urine and absence of bowel sounds. More severe poisoning may produce convulsions and muscle spasms, low blood pressure and depression of breathing and the heart. There may be life-threatening heartbeat irregularities that occurs some days after apparent recovery.
- Patients of any age with Major Depressive Disorder may experience worsening of their depression and/or the emergence of suicidal ideation and behaviour (suicidality), whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Patients should be closely monitored, especially at the beginning of therapy or when the dose is changed, until such improvement occurs.

There has been a long-standing concern that some antidepressants may have a role in the emergence of suicidality in some patients. The possible risk of increased suicidality in patients applies to all classes of antidepressant medicines, as available data are not adequate to exclude this risk for any antidepressant. Therefore, consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse or whose emergent suicidality is severe, abrupt in onset, or was not part of the patient's presenting symptoms. Generally, when stopping an antidepressant, doses should be tapered rather than stopped abruptly.

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility (aggressiveness), impulsivity, akathisia (psychomotor restlessness), hypomania and mania, have been reported in adult and paediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and non-psychiatric. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients for whom such symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms.

Because of the possibility of co-morbidity between major depressive disorder and other psychiatric and non-psychiatric disorders, the same precautions observed when treating patients with major depressive disorder should be observed when treating patients with other psychiatric and non-psychiatric disorders.

Mania and Bipolar Disorder: A major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled trials) that treating such an episode with any antidepressant alone may increase the likelihood of a mixed-manic episode in patients at risk for bipolar disorder. Prior to initiating treatment with an antidepressant, patients should be adequately screened to determine if they are at risk for bipolar disorder.

#### EYE

- Although the material is not thought to be an irritant, direct contact with the eye may cause transient discomfort characterized by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

#### SKIN

- The material is not thought to be a skin irritant (as classified using animal models). Abrasive damage however, may result from prolonged exposures. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
- Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.
- Open cuts, abraded or irritated skin should not be exposed to this material.
- 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.

#### INHALED

- The material is not thought to produce respiratory irritation (as classified using animal models). Nevertheless inhalation of dusts, or fume, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.
- Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.
- 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.

### CHRONIC HEALTH EFFECTS

- Long-term exposure to the product is not thought to produce chronic effects adverse to the health (as classified using animal models); nevertheless exposure by all routes should be minimized as a matter of course.
- 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. Prime symptom is breathlessness; lung shadows show on X-ray.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
doxepin hydrochloride	1229-29-4	>98

## Section 4 - FIRST AID MEASURES

### SWALLOWED

· 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.

### EYE

■ 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. · If pain persists or recurs seek medical attention. · Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### SKIN

■ 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.

### INHALED

· 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.

### NOTES TO PHYSICIAN

■ For tricyclic antidepressant poisonings: The stomach should be emptied by aspiration and lavage. Activated charcoal as an adjunct to gastric lavage may also be used. Supportive therapy alone may then suffice for patients who are not severely poisoned. In particular monitor for cardiac arrhythmias and institute anti-arrhythmic measures necessary (digoxin and physostigmine salicylate are NOT recommended). Convulsions may be managed by intravenous diazepam. Physostigmine (not neostigmine) may also be used to control convulsions but caution must be exercised. Barbiturates are generally not advocated since they exacerbate respiratory depression. Some workers claim promising results with charcoal hemoperfusion in severely poisoned patients. MARTINDALE: The Extra Pharmacopoeia, 28th Edition. Readily absorbed from the gastrointestinal tract. Slow gastrointestinal transit time and absorption may be delayed especially in overdose. Demethylated in the liver to produce the active metabolite, desmethyldoxepin. Bound extensively to plasma and tissue protein. Reported half-life ranges from 8 to 24 hours. Crosses blood-brain and placental barriers.

## Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG):	Negligible
Upper Explosive Limit (%):	Not available
Specific Gravity (water=1):	Not available
Lower Explosive Limit (%):	Not available

### EXTINGUISHING MEDIA

· Water spray or fog.  
· Foam.  
· Dry chemical powder.  
· BCF (where regulations permit).  
· Carbon dioxide.

### FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.  
· Wear full body protective clothing with breathing apparatus.  
· Prevent, by any means available, spillage from entering drains or water course.  
· 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.

### GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

· Combustible solid which burns but propagates flame with difficulty.  
· Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.  
· Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.  
· Build-up of electrostatic charge may be prevented by bonding and grounding.  
· Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), hydrogen chloride, phosgene, nitrogen oxides (NO<sub>x</sub>), other pyrolysis products typical of burning organic material.  
May emit poisonous fumes.

### FIRE INCOMPATIBILITY

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

### PERSONAL PROTECTION

Glasses:

Gloves:

Respirator:

Particulate

## Section 6 - ACCIDENTAL RELEASE MEASURES

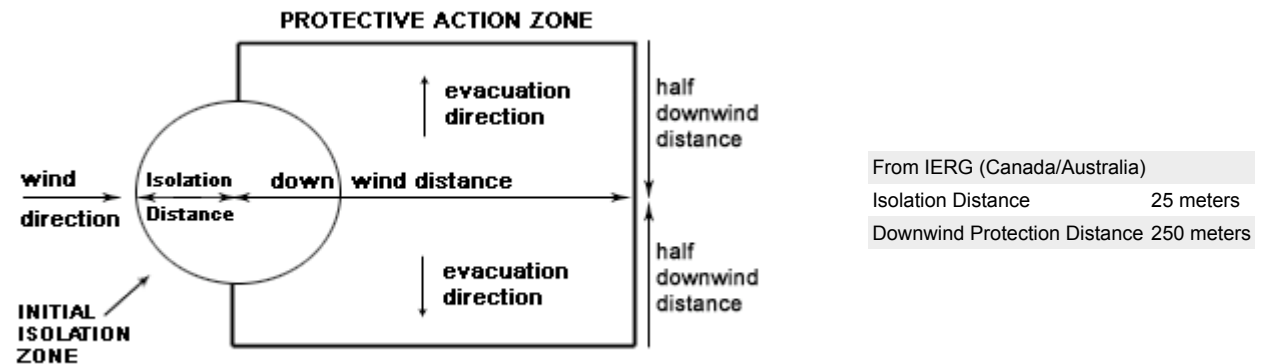
### MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable, labelled container for waste disposal.

### MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Emergency Responders and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labeled containers for recycling.
- Neutralize/decontaminate residue.
- Collect solid residues and seal in labeled 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.

### PROTECTIVE ACTIONS FOR SPILL



### FOOTNOTES

- 1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.
- 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
- 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills". LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
- 5 Guide 151 is taken from the US DOT emergency response guide book.
- 6 IERG information is derived from CANUTEC - Transport Canada.

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
  - Wear protective clothing when risk of exposure occurs.
  - Use in a well-ventilated area.
  - Prevent concentration in hollows and sumps.
  - DO NOT enter confined spaces until atmosphere has been checked.
  - DO NOT allow material to contact humans, exposed food or food utensils.
  - 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.
  - Work clothes should be laundered separately.
  - Launder contaminated clothing before re-use.
  - Use good occupational work practice.
  - Observe manufacturer's storing and handling recommendations.
  - Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
- Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.
- Do NOT cut, drill, grind or weld such containers.
  - In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

### RECOMMENDED STORAGE METHODS

- Lined metal can, Lined metal pail/drum
- Plastic pail
- Polyliner drum
- Packing as recommended by manufacturer.
- Check all containers are clearly labeled and free from leaks.

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
- Cans with friction closures and
- low pressure tubes and cartridges may be used.- Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages \* . - In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage \* . - \* unless the outer packaging is a close fitting molded plastic box and the substances are not incompatible with the plastic.

### STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- 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 storing and handling recommendations.

### SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X

X

+

X

X

+

X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA mg/m <sup>3</sup>	Notes
US - Oregon Permissible Exposure Limits (Z-3)	doxepin hydrochloride (Inert or Nuisance Dust: Total dust)	10	(d)
US OSHA Permissible Exposure Levels (PELs) - Table Z3	doxepin hydrochloride (Inert or Nuisance Dust: (d) Respirable fraction)	5	

US OSHA Permissible Exposure Levels (PELs) - Table Z3	doxepin hydrochloride (Inert or Nuisance Dust: (d) Total dust)	15	
US - Hawaii Air Contaminant Limits	doxepin hydrochloride (Particulates not other wise regulated - Total dust)	10	
US - Hawaii Air Contaminant Limits	doxepin hydrochloride (Particulates not other wise regulated - Respirable fraction)	5	
US - Oregon Permissible Exposure Limits (Z-3)	doxepin hydrochloride (Inert or Nuisance Dust: Respirable fraction)	5	(d)
US ACGIH Threshold Limit Values (TLV)	doxepin hydrochloride (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)	10	See Appendix B current TLV/BEI Book
US - California Permissible Exposure Limits for Chemical Contaminants	doxepin hydrochloride (Particulates not otherwise regulated Respirable fraction)	5	(n)
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	doxepin hydrochloride (Particulates not otherwise regulated Respirable fraction)	5	
US - Michigan Exposure Limits for Air Contaminants	doxepin hydrochloride (Particulates not otherwise regulated, Respirable dust)	5	
Canada - Prince Edward Island Occupational Exposure Limits	doxepin hydrochloride (Particles (Insoluble or Poorly Soluble) [NOS] Inhalable particles)	10	See Appendix B current TLV/BEI Book
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	doxepin hydrochloride (Particulates not otherwise regulated (PNOR)(f)-Respirable fraction)	5	

ENDOELTABLE

## MATERIAL DATA

### DOXEPIN HYDROCHLORIDE:

■ It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

## PERSONAL PROTECTION



Consult your EHS staff for recommendations

### EYE

■ 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 lens 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].

### HANDS/FEET

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

- 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).

- 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) 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) is recommended.
- Contaminated gloves should be replaced.

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.

- Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers.
- Head covering.

### OTHER

- 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.

### RESPIRATOR

- 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 . 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.

### RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
	-	Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

\* - Negative pressure demand \*\* - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

### ENGINEERING CONTROLS

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

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

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

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved.

Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. 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, vapors, 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 (released at low velocity into zone of active generation) 0.5-1 m/s (100-200 f/min.)

direct spray, 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.)

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 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 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.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	315.8
Melting Range (°F)	365- 375.8	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	Not available
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available	Vapour Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available	Specific Gravity (water=1)	Not available
Lower Explosive Limit (%)	Not available	Relative Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not Applicable

### APPEARANCE

White crystalline powder with slight amine (fishy) odour; mixes with water (1:1.5), alcohol (1:1), chloroform (1:2).

## Section 10 - CHEMICAL STABILITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerization will not occur.

### STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

For incompatible materials - refer to Section 7 - Handling and Storage.

## Section 11 - TOXICOLOGICAL INFORMATION

DOXEPIN HYDROCHLORIDE

### TOXICITY AND IRRITATION

DOXEPIN HYDROCHLORIDE:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY	IRRITATION
Oral (human) LDLo: 90 mg/kg	Nil Reported
Oral (rat) LD50: 147 mg/kg	
Intraperitoneal (rat) LD50: 84 mg/kg	
Subcutaneous (rat) LD50: 155 mg/kg	



Intravenous (rat) LD50: 13 mg/kg

Oral (mouse) LD50: 180 mg/kg

Subcutaneous (mouse) LD50: 160 mg/kg

Intravenous (mouse) LD50: 15 mg/kg

Intravenous (dog) LD50: >27 mg/kg

Mydriasis, tinnitus, altered sleep time, somnolence, hallucinations, convulsions, ataxia, muscle contraction, coma, change in heart rate, lowered blood pressure, cyanosis, nausea and vomiting, haemorrhage, foetotoxicity, foetolethality, specific developmental abnormalities (musculoskeletal system), effects on newborn recorded.

## Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

DOXEPIN HYDROCHLORIDE:

- DO NOT discharge into sewer or waterways.

### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
doxepin hydrochloride	HIGH		LOW	LOW

## Section 13 - DISPOSAL CONSIDERATIONS

### Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

! 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. 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 equipment to enter drains. Collect all wash water for treatment before disposal.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licensed land-fill 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 - TRANSPORTATION INFORMATION

DOT:

Symbols: None Hazard class or Division: 6.1

Identification Numbers: UN3249 PG: III

Label Codes: 6.1 Special provisions: T1, TP33

Packaging: Exceptions: 153 Packaging: Non- bulk: 213

Packaging: Exceptions: 153 Quantity limitations: 5 kg

Passenger aircraft/rail:

Quantity Limitations: Cargo 5 kg Vessel stowage: Location: C aircraft only:

Vessel stowage: Other: 40

Hazardous materials descriptions and proper shipping names:

Medicine, solid, toxic, n.o.s.

### Air Transport IATA:

ICAO/IATA Class: 6.1 ICAO/IATA Subrisk: None

UN/ID Number: 3249 Packing Group: III

Special provisions: A3

Cargo Only

Packing Instructions: 615 Maximum Qty/Pack: 5 kg

Passenger and Cargo Passenger and Cargo

Packing Instructions: 613 Maximum Qty/Pack: 5 kg

Passenger and Cargo Limited Quantity Passenger and Cargo Limited Quantity

Packing Instructions: Y613 Maximum Qty/Pack: 5 kg

Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(CONTAINS DOXEPIN HYDROCHLORIDE)

**Maritime Transport IMDG:**

IMDG Class: 6.1 IMDG Subrisk: None

UN Number: 3249 Packing Group: III

EMS Number: F-A , S-A Special provisions: 221 223

Limited Quantities: 5 kg

Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(contains doxepin hydrochloride)

## Section 15 - REGULATORY INFORMATION



### REGULATIONS

**doxepin hydrochloride (CAS: 1229-29-4) is found on the following regulatory lists;**

"Canada Domestic Substances List (DSL)"

## Section 16 - OTHER INFORMATION

### LIMITED EVIDENCE

■ Inhalation and/or skin contact may produce health damage\*.

\* (limited evidence).

### ND

Substance CAS Suggested codes doxepin hydrochloride 1229- 29- 4

*Reasonable care has been taken in the preparation of this information, but the author makes no warranty of merchantability or any other warranty, expressed or implied, with respect to this information. The author makes no representations and assumes no liability for any direct, incidental or consequential damages resulting from its use. For additional technical information please call our toxicology department on +800 CHEMCALL.*

■ Classification of the mixture 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.

A list of reference resources used to assist the committee may be found at:

[www.chemwatch.net/references](http://www.chemwatch.net/references).

■ The (M)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.

*This document is copyright. Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.*

Issue Date: Sep-23-2008

Print Date:Oct-5-2010