Independents Own Mectec Plus (Ivermectin Plus Clorsulon) Broad-Spectrum Antiparasitic Injection for Cattle

Australian Independents Rural Retailers Pty Ltd

Chemwatch Hazard Alert Code: **3**

Chemwatch: **5585-87**
Version No: **2.1**
Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: **09/02/2023**
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SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Independents Own Mectec Plus (Ivermectin Plus Clorsulon) Broad-Spectrum Antiparasitic Injection for Cattle
Chemical Name	Not Applicable
Synonyms	Not Available
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	For the treatment and control of ivermectin and clorsulon sensitive strains of internal and external parasites of cattle, including adult liver flukes.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**Australian Independents Rural Retailers Pty Ltd**
Address	74-76 Drummond Road Shepparton VIC 3630 Australia
Telephone	03 5820 8400
Fax	Not Available
Website	www.independentsown.com.au
Email	Not Available

Emergency telephone number

Association / Organisation	**Australian Independents Rural Retailers Pty Ltd**
Emergency telephone numbers	03 5820 8400 (Mon-Fri 9-5pm)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

COMBUSTIBLE LIQUID, regulated for storage purposes only

Poisons Schedule	S5
Classification [1]	Flammable Liquids Category 4, Acute Toxicity (Oral) Category 4, Serious Eye Damage/Eye Irritation Category 2B, Carcinogenicity Category 2, Reproductive Toxicity Category 1B, Reproductive Toxicity Effects on or via Lactation, Hazardous to the Aquatic Environment Acute Hazard Category 3
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*

Label elements

Hazard pictogram(s)	
Signal word	**Danger**

Hazard statement(s)

H227	Combustible liquid.
H302	Harmful if swallowed.
H320	Causes eye irritation.
H351	Suspected of causing cancer.
H360D	May damage the unborn child.
H362	May cause harm to breast-fed children.
H402	Harmful to aquatic life.

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Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P210	Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking.
P260	Do not breathe mist/vapours/spray.
P263	Avoid contact during pregnancy and while nursing.
P280	Wear protective gloves and protective clothing.
P270	Do not eat, drink or smoke when using this product.
P264	Wash all exposed external body areas thoroughly after handling.
P273	Avoid release to the environment.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P370+P378	In case of fire: Use water spray/fog to extinguish.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P337+P313	If eye irritation persists: Get medical advice/attention.
P301+P312	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
P330	Rinse mouth.

Precautionary statement(s) Storage

P403	Store in a well-ventilated place.
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.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
60200-06-8	10-30	clorsulon
70288-86-7	1-10	ivermectin
Not Available	balance	Ingredients determined not to be hazardous
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU 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 or hair contact occurs: ▸ Flush skin and hair with running water (and soap if available). ▸ Seek medical attention in event of irritation.
Inhalation	▸ If fumes, aerosols or combustion products are inhaled remove from contaminated area. ▸ Other measures are usually unnecessary.
Ingestion	▸ **IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.** ▸ For advice, contact a Poisons Information Centre or a doctor. ▸ Urgent hospital treatment is likely to be needed. ▸ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. ▸ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. ▸ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. **Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:** ▸ **INDUCE** vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. **NOTE:** Wear a protective glove when inducing vomiting by mechanical means.

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Indication of any immediate medical attention and special treatment needed

In cases of recent sulfonamide overdose the stomach should be emptied by aspiration and lavage. If kidney function is adequate, a saline purgative, such as sodium sulfate, 30 g in 250 ml water, may be given to promote peristalsis and elimination of sulfonamide in the urine may be assisted by giving alkalies, such as sodium bicarbonate and increasing fluid intake. Severe crystalluria may require ureteric catheterisation and irrigation with warm 2.5% sodium bicarbonate solution. Treatment should be continued until it can be assumed that the sulfonamide has been eliminated. The majority of sulfonamides are metabolised to acetylated derivatives which retain the toxicity of the parent compound and thus may indicate more active removal when adverse effects are very severe. Active measures may include forced diuresis, peritoneal dialysis and charcoal haemoperfusion.

[*Martindale: The Extra Pharmacopoeia, 28th Ed.*]
Toxicity following accidental ingestion of ivermectin can be minimised by inducing vomiting within one half-hour of exposure. Since ivermectin is believed to bind to glutamate-gated chloride ion channels, it is probably wise to avoid drugs that also interact with other ligand-gated chloride channels including those that enhance GABA activity in patients with potentially toxic ivermectin exposure. [Mercke, Sharpe and Dohme]

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

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

Advice for firefighters

Fire Fighting	▸ Alert Fire Brigade 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 water delivered as a fine spray to control fire and cool adjacent area. ▸ Avoid spraying water onto liquid pools. ▸ **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.
Fire/Explosion Hazard	▸ Combustible. ▸ Slight fire hazard when exposed to heat or flame. ▸ Heating may cause expansion or decomposition leading to violent rupture of containers. ▸ On combustion, may emit toxic fumes of carbon monoxide (CO). ▸ May emit acrid smoke. ▸ Mists containing combustible materials may be explosive. Combustion products include: carbon dioxide (CO_2) nitrogen oxides (NOx) sulfur oxides (SOx) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
HAZCHEM	Not Applicable

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	▸ Remove all ignition sources. ▸ 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	Moderate hazard. ▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves. ▸ Prevent, by any means available, spillage from entering drains or water course. ▸ No smoking, naked lights or ignition sources. ▸ Increase ventilation. ▸ Stop leak if safe to do so. ▸ Contain spill with sand, earth or vermiculite. ▸ Collect recoverable product into labelled containers for recycling. ▸ Absorb remaining product with sand, earth or vermiculite. ▸ Collect solid residues and seal in labelled drums for disposal. ▸ Wash area and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe 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. ‣ Avoid smoking, naked lights or ignition sources. ‣ 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. ‣ 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.
Other information	‣ Store in original containers. ‣ Keep containers securely sealed. ‣ No smoking, naked lights or ignition sources. ‣ 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	‣ Glass container is suitable for laboratory quantities ‣ Metal can or drum ‣ Packaging as recommended by manufacturer. ‣ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	‣ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
Independents Own Mectec Plus (Ivermectin Plus Clorsulon) Broad-Spectrum Antiparasitic Injection for Cattle	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
clorsulon	Not Available	Not Available
ivermectin	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
clorsulon	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m³)
ivermectin	E	≤ 0.01 mg/m³
Notes:	*Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.*	

MATERIAL DATA

Exposure controls

Appropriate engineering controls	Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation. HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours. Barrier protection or laminar flow cabinets should be considered for laboratory scale handling. A fume hood or vented balance enclosure is recommended for weighing/ transferring quantities exceeding 500 mg. When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology. Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies. Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required. Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved.

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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, vapours, 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.
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.
The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of:
10; high efficiency particulate (HEPA) filters or cartridges
10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.
25-50; a full face-piece negative pressure respirator with HEPA filters
50-100; tight-fitting, full face-piece HEPA PAPR
100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

Personal protection

Eye and face protection

When handling very small quantities of the material eye protection may not be required.
For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:
- Chemical goggles.
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. 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], [AS/NZS 1336 or national equivalent]

Skin protection

See Hand protection below

Hands/feet protection

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.
· 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.

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	· 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. ▸ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference. ▸ Double gloving should be considered. ▸ PVC gloves. ▸ Change gloves frequently and when contaminated, punctured or torn. ▸ Wash hands immediately after removing gloves. ▸ Protective shoe covers. [AS/NZS 2210] ▸ Head covering.
Body protection	See Other protection below
Other protection	▸ For quantities up to 500 grams a laboratory coat may be suitable. ▸ For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs. ▸ For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers. ▸ For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection. ▸ Eye wash unit. ▸ Ensure there is ready access to an emergency shower. ▸ For Emergencies: Vinyl suit

Respiratory protection

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

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	A-AUS / Class1	-
up to 50	1000	-	A-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	A-2
up to 100	10000	-	A-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand
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	Colourless to yellow liquid with no odour; mixes with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.09-1.21 @25C
Odour	No Odour	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Available
pH (as supplied)	Not Available	**Decomposition temperature (°C)**	Not Available
Melting point / freezing point (°C)	Not Applicable	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	185	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	81	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Combustible.	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Available	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Available	**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

SECTION 10 Stability and reactivity

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Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. The maximum attainable concentration of 5.11 mg/l ivermectin produced transient irritation of mucous membranes in rats but no deaths or other signs of toxicity after one hour exposure. An acute inhalation study showed a low order of toxicity in animals but this was attributed to the larger particle size of the sample used in the study.
Ingestion	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.
Skin Contact	Skin contact is not thought to produce harmful health effects (as classified under EC Directives using animal models). Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Tests with monkeys show that less than 1% of dermally applied ivermectin was absorbed into the bloodstream through the skin. Ivermectin does not cause allergic skin reactions 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.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in developmental toxicity, generally on the basis of: - clear results in appropriate animal studies where effects have been observed in the absence of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not secondary non-specific consequences of the other toxic effects. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects. Repeated ingestion of sulfonamides used for therapeutic purposes has caused nausea, vomiting, abdominal pain, diarrhoea, anorexia, stomatitis, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver injury with jaundice and hypoprothrombinemia, and pancreatitis. Hepatitis has been reported and may be fatal. Renal effects are often prominent and may include crystalluria, haematuria, proteinuria, pain and frequent urination, necrosis of the tubules, nephritic syndrome, and toxic necrosis with oliguria or anuria with azotemia. Neurologic effects include headache, drowsiness, insomnia, vertigo, tinnitus, hearing loss, mental depression, hallucinations, ataxia, muscular paralysis, peripheral neuropathy, transient lesions of the posterior spinal column, transverse myelitis, convulsions and unconsciousness. Haematological effects include eosinophilia, thrombocytopenia, leukopenia, neutropenia, agranulocytosis, pancytopenia, megoblastic anaemia, Heinz body anaemia and aplastic anaemia; petechiae and purpura may result. Acute haemolytic anaemia may also result (possibly as a result of hypersensitivity reactions) with people of African descent apparently more susceptible than Europeans - glucose-6-phosphate deficiency also appears to be a factor. Methaemoglobinaemia, sulfhaemoglobinaemia and cyanosis may also occur. Ocular effects may include acute transient myopia, keratitis and conjunctivitis with inflammation and chemosis accompanied by swelling of the lids and in more severe cases, photophobia. Cross-sensitivity amongst the sulfonamides is common and allergic reaction may occur following systemic use or topical application. Sensitisation may produce generalised skin eruptions, urticaria and pruritus. Stevens-Johnson syndrome; a severe form of erythema multiforme associated with wide-spread lesions of the skin, mucous membranes and which may be fatal in about 25% of cases, has occurred in patients treated with sulfonamides. This syndrome may produce conjunctival and corneal scarring, serum sickness, periorbital oedema, angioedema, arthritis, arthralgia, allergic myocarditis, decreased pulmonary function and eosinophilic pneumonia. Other effects of long-term therapy include fever, chills, alopecia, vasculitis, lupus erythematosus, oligospermia, infertility, hypothyroidism and on occasion, goiter and diuresis. More severe responses to treatment include irreversible neuromuscular and central nervous system changes and fibrosing alveolitis. During sulfonamide treatment, direct exposure to sunlight should be avoided as photosensitisation dermatitis may develop. This form of phototoxic dermatitis may be contrasted to photoallergic dermatitis produced by specific sensitising agents through immunological intervention. Phototoxic reactions have been described following contact, ingestion or injection of causal agents. The chemical may reach the skin by the circulatory system following ingestion or following parenteral administration. The actual skin changes vary with the agent and circumstances of the exposure. Swelling and redness (erythema) frequently occur, and blistering may also result; increased skin temperature and pruritus may follow. This is analagous to irritant contact dermatitis and occurs immediately following contact. Hyperpigmentation may also follow the reaction. Photodermatitis of this type requires activation of a chemical substance on the skin surface by UV radiation (290 to 490 nm wavelength) for its clinical expression. In all cases, inflammation develops on the body surfaces normally exposed to sunlight (dorsal hands, arms, neck, face), provided that the responsible photosensitiser also contacts the anatomic areas. Covered skin, the eyelids, submental chin and upper ears covered by hair, are characteristically spared. Phototoxic reactions, analogous to irritant contact dermatitis, are typically accompanied by immediate burning, stinging or "smarting" of the skin shortly following sun exposure, and clinical inflammation appears more like an acute sunburn than an eczematous dermatitis. Photoallergic dermatitis may result from contact with the

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material; this is characterised by an increased reactivity of the skin to ultra- violet (UV) and/or visible radiation produced by a chemical agent on an immunological basis and occurs after a latent period of days or months. This type of response can be elicited only in individuals who have been previously allergically sensitised to the chemical agent and appropriate radiation.

Photoallergic dermatitis is relatively rare (certainly more so than phototoxic dermatitis produced by non-immunological principals) and presents, clinically, as an eczematous dermatitis in sun-exposed areas (distinguishing it from phototoxic dermatitis which is analogous to contact irritant dermatitis and produces swelling, redness and even blistering); photoallergic dermatitis may eventually spread to areas covered by clothes. Lichenification (thickening with increased skin markings) and chronic pigmentary changes may also develop. Photoallergic reactions may sometimes be followed by a persistent state of light reactivity (persistent light reactor) where clinical dermatitis recurs following exposure to sunlight alone, in the absence of the original initiating chemical. Studies in rats have shown that long-term administration of sulfonamides may produce thyroid malignancies; rats, however, appear to be more susceptible to the goiterogenic effects of sulfonamides than do other animal species. Sulfonamides may cause kernicterus in the neonate and their use is not recommended during pregnancy. Studies in rats and mice given high oral doses have shown that certain sulfonamides cause a significant incidence of cleft palate and other bony abnormalities in the foetus.
In dogs treated with ivermectin for 3 months or in monkeys treated for 2-weeks, there were no gross or histological changes. In rats treated for 3 months, there were changes in spleen, bone marrow and kidneys. Signs of toxicity reported in these repeat-dose studies were similar to those following acute over-exposure. The lowest no-effect-level reported was 0.4 mg/kg/day.
In animal studies ivermectin was found to be neither teratogenic or foetotoxic in rats and rabbits, but produced cleft palate in the foetuses of mice and occasional unexplained maternal deaths. Suckling neonatal rats exhibited enhanced sensitivity to the toxic effects of ivermectin due to exposure via maternal milk, after birth, when the blood-brain barrier is incomplete. Ivermectin produced developmental toxicity in animals only at or near dose levels that were maternally toxic. No evidence of genotoxicity was found in a battery of assays.

Independents Own Mectec Plus (Ivermectin Plus Clorsulon) Broad-Spectrum Antiparasitic Injection for Cattle

TOXICITY	IRRITATION
Not Available	Not Available

clorsulon

TOXICITY	IRRITATION
Oral (Mouse) LD50; >10000 mg/kg[2]	Not Available

ivermectin

TOXICITY	IRRITATION
Dermal (rabbit) LD50: 406 mg/kg[2]	Eye (rabbit): slight **
Oral (Monkey) LD50; >24 mg/kg[2]	Skin (rabbit): non-irritating **

Legend: *1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances*

IVERMECTIN

Oral (Rat) LD50: 2-3 mg/kg ** ADI: 0.8 mg/day ** * [Mercke] ** [Mercke, Sharpe and Dohme] No significant acute toxicological data identified in literature search.
Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
The material may produce respiratory tract irritation. Symptoms of pulmonary irritation may include coughing, wheezing, laryngitis, shortness of breath, headache, nausea, and a burning sensation.
Unlike most organs, the lung can respond to a chemical insult or a chemical agent, by first removing or neutralising the irritant and then repairing the damage (inflammation of the lungs may be a consequence).

The repair process (which initially developed to protect mammalian lungs from foreign matter and antigens) may, however, cause further damage to the lungs (fibrosis for example) when activated by hazardous chemicals. Often, this results in an impairment of gas exchange, the primary function of the lungs. Therefore prolonged exposure to respiratory irritants may cause sustained breathing difficulties.

For ivermectin:
Therapeutic doses of 0.2 mg/kg do not produce signs of toxicity in a variety of species including humans.
There were no gross or histological changes seen in dogs treated with ivermectin for 3 months (no-observed-adverse-effect-level (NOAEL) =0.5 mg/kg/day) or in monkeys treated for 2 weeks (NOAEL = 1.2 mg/kg/day).
Changes in the spleen, bone marrow and kidneys were reported in rats treated for 3 months (NOAEL = 0.4 mg/kg/day). Ivermectin produced developmental toxicity in mice, rats and rabbits at or near dosage levels that were maternally toxic (NOAEL = 0.1 mg/kg/day in mice, the most sensitive species). Neonatal rats are about 20 times more susceptible to
ivermectin than adult rats because the blood brain barrier is not fully developed until after birth. There has been no evidence of teratogenicity in controlled studies in pregnant cattle, swine and dogs at up to three times the clinical dose nor has breeding performance been affected in various species.
Reproductive effects: Rats given 0.40 mg/kg/day of ivermectin had increased stillbirths, decreased pup viability, decreased lactation, and decreased pup weights. These data suggest that ivermectin may have the potential to cause reproductive effects at high enough doses.
Teratogenic effects: Ivermectin produced cleft palate in the offspring of treated mice and rabbits, but only at doses that were also toxic to the mothers. There were no birth defects in the offspring of rats given up to 1 mg/kg/day. Ivermectin is unlikely to cause teratogenic effects except at doses toxic to the mother.
The targeted clinical dosage of 0.15-0.2 mg/kg and doses in the range of 3 to 12 mg are given according to body weight. Higher dosages (0.4 mg/kg) have been given to patients with lymphatic filariasis. For treatment of onchocerciasis caused by Onchcerca volvulus, a leading cause of river blindness in tropical areas), the drug is given only once every six or
twelve months. Ivermectin is metabolised in the liver and excreted almost exclusively in the faeces over a period of twelve days. The plasma half-life in man is about 10-12 hours for ivermectin and 3 days for its metabolites. Side-effects are not considered to be due to the toxicity of ivermectin as such, but are attributed to hypersensitivity reactions resulting from the death of the microfilariae. In cases of accidental overdose with ivermectin, there have been no fatalities reported; however symptoms resemble those in animal studies.
Mutagenic effects: Ivermectin does not appear to be mutagenic. Mutagenicity tests in live rats and mice were negative. Ivermectin was shown to be nonmutagenic in the Ames test.
Carcinogenic effects: Ivermectin is not carcinogenic in rats or mice. The rats were fed dietary doses of up to 2 mg/kg/day for 24 months, and the mice were up to 8 mg/kg/day for 22 months. These represent the maximum tolerated doses

Continued...

Acute Toxicity	✔	**Carcinogenicity**	✔
Skin Irritation/Corrosion	✘	**Reproductivity**	✔
Serious Eye Damage/Irritation	✔	**STOT - Single Exposure**	✘
Respiratory or Skin sensitisation	✘	**STOT - Repeated Exposure**	✘
Mutagenicity	✘	**Aspiration Hazard**	✘

Legend: ✘ *– Data either not available or does not fill the criteria for classification*
✔ *– Data available to make classification*

SECTION 12 Ecological information

Toxicity

Independents Own Mectec Plus (Ivermectin Plus Clorsulon) Broad-Spectrum Antiparasitic Injection for Cattle

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

clorsulon

Endpoint	Test Duration (hr)	Species	Value	Source
Not Available	Not Available	Not Available	Not Available	Not Available

ivermectin

Endpoint	Test Duration (hr)	Species	Value	Source
NOEC(ECx)	504h	Fish	<0.00025mg/l	4
EC50	72h	Algae or other aquatic plants	>4mg/l	4
LC50	96h	Fish	0.003-0.004mg/L	4
EC50	48h	Crustacea	0.00049-0.00072mg/l	4

Legend: *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data*

Harmful to aquatic organisms.
DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
clorsulon	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
clorsulon	LOW (LogKOW = 0.0747)

Mobility in soil

Ingredient	Mobility
clorsulon	LOW (KOC = 567.3)

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.
- **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.

SECTION 14 Transport information

Labels Required

COMBUSTIBLE LIQUID	COMBUSTIBLE LIQUID, regulated for storage purposes only
Marine Pollutant	NO

Continued...

HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

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

Product name	Group
clorsulon	Not Available
ivermectin	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
clorsulon	Not Available
ivermectin	Not Available

SECTION 15 Regulatory information

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

clorsulon is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5

ivermectin is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 5
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 7

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (clorsulon; ivermectin)
Canada - DSL	No (clorsulon)
Canada - NDSL	No (clorsulon; ivermectin)
China - IECSC	No (clorsulon; ivermectin)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (clorsulon; ivermectin)
Korea - KECI	No (clorsulon; ivermectin)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (clorsulon; ivermectin)
USA - TSCA	No (clorsulon; ivermectin)
Taiwan - TCSI	Yes
Mexico - INSQ	No (clorsulon; ivermectin)
Vietnam - NCI	No (ivermectin)
Russia - FBEPH	No (clorsulon; ivermectin)
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	09/02/2023
Initial Date	09/02/2023

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	09/02/2023	Appearance, Ingredients, Supplier Information

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using 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.

Continued...

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
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