



## Material Safety Data Sheet

### TRIMETHYLOLPROPANE PHOSPHITE (A-13)

Date Prepared: 3/27/07

Supersedes Date: 12/09/05

#### 1. PRODUCT AND COMPANY DESCRIPTION

RHODIA INC.  
RHODIA NOVECARE  
CN7500  
8 Cedar Brook Drive  
Cranbury NJ 08512-7500

**Emergency Phone Numbers:**

FOR EMERGENCIES INVOLVING A SPILL, LEAK, FIRE, EXPOSURE OR ACCIDENT CONTACT: CHEMTREC (800-424-9300 within the United States or 703-527-3887 for international collect calls) or Rhodia CAERS (Communication and Emergency Response System) at 800-916-3232.

**For Product Information:**

(888) 776-7337

**Molecular Formula:**

$C_6H_{11}O_3P$

#### 2. COMPOSITION/INFORMATION ON INGREDIENTS

Component	CAS Reg Number	OSHA Hazard	Percentage
TRIMETHYLOLPROPANE PHOSPHITE	824-11-3	Y	> 95.0

#### 3. HAZARDS IDENTIFICATION

**A. EMERGENCY OVERVIEW:**

**Physical Appearance and Odor:**

white powder or granular solid, pungent odor.

**Warning Statements:**

DANGER! MAY BE FATAL IF INHALED OR SWALLOWED. HARMFUL IF ABSORBED THROUGH SKIN. MAY CAUSE SKIN IRRITATION. May cause nervous system effects based on animal data. May cause respiratory tract and gastrointestinal tract effects based on animal data.

**B. POTENTIAL HEALTH EFFECTS:**

**Acute Eye:**

Not expected to cause significant irritation to the eyes.

**Acute Skin:**

May be harmful if absorbed through the skin. May cause dizziness, nausea, May cause irritation upon prolonged contact. May cause redness.

**Acute Inhalation:**

Extremely toxic if inhaled. May cause respiratory tract irritation, coughing, shortness of breath, chest pain, convulsions, death.

**Acute Ingestion:**

May be fatal if swallowed. May cause nausea, vomiting, convulsions.

**Chronic Effects:**

This product does not contain any ingredient designated by IARC, NTP, ACGIH or OSHA as probable or suspected human carcinogens.

## 4. FIRST AID MEASURES

**FIRST AID MEASURES FOR ACCIDENTAL:****Eye Exposure:**

Hold eyelids open and flush with a steady, gentle stream of water for at least 15 minutes. Seek immediate medical attention.

**Skin Exposure:**

In case of contact, immediately wash with plenty of soap and water for at least 15 minutes. Seek medical attention. Remove contaminated clothing and shoes while washing. Clean contaminated clothing and shoes before re-use or discard if they cannot be thoroughly cleaned.

**Inhalation:**

Remove victim from immediate source of exposure and assure that the victim is breathing. If breathing is difficult, administer oxygen, if available. If victim is not breathing, administer CPR (cardio-pulmonary resuscitation). Seek immediate medical attention.

**Ingestion:**

Wash out mouth with water and keep at rest. Seek immediate medical attention. Do not induce vomiting unless instructed to do so by a physician.

**MEDICAL CONDITIONS POSSIBLY AGGRAVATED BY EXPOSURE:**

Inhalation of product may aggravate existing chronic respiratory problems such as asthma, emphysema or bronchitis.

**NOTES TO PHYSICIAN:**

All treatments should be based on observed signs and symptoms of distress in the patient. Consideration should be given to the possibility that overexposure to materials other than this product may have occurred.

TMPP is a highly toxic bicyclic phosphite intermediate chemical which may cause convulsions and death. Tests on rats and monkeys have shown that TMPP convulsions can be effectively prevented or treated with barbiturates. In animals given lethal doses of TMPP, convulsions occurred 13-52 minutes after dosing and deaths occurred after periods of 74-233 minutes. These animals received no treatment. The choice of a barbiturate should be based on the speed of onset and duration needed. Sodium methohexital or sodium pentobarbital can be initially given intravenously to gain quick control. Sodium phenobarbital has proven the best barbiturate in terms of ultimate survival in animals tested. These tests were conducted in the 1970s and no tests have been

performed on newer anti-convulsants. Barbiturates should be administered at the first signs of twitching or if others similarly exposed have had a seizure. Phenobarbital can be given intravenously or intramuscularly to maintain effect. Doses must be adjusted to control convulsions if there has been a significant over-exposure. The possibility of barbiturate overdose and respiratory depression is unlikely when the drug is injected slowly in fractional doses to allow time for the drug to penetrate the blood-brain barrier. It is recommended in convulsive states that the dose be kept to the minimum needed to control convulsions to avoid compounding the respiratory depression which may follow convulsions. One should be prepared to maintain and assist respiration as indicated. Circulatory support with vassopressors and intravenous fluids may be required. The risk of pulmonary aspiration should be minimized by keeping the patient on his/her side and aspirating stomach contents if indicated. Since phenobarbital has a long half life, it may be necessary to maintain respirations long after the risk of convulsions has past. Phenobarbital levels should be monitored to determine when therapeutic levels have been reached (20-40 micrograms/mg of serum).

## **5. FIRE FIGHTING MEASURES**