



# HAZARDOUS SUBSTANCE FACT SHEET

Common Name: **DIMETHYL PHOSPHORO-  
CHLORIDOTHIOATE**

CAS Number: 2524-03-0  
DOT Number: UN 2267  
DOT Hazard Class: 6.1 (Poison)

RTK Substance number: 0770  
Date: March 2001 Revision: April 2007

## HAZARD SUMMARY

- \* **Dimethyl Phosphorochloridothioate** can affect you when breathed in and quickly enters the body by passing through the skin.
- \* **Dimethyl Phosphorochloridothioate** is a CORROSIVE CHEMICAL and contact can severely irritate and burn the skin and eyes with possible eye damage.
- \* Breathing **Dimethyl Phosphorochloridothioate** can irritate the nose, throat and lungs causing coughing, wheezing and/or shortness of breath.
- \* Exposure to **Dimethyl Phosphorochloridothioate** can cause rapid, severe *Organophosphate poisoning* with headache, sweating, nausea and vomiting, diarrhea, loss of coordination, and death.
- \* **Dimethyl Phosphorochloridothioate** may cause a skin allergy. If allergy develops, very low future exposure can cause itching and a skin rash.
- \* High exposure may affect the nervous system.

## IDENTIFICATION

**Dimethyl Phosphorochloridothioate** is a colorless to light amber-colored liquid. It is used as an intermediate in the production of insecticides and pesticides, as an oil and gasoline additive, and a corrosion inhibitor.

## REASON FOR CITATION

- \* **Dimethyl Phosphorochloridothioate** is on the Hazardous Substance List because it is cited by DOT, DEP and EPA.
- \* This chemical is on the Special Health Hazard Substance List because it is **CORROSIVE**.
- \* Definitions are provided on page 5.

## HOW TO DETERMINE IF YOU ARE BEING EXPOSED

The New Jersey Right to Know Act requires most employers to label chemicals in the workplace and requires public employers to provide their employees with information and training concerning chemical hazards and controls. The federal OSHA Hazard Communication Standard (29 CFR 1910.1200) requires private employers to provide similar training and information to their employees.

- \* Exposure to hazardous substances should be routinely evaluated. This may include collecting personal and area air samples. You can obtain copies of sampling results from your employer. You have a legal right to this information under the OSHA Access to Employee Exposure and Medical Records Standard (29 CFR 1910.1020).
- \* If you think you are experiencing any work-related health problems, see a doctor trained to recognize occupational diseases. Take this Fact Sheet with you.

## WORKPLACE EXPOSURE LIMITS

No occupational exposure limits have been established for **Dimethyl Phosphorochloridothioate**. This does not mean that this substance is not harmful. Safe work practices should always be followed.

- \* It should be recognized that **Dimethyl Phosphorochloridothioate** can be absorbed through your skin, thereby increasing your exposure.

## WAYS OF REDUCING EXPOSURE

- \* Where possible, enclose operations and use local exhaust ventilation at the site of chemical release. If local exhaust ventilation or enclosure is not used, respirators should be worn.
- \* Wear protective work clothing.
- \* Wash thoroughly immediately after exposure to **Dimethyl Phosphorochloridothioate** and at the end of the workshift.
- \* Post hazard and warning information in the work area. In addition, as part of an ongoing education and training effort, communicate all information on the health and safety hazards of **Dimethyl Phosphorochloridothioate** to potentially exposed workers.

This Fact Sheet is a summary source of information of all potential and most severe health hazards that may result from exposure. Duration of exposure, concentration of the substance and other factors will affect your susceptibility to any of the potential effects described below.

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## HEALTH HAZARD INFORMATION

### Acute Health Effects

The following acute (short-term) health effects may occur immediately or shortly after exposure to **Dimethyl Phosphorochloridothioate**:

- \* Contact can severely irritate and burn the skin and eyes with possible eye damage.
- \* Breathing **Dimethyl Phosphorochloridothioate** can irritate the nose, throat and lungs causing coughing, wheezing and/or shortness of breath.
- \* Exposure to **Dimethyl Phosphorochloridothioate** can cause rapid, severe *Organophosphate poisoning* with headache, dizziness, blurred vision, tightness in the chest, sweating, nausea and vomiting, diarrhea, muscle twitching, loss of coordination, convulsions, coma and death.

### Chronic Health Effects

The following chronic (long-term) health effects can occur at some time after exposure to **Dimethyl Phosphorochloridothioate** and can last for months or years:

### Cancer Hazard

- \* According to the information presently available to the New Jersey Department of Health and Senior Services, **Dimethyl Phosphorochloridothioate** has not been tested for its ability to cause cancer in animals.

### Reproductive Hazard

- \* According to the information presently available to the New Jersey Department of Health and Senior Services, **Dimethyl Phosphorochloridothioate** has not been tested for its ability to affect reproduction.

### Other Long-Term Effects

- \* **Dimethyl Phosphorochloridothioate** may cause a skin allergy. If allergy develops, very low future exposure can cause itching and a skin rash.
- \* High exposure may affect the nervous system.

## MEDICAL

### Medical Testing

Before employment and at regular times after that, the following are recommended:

- \* Plasma and red blood cell cholinesterase levels (tests for the enzyme poisoned by this chemical). If exposure stops, plasma levels return to normal in 1-2 weeks while red blood cell levels may be reduced for 1-3 months.

- \* When cholinesterase enzyme levels are reduced by 25% or more below pre-employment levels, risk of poisoning is increased, even if results are in lower ranges of "normal." Reassignment to work not involving *Organophosphate* or *Carbamate* pesticides is recommended until enzyme levels recover.

If symptoms develop or overexposure occurs, repeat the preceding tests as soon as possible. Also consider:

- \* Evaluation by a qualified allergist, including careful exposure history and special testing, may help diagnose skin allergy.
- \* Exam of the nervous system

Any evaluation should include a careful history of past and present symptoms with an exam. Medical tests that look for damage already done are not a substitute for controlling exposure.

Request copies of your medical testing. You have a legal right to this information under the OSHA Access to Employee Exposure and Medical Records Standard (29 CFR 1910.1020).

### Mixed Exposures

- \* Persons exposed to other chemicals which affect body cholinesterase (*Carbamates*) may be at increased risk.

## WORKPLACE CONTROLS AND PRACTICES

Unless a less toxic chemical can be substituted for a hazardous substance, **ENGINEERING CONTROLS** are the most effective way of reducing exposure. The best protection is to enclose operations and/or provide local exhaust ventilation at the site of chemical release. Isolating operations can also reduce exposure. Using respirators or protective equipment is less effective than the controls mentioned above, but is sometimes necessary.

In evaluating the controls present in your workplace, consider: (1) how hazardous the substance is, (2) how much of the substance is released into the workplace and (3) whether harmful skin or eye contact could occur. Special controls should be in place for highly toxic chemicals or when significant skin, eye, or breathing exposures are possible.

In addition, the following control is recommended:

- \* Where possible, automatically pump liquid **Dimethyl Phosphorochloridothioate** from drums or other storage containers to process containers.

Good **WORK PRACTICES** can help to reduce hazardous exposures. The following work practices are recommended:

- \* Workers whose clothing has been contaminated by **Dimethyl Phosphorochloridothioate** should change into clean clothing promptly.
- \* Contaminated work clothes should be laundered by individuals who have been informed of the hazards of exposure to **Dimethyl Phosphorochloridothioate**.

- \* Eye wash fountains should be provided in the immediate work area for emergency use.
- \* If there is the possibility of skin exposure, emergency shower facilities should be provided.
- \* On skin contact with **Dimethyl Phosphorochloridothioate**, immediately wash or shower to remove the chemical. At the end of the workshift, wash any areas of the body that may have contacted **Dimethyl Phosphorochloridothioate**, whether or not known skin contact has occurred.
- \* Do not eat, smoke, or drink where **Dimethyl Phosphorochloridothioate** is handled, processed, or stored, since the chemical can be swallowed. Wash hands carefully before eating, drinking, applying cosmetics, smoking, or using the toilet.

## PERSONAL PROTECTIVE EQUIPMENT

WORKPLACE CONTROLS ARE BETTER THAN PERSONAL PROTECTIVE EQUIPMENT. However, for some jobs (such as outside work, confined space entry, jobs done only once in a while, or jobs done while workplace controls are being installed), personal protective equipment may be appropriate.

The OSHA Personal Protective Equipment Standard (29 CFR 1910.132) requires employers to determine the appropriate personal protective equipment for each hazard and to train employees on how and when to use protective equipment.

The following recommendations are only guidelines and may not apply to every situation.

### Clothing

- \* Avoid skin contact with **Dimethyl Phosphorochloridothioate**. Wear protective gloves and clothing. Safety equipment suppliers/manufacturers can provide recommendations on the most protective glove/clothing material for your operation.
- \* All protective clothing (suits, gloves, footwear, headgear) should be clean, available each day, and put on before work.

### Eye Protection

- \* Wear indirect-vent, impact and splash resistant goggles when working with liquids.
- \* Wear a face shield along with goggles when working with corrosive, highly irritating or toxic substances.

### Respiratory Protection

**IMPROPER USE OF RESPIRATORS IS DANGEROUS.** Such equipment should only be used if the employer has a written program that takes into account workplace conditions, requirements for worker training, respirator fit testing, and medical exams, as described in the OSHA Respiratory Protection Standard (29 CFR 1910.134).

- \* Where the potential for overexposure exists, use a NIOSH approved supplied-air respirator with a full facepiece operated in a pressure-demand or other positive-pressure mode. For increased protection use in combination with an auxiliary self-contained breathing apparatus operated in a pressure-demand or other positive-pressure mode.

## HANDLING AND STORAGE

- \* Prior to working with **Dimethyl Phosphorochloridothioate** you should be trained on its proper handling and storage.
- \* **Dimethyl Phosphorochloridothioate** is not compatible with OXIDIZING AGENTS (such as PERCHLORATES, PEROXIDES, PERMANGANATES, CHLORATES, NITRATES, CHLORINE, BROMINE and FLUORINE); STRONG BASES (such as SODIUM HYDROXIDE and POTASSIUM HYDROXIDE); and WATER.
- \* Store in tightly closed containers in a cool, well-ventilated area away from HEAT and MOISTURE.
- \* Sources of ignition, such as smoking and open flames, are prohibited where **Dimethyl Phosphorochloridothioate** is used, handled, or stored in a manner that could create a potential fire or explosion hazard.

## QUESTIONS AND ANSWERS

- Q: If I have acute health effects, will I later get chronic health effects?
- A: Not always. Most chronic (long-term) effects result from repeated exposures to a chemical.
- Q: Can I get long-term effects without ever having short-term effects?
- A: Yes, because long-term effects can occur from repeated exposures to a chemical at levels not high enough to make you immediately sick.
- Q: What are my chances of getting sick when I have been exposed to chemicals?
- A: The likelihood of becoming sick from chemicals is increased as the amount of exposure increases. This is determined by the length of time and the amount of material to which someone is exposed.
- Q: When are higher exposures more likely?
- A: Conditions which increase risk of exposure include physical and mechanical processes (heating, pouring, spraying, spills and evaporation from large surface areas such as open containers), and "confined space" exposures (working inside vats, reactors, boilers, small rooms, etc.).
- Q: Is the risk of getting sick higher for workers than for community residents?
- A: Yes. Exposures in the community, except possibly in cases of fires or spills, are usually much lower than those found in the workplace. However, people in the community may be exposed to contaminated water as well as to chemicals in the air over long periods. This

may be a problem for children or people who are already ill.

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The following information is available from:

New Jersey Department of Health and Senior Services  
Occupational Health Service  
PO Box 360  
Trenton, NJ 08625-0360  
(609) 984-1863  
(609) 984-7407 (fax)

Web address: <http://www.state.nj.us/health/eoh/odisweb/>

**Industrial Hygiene Information**

Industrial hygienists are available to answer your questions regarding the control of chemical exposures using exhaust ventilation, special work practices, good housekeeping, good hygiene practices, and personal protective equipment including respirators. In addition, they can help to interpret the results of industrial hygiene survey data.

**Medical Evaluation**

If you think you are becoming sick because of exposure to chemicals at your workplace, you may call personnel at the Department of Health and Senior Services, Occupational Health Service, who can help you find the information you need.

**Public Presentations**

Presentations and educational programs on occupational health or the Right to Know Act can be organized for labor unions, trade associations and other groups.

**Right to Know Information Resources**

The Right to Know Infoline (609) 984-2202 can answer questions about the identity and potential health effects of chemicals, list of educational materials in occupational health, references used to prepare the Fact Sheets, preparation of the Right to Know Survey, education and training programs, labeling requirements, and general information regarding the Right to Know Act. Violations of the law should be reported to (609) 984-2202.

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## DEFINITIONS

**ACGIH** is the American Conference of Governmental Industrial Hygienists. It recommends upper limits (called TLVs) for exposure to workplace chemicals.

A **carcinogen** is a substance that causes cancer.

The **CAS number** is assigned by the Chemical Abstracts Service to identify a specific chemical.

**CFR** is the Code of Federal Regulations, which consists of the regulations of the United States government.

A **combustible** substance is a solid, liquid or gas that will burn.

A **corrosive** substance is a gas, liquid or solid that causes irreversible damage to human tissue or containers.

**DEP** is the New Jersey Department of Environmental Protection.

**DOT** is the Department of Transportation, the federal agency that regulates the transportation of chemicals.

**EPA** is the Environmental Protection Agency, the federal agency responsible for regulating environmental hazards.

A **fetus** is an unborn human or animal.

A **flammable** substance is a solid, liquid, vapor or gas that will ignite easily and burn rapidly.

The **flash point** is the temperature at which a liquid or solid gives off vapor that can form a flammable mixture with air.

**IARC** is the International Agency for Research on Cancer, a scientific group that classifies chemicals according to their cancer-causing potential.

**IRIS** is the Integrated Risk Information System database of the federal EPA.

A **miscible** substance is a liquid or gas that will evenly dissolve in another.

**mg/m<sup>3</sup>** means milligrams of a chemical in a cubic meter of air. It is a measure of concentration (weight/volume).

A **mutagen** is a substance that causes mutations. A **mutation** is a change in the genetic material in a body cell. Mutations can lead to birth defects, miscarriages, or cancer.

**NAERG** is the North American Emergency Response Guidebook. It was jointly developed by Transport Canada, the United States Department of Transportation and the Secretariat of Communications and Transportation of Mexico. It is a guide for first responders to quickly identify the specific or generic hazards of material involved in a transportation incident, and to protect themselves and the general public during the initial response phase of the incident.

**NFPA** is the National Fire Protection Association. It classifies substances according to their fire and explosion hazard.

**NIOSH** is the National Institute for Occupational Safety and Health. It tests equipment, evaluates and approves respirators, conducts studies of workplace hazards, and proposes standards to OSHA.

**NTP** is the National Toxicology Program which tests chemicals and reviews evidence for cancer.

**OSHA** is the Occupational Safety and Health Administration, which adopts and enforces health and safety standards.

**PEL** is the Permissible Exposure Limit which is enforceable by the Occupational Safety and Health Administration.

**PIH** is a DOT designation for chemicals which are Poison Inhalation Hazards.

**ppm** means parts of a substance per million parts of air. It is a measure of concentration by volume in air.

A **reactive** substance is a solid, liquid or gas that releases energy under certain conditions.

**STEL** is a Short Term Exposure Limit which is usually a 15-minute exposure that should not be exceeded at any time during a work day.

A **teratogen** is a substance that causes birth defects by damaging the fetus.

**TLV** is the Threshold Limit Value, the workplace exposure limit recommended by ACGIH.

The **vapor pressure** is a measure of how readily a liquid or a solid mixes with air at its surface. A higher vapor pressure indicates a higher concentration of the substance in air and therefore increases the likelihood of breathing it in.

