

Common Name: **SODIUM HYPOCHLORITE**

Synonyms: Clorox; Liquid Bleach; Sodium Oxychloride

CAS No: 7681-52-9

Molecular Formula: NaOCl

RTK Substance No: 1707

Description: Clear, slightly yellow or green liquid with a strong *Chlorine* odor

### HAZARD DATA

Hazard Rating	Firefighting	Reactivity
<b>3 - Health</b> <b>0 - Fire</b> <b>0 - Reactivity</b> <b>DOT#:</b> UN 1791 <b>ERG Guide #:</b> 154 <b>Hazard Class:</b> 8 (Corrosive)	<b>Sodium Hypochlorite</b> is not combustible but is a <b>STRONG OXIDIZER</b> which enhances the combustion of other substances. Use dry chemical, CO <sub>2</sub> , water spray or foam as extinguishing agents. <b>POISONOUS GASES ARE PRODUCED IN FIRE</b> , including <i>Sodium Oxide</i> and <i>Chlorine</i> . Use water spray to keep fire-exposed containers cool. <b>Sodium Hypochlorite</b> may ignite combustibles (wood, paper and oil).	<b>Sodium Hypochlorite</b> may react violently or explosively with <b>STRONG ACIDS</b> (such as HYDROCHLORIC, SULFURIC and NITRIC); <b>ACID COMPOUNDS</b> (such as ALUMINUM CHLORIDE, FERRIC CHLORIDE and ALUM); <b>ACID-BASED CLEANING COMPOUNDS</b> (such as BRICK and CONCRETE CLEANERS); and <b>AMMONIA COMPOUNDS</b> (such as AMMONIUM HYDROXIDE, AMMONIUM CHLORIDE and QUATERNARY AMMONIUM SALTS) to release <i>Chlorine</i> and other toxic gases. <b>Sodium Hypochlorite</b> may react violently with <b>ORGANIC MATERIALS</b> (such as SOLVENTS, FUELS, ALCOHOLS, GLYCOLS and INSECTICIDES); <b>AMINES</b> ; and <b>ORGANIC POLYMERS</b> to form <i>Chlorinated Organic compounds</i> , explosive compounds and <i>Chlorine gas</i> . <b>Sodium Hypochlorite</b> is not compatible with <b>HYDROGEN PEROXIDE</b> and <b>METALS</b> (such as COPPER, NICKEL, COBALT and IRON), and should not be handled in equipment or piping containing <b>STAINLESS STEEL</b> , <b>ALUMINUM</b> , <b>CARBON STEEL</b> or <b>OTHER COMMON METALS</b> . The reaction may release <i>Oxygen gas</i> and can cause container rupture. The reaction of <b>Sodium Hypochlorite</b> and <b>REDUCING AGENTS</b> (such as SODIUM BISULFITE and SODIUM THIOSULFATE) gives off heat.

### SPILL/LEAKS

**Isolation Distance:**  
Small Spill: 30 meters (100 feet)  
Large Spill: 100 meters (300 feet)  
Fire: 800 meters (1/2 mile)  
Neutralize with *Sodium Bisulfite*, cover with *Soda Ash* and place into covered containers for disposal or wash with plenty of water.  
DO NOT wash into sewer.  
**Sodium Hypochlorite** is toxic to aquatic organisms.

### PHYSICAL PROPERTIES

**Odor Threshold:** *Chlorine*-like  
**Flash Point:** Noncombustible  
**Specific Gravity:** 1.1, 5% solution (water = 1)  
**Water Solubility:** Soluble  
**Boiling Point:** Decomposes  
**Molecular Weight:** 74.4  
**pH:** 10.8 to 11.4 (5.25% solution in water)

### EXPOSURE LIMITS

**NIOSH:** 0.5 ppm, 15-min Ceiling (as *Chlorine*)  
**AIHA:** 2 mg/m<sup>3</sup>, 15-min WEL  
**IDLH:** 30 ppm (as *Chlorine*)

### PROTECTIVE EQUIPMENT

**Gloves:** Butyl, Nitrile, Neoprene, Natural Rubber and Viton (>8-hr breakthrough for 30 to 70% solutions)  
**Coveralls:** Tychem® SL, CPF 3, Responder®, Zytron® 300; and ONESuit® TEC (>8-hr breakthrough for 30 to 70% solutions)  
**Respirator:** >2 mg/m<sup>3</sup> - full facepiece APR with Acid gas cartridge and N100 prefilters  
>20 mg/m<sup>3</sup> or >5 ppm *Chlorine* - Supplied air

### HEALTH EFFECTS

**Eyes:** Irritation, burns and possible eye damage  
**Skin:** Severe irritation, burns, rash and blisters  
**Inhalation:** Nose, throat and lung irritation, with coughing and severe shortness of breath (Pulmonary edema)  
Headache, dizziness, nausea and vomiting

### FIRST AID AND DECONTAMINATION

**Remove** the person from exposure.  
**Flush** eyes with large amounts of water for at least 30 minutes.  
Remove contact lenses if worn. Seek medical attention immediately.  
**Quickly** remove contaminated clothing and wash contaminated skin with large amounts of water. Seek medical attention.  
**Begin** artificial respiration if breathing has stopped and CPR if necessary.  
**Transfer** promptly to a medical facility.  
**Medical** observation is recommended as symptoms may be delayed.