



Ilium 300 Cephalexin Antibiotic Tablets for Dogs

Troy Laboratories Pty Ltd

Chemwatch: **5402-36**Version No: **2.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: **02/06/2020** Print Date: **03/06/2020** L.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Ilium 300 Cephalexin Antibiotic Tablets for Dogs			
Synonyms	APVMA number: 60157			
Other means of identification	Not Available			

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses For the treatment of bacterial infections susceptible to cephalexin. To be used as directed on product label.

Details of the supplier of the safety data sheet

Registered company name	Troy Laboratories Pty Ltd		
Address	77 Glendenning Road Glendenning NSW 2761 Australia		
Telephone	808 3600		
Fax	02 9677 9300		
Website	www.Troylab.com.au		
Email	admin@troylab.com.au		

Emergency telephone number

Association / Organisation	Troy Laboratories Pty Ltd	
Emergency telephone numbers	02 8808 3600 (Office hours (8am – 4pm, Monday to Friday))	
Other emergency telephone numbers	Not Available	

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule S4			
Classification ^[1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)		
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 WARNIN

Hazard statement(s)

H315	Causes skin irritation.			
H319	Causes serious eye irritation.			
H335	May cause respiratory irritation.			

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.	
P261	Avoid breathing dust/fumes.	
P280	Wear protective gloves/protective clothing/eye protection/face protection.	

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P321	Specific treatment (see advice on this label).			
P362	Take off contaminated clothing and wash before reuse.			
P305+P351+P338	IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.			
P312	a POISON CENTER or doctor/physician if you feel unwell.			
P337+P313	f eye irritation persists: Get medical advice/attention.			
P302+P352	IF ON SKIN: Wash with plenty of water.			
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.			
P332+P313	If skin irritation occurs: Get medical advice/attention.			

Precautionary statement(s) Storage

<u> </u>			
P405	Store locked up.		
P403+P233	Store in a well-ventilated place. Keep container tightly closed.		

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
15686-71-2	30-60	cephalexin
Not Available	balance	Ingredients determined not to be hazardous

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 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.
Inhalation	 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, without delay.
Ingestion	 For advice, contact a Poisons Information Centre or a doctor at once. Urgent hospital treatment is likely to be needed. 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. Transport to hospital or doctor without delay.

Indication of any immediate medical attention and special treatment needed

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

BASIC TREATMENT

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Monitor and treat, where necessary, for shock.
- ► Anticipate seizures.
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.

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- ► Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ► Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

Treat symptomatically.

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 breathing apparatus plus protective gloves. Prevent, by any means available, spillage from entering drains or water courses. Use water delivered as a fine spray to control fire and cool adjacent 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. 					
Fire/Explosion Hazard	 Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions). 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 (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is often called the "Minimum Explosible Concentration", MEC). When processed with flammable liquids/vapors/mists, ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds. AIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts. A dust explosion may release of large quantities of gaseous pr					

SECTION 6 ACCIDENTAL RELEASE MEASURES

HAZCHEM

Personal precautions, protective equipment and emergency procedures

Not Applicable

carbon monoxide (CO) carbon dioxide (CO2) nitrogen oxides (NOx) sulfur oxides (SOx)

May emit poisonous fumes. May emit corrosive fumes.

other pyrolysis products typical of burning organic material.

See section 8

Environmental precautions

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See section 12

Methods and material for containment and cleaning up

Minor Spills

Major Spills

- ▶ Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes
- ▶ Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- - Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
 - ▶ Dampen with water to prevent dusting before sweeping
 - ▶ Place in suitable containers for disposal.

Moderate hazard.

- ► CAUTION: Advise personnel in area.
- ► Alert Emergency Services and tell them location and nature of hazard.
- ► Control personal contact by wearing protective clothing.
- ▶ Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- FIF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- · ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise Emergency Services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for 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.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials. Safe handling
 - ► 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 storage and handling recommendations contained within this SDS.
 - Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

► Store in original containers.

- ▶ Keep containers securely sealed
- ▶ Store in a cool, dry area protected from environmental extremes.
- 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.

For major quantities:

- ▶ Consider storage in bunded areas ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams)
- Figure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities

Conditions for safe storage, including any incompatibilities

Suitable container

Other information

- ▶ Glass container is suitable for laboratory quantities
- Polyethylene or polypropylene container
- 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	Material name	TEEL-1	TEEL-2	TEEL-3
Ilium 300 Cephalexin Antibiotic Tablets for Dogs	Not Available	Not Available	Not Available	Not Available
Ingredient	Original IDLH		Revised IDLH	
cephalexin	Not Available		Not Available	

OCCUPATIONAL EXPOSURE BANDING

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Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
cephalexin	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

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. 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.)

Appropriate engineering controls

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

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	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	 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

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- Fig. 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 protection. 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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Tan to brown coloured tablet; soluble in water.		
Physical state	Manufactured	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
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

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

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SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

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Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens. may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular

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

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result

Ingestion

Inhaled

Accidental ingestion of the material may be damaging to the health of the individual.

Skin Contact

Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.

The material may accentuate any pre-existing dermatitis condition

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

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may 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

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Ilium 300 Cephalexin Antibiotic Tablets for Dogs	TOXICITY Not Available	IRRITATION Not Available
cephalexin	TOXICITY Oral (rat) LD50: >4000 mg/kg ^[2]	IRRITATION Not Available

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

CEPHALEXIN

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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 Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production

Maternal effects, effects on fertility, foetotoxicity, effects on newborn, extra-embryonic structures, specific developmental abnormalities (musculoskeletal), diarrhoea, nausea, vomiting, respiratory depression, respiratory tract changes, ptosis, increased urine volume, altered sleep time, respiratory tract changes, uritogenital tract changes recorded.

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

Leaend:

— Data either not available or does not fill the criteria for classification

- Data available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ilium 300 Cephalexin	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
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	Not Available	Not Available	Not Available	Not Available	Not Available
cephalexin	ENDPOINT LC50 EC50	TEST DURATION (HR) 96 96	SPECIES Fish Algae or other aquatic plants	VALUE 30093.449mg/L 1375.219mg/L	SOURCE 3
Legend:	V3.12 (QSAR) -	1. IUCLID Toxicity Data 2. Europe ECHA Regist Aquatic Toxicity Data (Estimated) 4. US EPA, E apan) - Bioconcentration Data 7. METI (Japan)	cotox database - Aquatic Toxicity Data 5. EC	,	

DO NOT discharge into sewer or waterways.

Persistence and degradability

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

Bioaccumulative potential

Ingredient	Bioaccumulation
cephalexin	LOW (LogKOW = -0.3454)

Mobility in soil

Ingredient	Mobility
cephalexin	LOW (KOC = 663.4)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

- ▶ Containers may still present a chemical hazard/ danger when empty.
- ▶ Return to supplier for reuse/ recycling if possible.

Otherwise: • If contains

Product / Packaging disposal

- 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.
- 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

<u> </u>	
Marine Pollutant	NO
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

SECTION 15 REGULATORY INFORMATION

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

CEPHALEXIN IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

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

National Inventory Status

•	
National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (cephalexin)
China - IECSC	No (cephalexin)
Europe - EINEC / ELINCS / NLP	Yes

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Ilium 300 Cephalexin Antibiotic Tablets for Dogs

Japan - ENCS	No (cephalexin)	
Korea - KECI	Yes	
New Zealand - NZIoC	Yes	
Philippines - PICCS	Yes	
USA - TSCA	No (cephalexin)	
Taiwan - TCSI	Yes	
Mexico - INSQ	No (cephalexin)	
Vietnam - NCI	Yes	
Russia - ARIPS	No (cephalexin)	
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)	

SECTION 16 OTHER INFORMATION

Revision Date	02/06/2020
Initial Date	02/06/2020

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	02/06/2020	Ingredients, Physical Properties

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.

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

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

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