Infosafe No™ 1CH3N Issue Date :October 2022 RE-ISSUED by CHEMSUPP

Product Name **LEAD (Foil, Shot)**

Classified as hazardous

Section 1 - Identification

Product Identifier LEAD (Foil, Shot)

Company Name CHEMSUPPLY AUSTRALIA PTY LTD (ABN 19 008 264 211)

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SA 5013 Australia

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Recommended use of the chemical and restrictions on use Storage batteries, ceramic glazes, in building construction, noise control materials, vibration damping in heavy construction, construction material for tank linings, piping, traps, bends, and other equipment handling corrosive gases and liquids used in the manufacture of sulfuric acid, petroleum refining, halogenation, sulfonation, extraction, condensation; for x-ray and atomic radiation protection; manufacture of tetraethyllead (super gasoline additive), pigments for paints, other organic and inorganic lead compounds; chemical intermediate for lead alkyls, bearing metal and alloys, solder, in the metallurgy of steel and other metals, drosses, skimmings, babbitts, cable sheathing, plastics, ammunition, electrical uses, electronic devices, glass, type metal, ballast or weights, and tubes or containers, brass and bronze, caulking lead, casting metals, sheet lead, foil, terne metal and laboratory reagent.

Other Names

Name	Product Code
LEAD Shot TG	LT018
LEAD Foil TG	LT020
LEAD Foil AR	LA020

Other Information

ChemSupply Australia Pty Ltd does not warrant that this product is suitable for any use or purpose. The user must ascertain the suitability of the product before use or application intended purpose. Preliminary testing of the product before use or application is recommended. Any reliance or purported reliance upon ChemSupply Australia Pty Ltd with respect to any skill or judgement or advice in relation to the suitability of this product of any purpose is disclaimed. Except to the extent prohibited at law, any condition implied by any statute as to the merchantable quality of this product or fitness for any purpose is hereby excluded. This product is not sold by description. Where the provisions of Part V, Division 2 of the Trade Practices Act apply, the liability of ChemSupply Australia Pty Ltd is limited to the replacement of supply of equivalent goods or payment of the cost of replacing the goods or acquiring equivalent goods.

Section 2 - Hazard(s) Identification

GHS Classification of the Substance/Mixture
Hazardous to the Aquatic Environment - Acute Hazard: Category 1
Hazardous to the Aquatic Environment - Long-Term Hazard: Category 1
Carcinogenicity: Category 2
Acute Toxicity - Inhalation: Category 4
Specific target organ toxicity - Repeated Exposure Category 2
Toxic to Reproduction: Category 1B
Germ Cell Mutagenicity: Category 2

Signal Word DANGER

Hazard Statement (s)
H332 Harmful if inhaled.
H351 Suspected of causing cancer.
H341 Suspected of causing genetic defects.
H360 May damage fertility or the unborn child.
H373 May cause damage to organs through prolonged or repeated exposure.
H410 Very toxic to aquatic life with long lasting effects.

Pictogram (s) Health hazard, Exclamation mark, Environment

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Precautionary Statement – Prevention	P201 Obtain special instructions before use. P202 Do not handle until all safety precautions have been read and understood. P261 Avoid breathing dust/fume/gas/mist/vapours/spray. P264 Wash thoroughly after handling. P270 Do no eat, drink or smoke when using this product. P271 Use only outdoors or in a well-ventilated area. P273 Avoid release to the environment. P281 Use personal protective equipment as required.
Precautionary Statement – Response	P304+P340 IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. P308+P313 IF exposed or concerned: Get medical advice/attention. P391 Collect spillage.
Precautionary Statement – Storage	P405 Store locked up.
Precautionary Statement – Disposal	P501 Dispose of contents/container according to local, state and federal regulations.

Section 3 - Composition and Information on Ingredients

Ingredients	Name	CAS	Proportion
	Lead	7439-92-1	100 %

Section 4 - First Aid Measures

Inhalation	Not a normal route of exposure in these forms, foil and shot. If inhaled, remove from contaminated area to fresh air immediately. Apply artificial respiration if not breathing. If breathing is difficult, give oxygen. Consult a physician.
Ingestion	Rinse mouth thoroughly with water immediately, repeat until all traces of product have been removed. DO NOT INDUCE VOMITING. Seek immediate medical advice.
Skin	Wash affected area thoroughly with copious amounts of running water. Remove contaminated clothing and wash before reuse. Seek medical attention in severe cases.
Eye	If contact with the eye(s) occurs, wash with copious amounts of water for approximately 15 minutes holding eyelid(s) open. Take care not to rinse contaminated water into the non-affected eye. If rapid recovery does not occur, obtain medical attention.
First Aid Facilities	Maintain eyewash fountain and drench facilities in work area.
Advice to Doctor	Treat acccording to standard practice for lead poisoning. Many jurisdictions have specific regulations for lead. These regulations may include requirements for medical surveillance programs, including pre-employment and pre-placement examinations, periodic medical examinations, clinical tests, health education and record keeping. Obtain detailed information from the appropriate government agency in relevant jurisdictions.
Other Information	For advice, contact a Poisons Information Centre (Phone eg Australia 13 1126; New Zealand 0800 764 766) or a doctor.

Section 5 - Firefighting Measures

Suitable Extinguishing Media	Use appropriate fire extinguisher for surrounding environment. Use water spray, dry chemical, carbon dioxide, or appropriate foam.
Hazards from Combustion Products	Irritating or highly toxic fumes (or gases) of lead/lead oxide.
Hazchem Code	2X

Section 6 - Accidental Release Measures

Personal Protection Wear protective clothing specified for normal operations (see Section 8)

Clean-up Methods - Small Spillages Sweep up (avoid generating dust) and using clean non-sparking tools transfer to a clean, suitable, clearly labelled container for disposal in accordance with local regulations.

Section 7 - Handling and Storage

Precautions for Safe Handling Avoid ingestion and inhalation of dust. Avoid contact with skin, eyes and clothing. Avoid prolonged or repeated exposure. Minimize dust generation and accumulation. Wear suitable protective clothing. Store protective clothing separately. Remove all soiled and contaminated clothing immediately and wash before reuse. Wash thoroughly after handling. Do not eat, drink, or smoke during work. Personal hygiene is also important. Contaminated protective clothing should be segregated in such a manner so that there is no direct personal contact by personnel who handle, dispose, or clean the clothing. All contaminated clothing should not be taken home at end of shift, but should remain at employee's place of work for cleaning.

Conditions for safe storage, including any incompatibilities Store in tightly sealed containers, in a cool, dry, well-ventilated area. Store away from incompatible materials. Protect from direct sunlight and moisture. Store away from oxidizing and acidic materials. Separated from food and feedstuffs.

Section 8 - Exposure Controls and Personal Protection

Occupational Exposure Limit (OEL) Values

Name	STEL		TWA		
	mg/m3	ppm	mg/m3	ppm	Footnote
Lead			0.15		Lead, inorganic dusts & fumes (as Pb)

Other Exposure Information A time weighted average (TWA) has been established for Lead, inorganic dusts & fumes (as Pb) (Safe Work Australia) of 0.15 mg/m³. The exposure value at the TWA is the average airborne concentration of a particular substance when calculated over a normal 8 hour working day for a 5 day working week.

Engineering Controls In industrial situations maintain the concentrations values below the TWA. This may be achieved by process modification, use of local exhaust ventilation, capturing substances at the source, or other methods.

Respiratory Protection Where ventilation is not adequate, respiratory protection may be required. Avoid breathing dust, vapours or mists. Respiratory protection should comply with AS 1716 - Respiratory Protective Devices and be selected in accordance with AS 1715 - Selection, Use and Maintenance of Respiratory Protective Devices. Filter capacity and respirator type depends on exposure levels. In event of emergency or planned entry into unknown concentrations a positive pressure, full-facepiece SCBA should be used. If respiratory protection is required, institute a complete respiratory protection program including selection, fit testing, training, maintenance and inspection.

Eye and Face Protection The use of a face shield, chemical goggles or safety glasses with side shield protection as appropriate. Must comply with Australian Standards AS 1337 and be selected and used in accordance with AS 1336.

Hand Protection Hand protection should comply with AS 2161, Occupational protective gloves - Selection, use and maintenance. Recommendation: PVC gloves. Plastic or rubber gloves. Nitrile rubber gloves

Personal Protective Equipment Final choice of personal protective equipment will depend on individual circumstances and/or according to risk assessments undertaken.

Footwear Safety boots in industrial situations is advisory, foot protection should comply with AS 2210, Occupational protective footwear - Guide to selection, care and use.

Body Protection Clean clothing or protective clothing should be worn. Clothing for protection

	against chemicals should comply with AS 3765 Clothing for Protection Against Hazardous Chemicals.
Hygiene Measures	Always wash hands before smoking, eating or using the toilet. Wash contaminated clothing and other protective equipment before storing or re-using.

Section 9 - Physical and Chemical Properties

Form	Solid
Appearance	Bluish-white, bluish-grey, silvery grey or dark grey foil/powder/granules/shot. Highly lustrous when freshly cut, tarnishes upon exposure to air.
Odour	Odourless.
Melting Point	327.4 °C
Boiling Point	1740 °C
Solubility in Water	Insoluble.
Solubility in Organic Solvents	Soluble in nitric acid and hot concentrated sulfuric acid. Insoluble in organic solvents.
Specific Gravity	11.34
Vapour Pressure	0.133 kPa (1 mm Hg) at 980 °C.
Surface Tension	444 mN/m (444 dynes/cm) at 327.4 °C (molten lead).
Flammability	Non combustible material. Flammable in the form of dust when exposed to heat or flame.
Explosion Properties	Moderately explosive in the form of finely dispersed particles of powder or granules, when exposed to heat or flame in air.
Molecular Weight	207.20
Dynamic Viscosity	2.75 mPa.s (2.75 centipoise) at 327.4 °C; 1.70 mPa.s (1.70 centipoise) at 550 °C (molten lead).
Saturated Vapour Concentration	Approximately zero at normal temperatures (calculated).
Other Information	Electrical Resistivity: 20.65 microohms.cm at 20 °C; 27.02 microohms.cm at 100 °C; 96.73 microohms.cm at 330 °C Heat Capacity (20 °C): 0.031 cal/g/°C. Standard Electromotive Force (aq): Pb/Pb2+ +0.126 v. Coefficient of Linear Expansion: (0-100 °C) 29X10-6, (20-300 °C) 31.3X10-6, (-183 °C to +14 °C) 27X10-6. Thermal Conductivity varies from 0.083 at 50 °C to 0.077 at 225 °C. Hardness 1 on Mohs' scale. Brinell Hardness (high purity Pb): 4.0. Very soft and malleable, easily melted, cast, rolled, and extruded.

Section 10 - Stability and Reactivity

Chemical Stability	Stable under normal temperatures and pressures. Fresh cut or cast lead surfaces oxidize (tarnish) rapidly to form an insoluble protective layer of basic lead carbonate in air. Attacked by pure water, weak organic acids in the presence of oxygen. Resistant to tap water, hydrofluoric acid, brine, solvents.
Conditions to Avoid	Excess heat, exposure to air, generation of dust, sparks, flames or other sources of ignition and incompatible materials.
Incompatible Materials	Strong acids (e.g. hot concentrated nitric acid, boiling concentrated hydrochloric acid or sulfuric acid), hydrogen peroxide, hydrogen peroxide and trioxane, sodium azide, ammonium nitrate, disodium acetylide, sodium acetylide, sodium carbide or chlorine trifluoride, zirconium (an alloy of lead and 10-70% zirconium), oxidizing agents, interhalogens, reducing agents, azides, fluorine, nitric acid, and picrates.

Section 11 - Toxicological Information

Acute Toxicity - Oral	LDLo (human): 155 mg/kg;

	LDLo (pgn): 160 mg/kg.
Acute Toxicity - Inhalation	LCLo (human): 271 mg/m³.
Ingestion	Lead metal granules or dust: The symptoms of lead poisoning ('plumbism') include gastrointestinal irritation, abdominal pain or cramps (lead cholic), spasms, nausea, vomiting, bloody diarrhoea, constipation, headache, muscle weakness, aching bones and muscles, hallucinations, anorexia, malaise, and convulsions; may cause encephalopathy, permanent brain damage and reversible renal injury, distorted perceptions, 'lead line' on the gums, metallic taste, loss of appetite, weight loss, weakness, lassitude, insomnia, dizziness and other symptoms similar to that of inhalation. Later lead colic may occur and symptoms may be often be precipitated by alcohol or exercise. Acute poisoning may result in high lead levels in the blood and urine, shock, coma and death in extreme cases. The ingestion of rapidly absorbed salts causes an acute syndrome of hepatic injury, haemolysis, and seizures due to increased intracranial pressure, as well as, chronic exposure effects. Acute toxicity is common in young children with a history of pica. Children are much more susceptible to the effects of lead than adults and, therefore, effects observed in children are not necessarily relevant to adults. Children have been considered a risk group for lead toxicity, mainly due to the neurophysiological or neuro-cognitive deficits that may result. In young children, developmental defects, including learning disabilities and behavioural abnormalities, can occur without symptoms at blood lead levels at or even below 10 micrograms/deciliter. At higher levels of exposure headache, fatigue and irritability may occur. At high levels, encephalopathy, seizures and focal neurologic findings with imminent risk of death, permanent mental retardation, and motor deficits may occur. Hepatic injury has been associated with acute lead poisoning. In acutely ill patients, proteinuria, glucosuria, and aminoaciduria may occur, and reversible kidney damage has been reported. Lead interrupts several steps in haem synthesis resulting in anaemia. Red blood cells occasionally show endoplasmic clumping known as stippling. Iron deficiency is common in lead poisoned children. Symptoms of lead poisoning include hypotension. Lead exposure has been associated with decreased stature, decreased growth hormone secretion, decreased levels of 1,25 dihydroxy vitamin D, and increased catecholamine levels. Lead metal foil, shot or sheets: Not an ingestion hazard for usual industrial handling. Ingestion of high doses may result in lead poisoning.
Inhalation	May be harmful if inhaled. Lead dust or fumes: Can irritate the upper respiratory tract (nose, throat) as well as the bronchi and lungs by mechanical action. Lead dust can be absorbed through the respiratory system. However, inhaled lead does not accumulate in the lungs. All of an inhaled dose is eventually absorbed or transferred to the gastrointestinal tract. Inhalation effects of exposure to fumes or dust of inorganic lead may not develop quickly. Symptoms may include metallic taste, chest pain, decreased physical fitness, fatigue, sleep disturbance, headache, irritability, reduced memory, mood and personality changes, aching bones and muscles, constipation, abdominal pains, decreasing appetite. Inhalation of large amounts may lead to ataxia, delirium, bloody diarrhoea, convulsions/seizures, coma, and death. Lead metal foil, shot, or sheets: Not an inhalation hazard unless metal is heated. If metal is heated, fumes will be released. Inhalation of these fumes may cause 'fume metal fever', which is characterized by flu-like symptoms. Symptoms may include metallic taste, fever, nausea, vomiting, chills, cough, weakness, chest pain, generalized muscle pain/aches, and increased white blood cell count.
Skin	Lead metal granules or dust: May cause skin irritation by mechanical action. Poorly absorbed through the skin. Lead metal foil, shot or sheets: Not likely to cause skin irritation.
Eye	Lead metal granules or dust: Can irritate eyes by mechanical action, probably cause some tearing, blinking and mild, temporary pain as the solid material is rinsed from the eye by tears. Concentrated solutions or high levels of elemental lead fumes may also cause irritation. Lead metal foil, shot or sheets: Unlikely to be a health hazard via this route

	of exposure. Lead splinters and particles may cause mechanical damage, are generally well tolerated in the eye, cause little reaction and minimal inflammatory reaction, and rarely any toxic effect. Particles may cause cataracts.
Carcinogenicity	Lead [7439-92-1] is evaluated in the IARC Monographs (Vol. 23, Suppl. 7; 1987) as Group 2B: Possibly carcinogenic to humans.
Reproductive Toxicity	R61 Toxic to Reproduction-Developmental Category 1, Toxic - May cause harm to the unborn child, - Safe Work Australia Listed as a substance toxic to reproduction, category 1 in List of Designated Hazardous Substances, - NOHSC. Substances known to cause developmental toxicity in humans There is sufficient evidence to establish a causal relationship between human exposure to the substance and subsequent developmental toxic effects in the progeny. R62(3) Toxic to Reproduction-Fertility Category 3, Harmful - Possible risk of impaired fertility - Worksafe Aust. Listed as a substance toxic to reproduction, category 3 in List of Designated Hazardous Substances, - Safe Work Australia Substances that cause concern for human fertility. Generally on the basis of: • results in appropriate animal studies that provide sufficient evidence to cause a strong suspicion 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 the other toxic effects, but where the evidence is insufficient to place the substance in Category 2; • other relevant information.
Mutagenicity	Lead is considered mutagenic, based on positive results obtained in tests using somatic and germ cells of animals exposed by relevant routes of exposure. Several studies have reported positive results (chromosomal aberrations) in the white blood cells of workers with low to moderate inorganic lead exposure. Other studies have shown no increase in chromosomal aberrations in workers with similar exposures.
Chronic Effects	Lead in the forms described above is not readily bioavailable, symptoms appear gradually. Lead is retained in the body (primarily in bones and other hard tissues) for a long period of time, hence is a cumulative poison. Danger of cumulative effects. Chronic exposure to lead may result in 'plumbism' which may include effects on the following body systems. Central nervous system (CNS) or brain function has been harmed in workers with long-term, low-level lead exposure. Symptoms typically occur with low to moderate exposure and include forgetfulness, anxiety, irritability, tiredness, lassitude, headache, fatigue, insomnia, impotence, decreased libido (sexual drive), dizziness, and depression. Repeated exposure to moderate to high levels can cause encephalopathy (a progressive degeneration of certain parts of the brain). Early symptoms of encephalopathy include dullness, irritability, poor attention span, headache, muscular tremor, loss of memory and hallucinations. More severe symptoms occur at very high exposures and include delirium, lack of coordination, convulsions, paralysis, coma and death. Repeated exposed to inorganic lead compounds can affect behaviour. Lead smelter workers with long-term exposure to low levels of lead have experienced altered mood states. Effects at moderate exposures include disturbances in hand-eye coordination, reaction times, visual motor performance, and mental performance. Chronic exposure may cause disturbances to vision, with very slight visual changes to a gradual decrease in vision, with slow recovery or, in some instances, progression to blindness. Moderate to high chronic exposure may cause changes in hearing ability. The first signs in children may be subtle neurobehavioral deficits adversely affecting classroom behaviour and social interaction. Lead exposure has been shown to be associated with lowered IQ in children, cephalopathy, and peripheral nervous paralysis. Peripheral nerve function (nerves of the arms and legs) has been harmed in workers exposed to low to moderate levels of inorganic lead. Effects were shown to be reversible following a 5- month exposure. However, only partial recovery may occur, particularly if lead exposure continues or treatment is not carried out. Peripheral neuropathy (loss of myelin which insulates the nerves) has been

	observed following long-term overexposure to inorganic lead compounds. This disorder is often referred to as 'lead palsy' and symptoms include weakness of the arms and legs and weakness and paralysis of the wrist, fingers and ankles. Low to moderate chronic exposure may cause decreased hand dexterity (measured by finger tapping speed). Footdrop and wristdrop (an inability to hold the foot or hand extended) commonly occur with higher exposures. Effects on the gastrointestinal tract tend to be observed following high exposure to inorganic lead compounds, although they have sometimes been noted in workers with moderate exposure. Symptoms include a metallic taste in the mouth, loss of appetite, inflammation of the stomach walls (gastritis) and colic, with severe abdominal pain, cramps, nausea, vomiting, diarrhoea, constipation, anorexia (loss of appetite), weight loss and decreased urination. In severe cases of lead exposure, a deposit of lead occurs in the gums near the base of the teeth. This deposit is visible as a blue-gray line. Radiographic lead lines may be seen in the metaphyses in chronically poisoned children. Even gunshot wounds have been reported to display gastrointestinal symptoms. Cases of lead poisoning due to retained bullets are rare, but represent potentially life-threatening reactions. Usually involves the dissolution of a single bullet over several months to more than 20 years. Bullets in joint spaces are more likely to cause toxic complications than are bullets lodged in soft tissues. Reversible kidney injury has been observed in some workers with repeated low exposure to inorganic lead compounds. Irreversible kidney damage has been observed following long-term, moderate exposures. An increased number of deaths due to kidney disease were observed in smelter and lead production workers with moderate lead exposure. Chronic exposure can result in kidney disease with few symptoms (e.g. interstitial fibrosis, tubular damage, azotemia, hyperuricemia, and gout) appearing until extensive and permanent damage (e.g. glomerular sclerosis) has occurred. Most of the body burden of lead is stored in bone. The substance may have effects on the bone marrow. Inorganic lead can cause harmful effects to certain types of blood cells, including reduced haemoglobin production and reduced life span and function of red blood cells. Reduced haemoglobin production has been associated with low-level exposure to inorganic lead in the workplace. Haemoglobin is the molecule responsible for carrying oxygen to body tissues. Moderate exposures can produce anaemia, with symptoms of facial pallor, pallor of the eye grounds and hypotension. Low, moderate or high exposures to inorganic lead compounds may increase blood pressure (hypertension) particularly in men. May lead to irreversible vascular sclerosis. Moderate exposure to inorganic lead compounds may generate electrocardiographic (ECG) abnormalities. Chronic exposure to inorganic lead may cause harmful effects on thyroid and immune system function, and may reduce numbers of some types of immune system cells. This observation is a very early indicator of impaired immune response. With moderate levels of exposure, workers had more colds and flu infections, but did not have impaired antibody production.
Delayed health effects from exposure	Danger of cumulative effects. Symptoms may be absent despite significant poisoning. If a significant amount of lead has accumulated in the body, symptoms of long-term toxicity may develop after what may seem to be a short-term acute exposure.

Section 12 - Ecological Information

Ecological Information	No ecological problems are to be expected when the product is handled and used with due care and attention.
Ecotoxicity	The following applies to lead compounds in general: toxic for aquatic organisms. Very toxic for fish. Also poisonous for fish and plankton in water bodies. Hazard for drinking water.
Environmental Fate	Terrestrial: Extremely stable metal. While some corrosion may be expected in soil, generally an inert coat of an insoluble salt will form and limit further corrosion. Aquatic: Lead will simply sink into the sediment. Atmospheric: Will be in particulate matter and be subject to washout and gravitational settling.
Bioaccumulative Potential	Bioaccumulation of this chemical may occur in plants and in mammals.

Environmental Protection	Do not allow to enter waters, waste water, or soil!

Section 13 - Disposal Considerations

Disposal Considerations	Dispose of according to relevant local, state and federal government regulations.

Section 14 - Transport Information

Transport Information	Dangerous goods of Class 9 (Miscellaneous Dangerous Goods) are incompatible in a placard load with any of the following: -Class 1, Class 5, if the Class 9 dangerous goods are fire risk substances. Environmentally Hazardous Substances meeting the descriptions of UN 3077 or UN 3082 are not subject to this Code when transported by road or rail in; (a) packagings that do not incorporate a receptacle exceeding 500 kg(L); or (b) IBCs.
ADG UN Number	3077
ADG Proper Shipping Name	ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. - (Lead)
ADG Transport Hazard Class	9
ADG Packing Group	III
Hazchem Code	2X
EPG Number	9C1
IERG Number	47
Environmental Hazards	Toxic for aquatic organisms.

Section 15 - Regulatory Information

Poisons Schedule	Not Scheduled

Section 16 - Any Other Relevant Information

Literature References	'Standard for the Uniform Scheduling of Medicines and Poisons .', Commonwealth of Australia. National Road Transport Commission, 'Australian Code for the Transport of Dangerous Goods by Road and Rail 7th. Ed.'. Safe Work Australia, 'National Code of Practice for the Preparation of Safety Data Sheets for Hazardous Chemicals'. Standards Australia, 'SAA/SNZ HB 76:2010 Dangerous Goods - Initial Emergency Response Guide', Standards Australia/Standards New Zealand. Safe Work Australia, 'Hazardous Chemical Information System'. Safe Work Australia, 'National Code of Practice for the Labelling of Safe Work Hazardous Substances'. Safe Work Australia, 'National Exposure Standards for Atmospheric Contaminants in the Occupational Environment'.
Contact Person/Point	Paul McCarthy Ph. (08) 8440 2000 DISCLAIMER STATEMENT: All information provided in this data sheet or by our technical representatives is compiled from the best knowledge available to us. However, since data, safety standards and government regulations are subject to change and the conditions of handling and use, or misuse, are beyond our control, we make no warranty either expressed or implied, with respect to the completeness or accuracy to the information contained herein. ChemSupply Australia Pty Ltd accepts no responsibility whatsoever for its accuracy or for any results that may be obtained by customers from using the data and disclaims all liability for reliance on information provided in this data sheet or by our technical representatives.
Empirical Formula & Structural Formula	Pb

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...End Of MSDS...