

EMERGENCY INFORMATION AND STORAGE GUIDE / DANGEROUS GOODS DECLARATION

Bovaclox Large Herd Pack Antibiotic & Bactericide

Each crate contains 20 cartons x 20 syringes for veterinary use (not DG) and 4 x Teat Wipe canisters (DG).

Teat Wipe Substance: Non woven fabric containing a colourless clear, mobile liquid (Isopropyl Alcohol). Miscible with water.

Proper shipping name: UN 1219 ISOPROPANOL (ISOPROPYL ALCOHOL)

UN No.	DG Class	Subsidiary Risk Class	Packing Group	Flash Point (°C)	HAZCHEM	Marine Pollutant	Max Transport Quantity
1219	3	Nil	Schedule 4	18°C	2YE	No	Commercial Ltd Qty: <30 canisters (<7 Bovaclox LH Pack)
Hazard Classifications: Teatwipes = 3.1B, 6.1E, 6.3B, 6.4A ERMA Approval Code: HSR002528]. Bovaclox DC = 6.3B, 6.5B [ERMA Approval code: HSR002346].				Tracking Required No		Approved Handler > 2,975 canisters	
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EMERGENCY PROCEDURES **24 HOUR ADVICE IN AN EMERGENCY ONLY: 0800 243 622 (CHEMCALL)**

IF THIS HAPPENS	DO THIS
Tanker/Vehicle Accident	Switch off engine and electrical equipment. Keep people away, warn other traffic. Check for spills, leaks. Call the emergency services: Dial 111
Spill or leak	Eliminate all ignition sources and naked lights. Use non-sparking utensils. Wear PVC overalls, chemical resistant gloves, facemask or goggles. Prevent further spillage. Adsorb/collect spilled product and place in sealable container for disposal. Wash down affected area with water plus detergent. Absorb and collect washings and place in the same sealable container for disposal. Seek advice from the local authority regarding disposal.
Fire	Call the Fire Service: Dial 111. Wear full protective clothing and breathing apparatus. Extinguish fires with foam, dry chemical, carbon dioxide or water spray/fog. During a fire toxic fumes may be released. Cool containers with water to prevent rupture due to thermal expansion. Keep non-involved persons away.

FIRST AID **24 HOUR ADVICE IN A FIRST AID EMERGENCY ONLY: 0800 POISON (0800 764 766)**

If Swallowed	DO NOT induce vomiting. For advice contact the National Poisons Centre 0800 POISON (0800 764 766) or a doctor immediately.
If in Eyes	Hold eyelids apart and flush the eye continuously with running water for at least 15 minutes. Get medical attention.
If on Skin	If skin or hair contact occurs, remove contaminated clothing and flush skin and hair with running water. Wash skin thoroughly with soap and water.
If Inhaled	Remove patient to fresh air. If not breathing, give artificial respiration, preferably mouth-to-nose. Get medical attention if symptoms develop.

STORAGE AND SEGREGATION SUMMARY

Storage: Store in original container in a cool, dry, ventilated place away from direct heat or direct sunlight. Keep container sealed when not in use. Keep out of reach of children.

Aggregate Storage Volume Thresholds: When stored with substances of the same hazard the aggregate quantity must be considered. For full details refer to the current NZS8409 Management of Agrichemicals and the HSNO Regulations.

Location Certificate	Hazardous Atmosphere Zone	Number of Fire Extinguishers	Hazard Class & Emergency Action Signage	Emergency Information	Emergency Plan	Secondary Containment
> 595 canisters	> 595 canisters	2 for \geq 1,487 canisters	> 1,487 canisters	Any (\geq 1)	> 5,950 canisters	> 5,950 canisters

DO NOT store or Load With: Class 1, 2.1,2.3, or 7 **Segregate From:** LIMITED QUANTITY - Exempt from segregation from foodstuffs and from other Dangerous Goods, except for class 1.

Segregation: Check the Land Transport Rule Dangerous Goods 2005, for additional information. Sea transport may require additional segregation. Refer NZS5433, sea segregation, for details.

Number and Kind of Packages:	Gross Weight:	Kg	Volume:	m³
Consignor:	Consignee:			
Dangerous Goods Declaration: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled, and are in all respects in proper condition for transport according to the applicable international and national rules, regulations and legislation.	Name:	Title:		Signature:
				Date: