TRADE NAME: Wood Dust
SYNONYMS: None
CAS. NO.: None
DESCRIPTION: Particles generated by any manual or mechanical cutting or abrasion process performed on wood.

PHYSICAL DATA
Boiling Point ....................Not Applicable
Specific Gravity ..................Variable
(Dependent on wood species and moisture content).
Vapor Density...................Not Applicable
% Volatiles by Volume.......Not Applicable
Melting Point...................Not Applicable
Vapor Pressure..................Not Applicable
Solubility in H₂O (% by wt.).......Insoluble
Evaporation Rate -
(Butyl Acetate=1)...........Not Applicable
pH..................................Not Applicable
Appearance & Odor......Light to dark colored granular solid
Color and odor are dependent on the wood species and time since dust was generated.

FIRE & EXPLOSION DATA
Flash Point.......................Not Applicable
Autoignition Temperature........Variable
(typically 400-500°F)
Explosive Limits in Air.....40 grams/m³ (LEL)
Extinguishing Media.........Water, CO₂, Sand
Special Fire Fighting
Procedures......................Wet down with water
Wet down wood dust to reduce likelihood of ignition or dispersion of dust into the air.
Remove burned or wet dust to open area after fire is extinguished.
Unusual Fire & Explosion Hazard...........Strong to severe
explosion hazard
(if wood dust "cloud" contacts an ignition source)

HEALTH EFFECTS DATA
Exposure Limit .................ACGIH TLV
TWA - 5.0 mg/m³;
STEL (15 min.) - 10 mg/m³ (softwood)
TWA - 1.0 mg/m³;
(certain hardwoods such as beech and oak)
OSHA PEL: TWA (see Footnote 1) -
(total dust) - 15.0 mg/m³
(respirable factor) - 5.0 mg/m³
Skin & Eye Contact.............Eye Irritation & Allergic Contact Dermatitis
(Wood dust can cause eye irritation.
Various species of wood dust can elicit allergic contact dermatitis in sensitized individuals)
Ingestion........................Not Applicable
Skin Absorption.............Not known to occur
Inhalation......................May cause:
nasal dryness, irritation & obstruction.
Coughing, wheezing, & sneezing: sinusitis & prolonged colds have also been reported.
Chronic Effects................May cause:
Wood Dust, depending on species, may cause dermatitis on prolonged repetitive contact; may cause respiratory sensitization and/or irritation.
IARC classifies wood dust as a carcinogen to humans (Group 1). This classification is based primarily on IARC's evaluation of increased risk in the occurrence of adenocarcinomas of the nasal cavities and paranasal sinuses associated with exposure to wood dust. IARC did not find sufficient evidence to associate cancers of the oropharynx, hypopharynx, lung, lymphatic and hematopoietic systems, stomach, colon, or rectum with exposure to wood dust.

REACTIVITY DATA
Conditions Contributing to Instability........Stable
(under normal Conditions)
Incompatibility..............Avoid Contact with:
oxidizing agents, drying oils and flame. Product may ignite at temperatures in excess of 400° F.

Hazardous Decomposition
Products....................Thermal-oxidative degradation of wood produces:
irritating & toxic fumes and gases, including CO, aldehydes and organic acids.

Conditions Contributing to Polymerization..................Not Applicable

PRECAUTIONS AND SAFE HANDLING
Eye Contact.................................Avoid

Skin Contact.................................Avoid:
Repeated or Prolonged Contact with Skin. Careful bathing and Clean clothes are indicated after exposure.

Inhalation.................................Avoid:
Prolonged or Repeated breathing of Wood Dust in Air.

Oxidizing agents and drying oils.........................Avoid contact

Open flame..................................Avoid

GENERALLY APPLICABLE CONTROL MEASURES
Ventilation........................................Provide:
adequate general and local exhaust ventilation to maintain healthful working conditions.

Safety Equipment..............................Wear goggles or safety glasses.
Other protective equipment such as gloves and approved dust respirators may be needed depending upon dust conditions.

EMERGENCY AND FIRST AID PROCEDURES
Eyes.............................................Flush with water to remove dust particles. If irritation persists, get medical attention.

Skin..............................................Get Medical advice
If a rash or persistent irritation or dermatitis occur, get medical advice where applicable before returning to work where wood dust is present.

Inhalation......................................Remove to fresh air.
If persistent irritation, severe coughing, breathing difficulties occur, get medical advice before returning to work where wood dust is present.

Ingestion......................................Not Applicable

SPILL/LEAK CLEAN-UP PROCEDURES
Recovery or Disposal.........................Clean-up:
Sweep or vacuum spills for recovery or disposal; avoid creating dust conditions. Provide good ventilation where dust conditions may occur. Place recovered wood dust in a container for proper disposal.

FOOTNOTE

Footnote 1: In AFL-CIO v. OSHA 965 F. 2d 962 (11th Cir. 1992), the court overturned OSHA’s 1989 Air Contaminants Rule, including the specific PELs for wood dust that OSHA had established at that time. The 1989 PELs were: TWA - 5.0 mg/m³; STEL (15 MIN.) - 10.0 mg/m³ (ALL SOFT AND HARD WOODS, EXCEPT WESTERN RED CEDAR); WESTERN RED CEDAR: TWA - 2.5 mg/m³. Wood dust is now officially regulated as an organic dust under the Particulates Not Otherwise Regulated (PNOR) or Inert or Nuisance Dust categories at PELs noted under Health Effects Information section of this MSDS. However, a number of states have incorporated provisions of the 1989 standard in their state plans.

IMPORTANT

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