

Occupational Health Guideline for Trinitrotoluene

INTRODUCTION

This guideline is intended as a source of information for employees, employers, physicians, industrial hygienists, and other occupational health professionals who may have a need for such information. It does not attempt to present all data; rather, it presents pertinent information and data in summary form.

SUBSTANCE IDENTIFICATION

- Formula: $\text{CH}_3\text{C}_6\text{H}_2(\text{NO}_2)_3$
- Synonyms: TNT; trinitrotoluol; 2,4,6-trinitrotoluene; sym-trinitrotoluene
- Appearance and odor: Colorless to pale yellow, odorless solid.

PERMISSIBLE EXPOSURE LIMIT (PEL)

The current OSHA standard for trinitrotoluene is 1.5 milligrams of trinitrotoluene per cubic meter of air (mg/m^3) averaged over an eight-hour work shift. The American Conference of Governmental Industrial Hygienists has recommended for trinitrotoluene a Threshold Limit Value of $0.5 \text{ mg}/\text{m}^3$ with a skin notation.

HEALTH HAZARD INFORMATION

• Routes of exposure

Trinitrotoluene can affect the body if it is inhaled, if it comes in contact with the eyes or skin, or if it is swallowed. It may enter the body through the skin.

• Effects of overexposure

Exposure to trinitrotoluene can cause liver damage with yellow jaundice and anemia which may be fatal. It may also cause irritation of the eyes, nose, and throat with sneezing, cough, and sore throat. It may cause a skin rash and stain the skin, hair, and nails a yellowish color. It may affect the ability of the blood to carry oxygen. This may result in a bluish discoloration of the skin, weakness, drowsiness, shortness of breath and

unconsciousness. In addition, it may cause muscular pains, heart irregularities, kidney irritation, cataracts of the eyes, menstrual irregularities, and nerve damage.

• Reporting signs and symptoms

A physician should be contacted if anyone develops any signs or symptoms and suspects that they are caused by exposure to trinitrotoluene.

• Recommended medical surveillance

The following medical procedures should be made available to each employee who is exposed to trinitrotoluene at potentially hazardous levels:

1. Initial Medical Examination:

—A complete history and physical examination: The purpose is to detect pre-existing conditions that might place the exposed employee at increased risk, and to establish a baseline for future health monitoring. Persons with a history of asthma, allergies, or known sensitization to trinitrotoluene would be expected to be at increased risk from exposure. Examination of the blood, liver, eyes, cardiovascular system, nervous system, and kidneys should be stressed. The skin should be examined for evidence of chronic disorders.

—A complete blood count: Trinitrotoluene has been shown to cause aplastic anemia in humans. A complete blood count should be performed including a red cell count, a white cell count, a differential count of a stained smear, as well as hemoglobin and hematocrit.

—Liver function tests: Since liver damage has been observed in humans exposed to trinitrotoluene, a profile of liver function should be obtained by using a medically acceptable array of biochemical tests.

—Urinalysis: Since kidney damage has been observed in humans exposed to trinitrotoluene, a urinalysis should be obtained to include at a minimum specific gravity, albumin, glucose, and a microscopic on centrifuged sediment.

2. Periodic Medical Examination: The aforementioned medical examinations should be repeated on a semi-annual basis.

• Summary of toxicology

Trinitrotoluene (TNT) dust or fume causes liver

These recommendations reflect good industrial hygiene and medical surveillance practices and their implementation will assist in achieving an effective occupational health program. However, they may not be sufficient to achieve compliance with all requirements of OSHA regulations.

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damage, aplastic anemia, cyanosis, and dermatitis. There have been numerous fatalities of workers exposed to TNT in munitions plants; in a series of 22 fatal cases, 8 died from toxic hepatitis, 13 from aplastic anemia, and 1 from a combination of both. The vapor or dust can cause irritation of mucous membranes, resulting in sneezing, cough, and sore throat. Although intense or prolonged exposure to TNT may cause some cyanosis, it is not regarded as a strong producer of methemoglobin. Other occasional effects are leukocytosis or leukopenia, peripheral neuritis, muscular pains, cardiac irregularities, and renal irritation. Cataracts have been observed in a considerable proportion of chronically exposed workers; one report indicates that 26 of 61 workers with an average exposure of 8.4 years had a characteristic peripheral cataract. TNT causes sensitization dermatitis; the hands, wrists, and forearms are most commonly affected, but skin at friction points such as the collar line, belt line, and ankles is also often involved; erythema, papules, and an itchy eczema can be severe. The skin, hair, and nails of exposed workers may be stained yellow.

CHEMICAL AND PHYSICAL PROPERTIES

• Physical data

1. Molecular weight: 227
2. Boiling point (760 mm Hg): 240 C (464 F) (explodes)
3. Specific gravity (water = 1): 1.65
4. Vapor density (air = 1 at boiling point of trinitrotoluene): Not applicable
5. Melting point: 81 C (178 F)
6. Vapor pressure at 85 C (185 F): 0.053 mm Hg
7. Solubility in water, g/100 g water at 20 C (68 F): 0.013
8. Evaporation rate (butyl acetate = 1): Not applicable

• Reactivity

1. Conditions contributing to instability: Slow decomposition occurs above 180 C (356 F). Exposure to light may increase impact sensitivity. Rapid heating may cause detonation.
2. Incompatibilities: Contact with strong oxidizers may cause fire. Contact with ammonia or with strong alkalies may increase sensitivity to shock. Can react vigorously with oxidizable materials.
3. Hazardous decomposition products: Toxic gases and vapors (such as oxides of nitrogen and carbon monoxide) may be released in a fire involving trinitrotoluene.
4. Special precautions: Protect from shock.

• Flammability

1. Flash point: Explodes
2. Impact sensitivity (minimum fall of a 2 kg weight to cause at least one explosion in ten trials): 100 cm
3. Explosion temperature (temperature required to cause explosion in five seconds): 475 C (887 F)
4. Extinguishant: Water may be used on small fires.

Do not attempt to extinguish large fires.

• Warning properties

1. Odor Threshold: No quantitative information is available concerning the odor threshold of TNT.
2. Eye Irritation Level: Grant states that "irritation of the eyes and skin is not uncommon among munitions workers exposed to its dust and fumes." No quantitative information is available concerning the air concentrations which produce the eye irritation.
3. Evaluation of Warning Properties: Since no quantitative information is available relating warning properties to air concentrations of TNT, this substance is treated as a material with poor warning properties. The concentration in saturated air at 20 C might result in a significant exposure relative to the permissible exposure.

MONITORING AND MEASUREMENT PROCEDURES

• General

Measurements to determine employee exposure are best taken so that the average eight-hour exposure is based on a single eight-hour sample or on two four-hour samples. Several short-time interval samples (up to 30 minutes) may also be used to determine the average exposure level. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

• Method

At the time of publication of this guideline, no measurement method for trinitrotoluene had been published by NIOSH.

RESPIRATORS

- Good industrial hygiene practices recommend that engineering controls be used to reduce environmental concentrations to the permissible exposure level. However, there are some exceptions where respirators may be used to control exposure. Respirators may be used when engineering and work practice controls are not technically feasible, when such controls are in the process of being installed, or when they fail and need to be supplemented. Respirators may also be used for operations which require entry into tanks or closed vessels, and in emergency situations. If the use of respirators is necessary, the only respirators permitted are those that have been approved by the Mine Safety and Health Administration (formerly Mining Enforcement and Safety Administration) or by the National Institute for Occupational Safety and Health.
- In addition to respirator selection, a complete respiratory protection program should be instituted which includes regular training, maintenance, inspection, cleaning, and evaluation.

PERSONAL PROTECTIVE EQUIPMENT

- Employees should be provided with and required to use impervious clothing, gloves, face shields (eight-inch minimum), and other appropriate protective clothing necessary to prevent repeated or prolonged skin contact with solid trinitrotoluene or liquids containing trinitrotoluene.
- If employees' clothing may have become contaminated with solid trinitrotoluene, employees should change into uncontaminated clothing before leaving the work premises.
- Clothing which may have become contaminated with solid trinitrotoluene or liquids containing trinitrotoluene should be placed in closed containers for storage until it can be discarded or until provision is made for the removal of trinitrotoluene from the clothing. If the clothing is to be laundered or otherwise cleaned to remove the trinitrotoluene, the person performing the operation should be informed of trinitrotoluene's hazardous properties.
- Non-impervious clothing which becomes contaminated with trinitrotoluene should be removed promptly and not reworn until the trinitrotoluene is removed from the clothing.
- Employees should be provided with and required to use dust- and splash-proof safety goggles where solid trinitrotoluene or liquids containing trinitrotoluene may contact the eyes.

SANITATION

- Workers subject to skin contact with solid trinitrotoluene or liquids containing trinitrotoluene should wash with soap or mild detergent and water any areas of the body which may have contacted trinitrotoluene at the end of each work day.
- Skin that becomes contaminated with trinitrotoluene should be promptly washed or showered with soap or mild detergent and water to remove any trinitrotoluene.
- Eating and smoking should not be permitted in areas where solid trinitrotoluene or liquids containing trinitrotoluene are handled, processed, or stored.
- Employees who handle solid trinitrotoluene or liquids containing trinitrotoluene should wash their hands thoroughly with soap or mild detergent and water before eating, smoking, or using toilet facilities.

COMMON OPERATIONS AND CONTROLS

The following list includes some common operations in which exposure to trinitrotoluene may occur and control methods which may be effective in each case:

Operation	Controls
Use in the manufacture of shells, bombs, grenades, and mines; use in commercial explosives, and propellant compositions	Process enclosure; local exhaust ventilation; personal protective equipment
Use in the production of intermediates for synthesis of dyestuffs and photographic chemicals	Process enclosure; local exhaust ventilation; personal protective equipment

EMERGENCY FIRST AID PROCEDURES

In the event of an emergency, institute first aid procedures and send for first aid or medical assistance.

• Eye Exposure

If trinitrotoluene or liquids containing trinitrotoluene get into the eyes, wash eyes immediately with large amounts of water, lifting the lower and upper lids occasionally. Get medical attention immediately. Contact lenses should not be worn when working with this chemical.

• Skin Exposure

If trinitrotoluene or liquids containing trinitrotoluene get on the skin, promptly wash the contaminated skin using soap or mild detergent and water. If trinitrotoluene or liquids containing trinitrotoluene penetrate through the clothing, remove the clothing immediately and wash the skin using soap or mild detergent and water. Get medical attention immediately.

• Breathing

If a person breathes in large amounts of trinitrotoluene, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Keep the affected person warm and at rest. Get medical attention as soon as possible.

• Swallowing

When trinitrotoluene or liquids containing trinitrotoluene have been swallowed and the person is conscious, give the person large quantities of water immediately. After the water has been swallowed, try to get the person to vomit by having him touch the back of his throat with his finger. Do not make an unconscious person vomit. Get medical attention immediately.

• Rescue

Move the affected person from the hazardous exposure. If the exposed person has been overcome, notify someone else and put into effect the established emergency rescue procedures. Do not become a casualty. Understand the facility's emergency rescue procedures and know the locations of rescue equipment before the need arises.

SPILL AND DISPOSAL PROCEDURES

- Persons not wearing protective equipment and clothing should be restricted from areas of spills until cleanup has been completed.
- If trinitrotoluene is spilled, the following steps should be taken:
 1. Ventilate area of spill.
 2. Attempt to reclaim spilled material; however, do not sweep or burn unless this is supervised by explosives experts.
- Waste disposal method:
Trinitrotoluene may be disposed of only by explosives experts.

REFERENCES

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RESPIRATORY PROTECTION FOR TRINITROTOLUENE

Condition	Minimum Respiratory Protection* Required Above 1.5 mg/m ³
Particulate or Vapor Concentration	
15 mg/m ³ or 1.5 ppm or less	Any supplied-air respirator. Any self-contained breathing apparatus.
75 mg/m ³ or 7.5 ppm or less	Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.
3000 mg/m ³ or 300 ppm or less	A Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure mode or with a full facepiece, helmet, or hood operated in continuous-flow mode.
Greater than 3000 mg/m ³ or 300 ppm or entry and escape from unknown concentrations	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode. A combination respirator which includes a Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure or continuous-flow mode and an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive pressure mode.
Fire Fighting	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode.
Escape	Any gas mask providing protection against organic vapors and particulates. Any escape self-contained breathing apparatus.

*Only NIOSH-approved or MSHA-approved equipment should be used.

