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Antimony (CASRN 7440-36-0)

Health assessment information on a chemical substance is included in IRIS only after a comprehensive review of toxicity data by U.S. EPA health scientists from several Program Offices, Regional Offices, and the Office of Research and Development.

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Status of Data for Antimony

File First On-Line: 01/31/1987 Last Significant Revision: 02/01/1991

Category

Status

Last Revised

Oral RfD Assessment

On-line

02/01/1991

Inhalation RfC Assessment

No data

Carcinogenicity Assessment

No data

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Critical Effect Longevity, blood Experimental Dose UF

MF

RfD

LOAEL: 0.35 mg/kg-day

1000 1

4x10⁻⁴ mg/kg-day

glucose, and

cholesterol

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Rat chronic oral bioassay, Schroeder et al., 1970

Confidence in the Oral RfD

Study -- Low Database -- Low RFD -- Low

Reference Concentration for Chronic Inhalation Exposure (RfC)

Not Assessed under the IRIS Program.

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Not Assessed under the IRIS Program.

AR 033810

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Not Assessed under the IRIS Program.	
Quantitative Estimate of Carcinogenic Risk from Inhalat	ion Exposure
Not Assessed under the IRIS Program.	
Revision History	
Review Full IRIS Summary for complete Revision History.	
Synonyms	
7440-36-0	, 100 and 100
Antymon	
Antimony	
Antimony black	
Antimony powder	
Antimony, regulus	
C.I. 77050	
Stibium	
UN 2871	

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Arsenic, inorganic (CASRN 7440-38-2)

Health assessment information on a chemical substance is included in IRIS only after a comprehensive review of toxicity data by U.S. EPA health scientists from several Program Offices, Regional Offices, and the Office of Research and Development.

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Status of Data for Arsenic, inorganic

File First On-Line: 02/10/1988

Last Significant Revision: 06/01/1995

Category

Status

Last Revised 02/01/1993

Oral RfD Assessment

On-line

Inhalation RfC Assessment Carcinogenicity Assessment No data On-line

04/10/1998

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Experimental Dose UF Critical Effect Hyperpigmentation, NOAEL: 0.0008

mg/kg-day

MF

3x10⁻⁴ mg/kg-day

keratosis and possible vascular complications

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Human chronic oral exposure, Tseng, 1977; Tseng et al., 1968

Confidence in the Oral RfD

Study -- Medium Database -- Medium RFD -- Medium

Reference Concentration for Chronic Inhalation Exposure (RfC)

Not Assessed under the IRIS Program.

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

A (Human Carcinogen)

Weight of Evidence Narrative:

Based on sufficient evidence from human data. An increased lung cancer mortality was observed in multiple human populations exposed primarily through inhalation. Also, increased mortality from multiple internal organ cancers (liver, kidney, lung, and bladder) and an increased incidence of skin cancer were observed in populations consuming drinking water high in inorganic arsenic.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Oral Slope Factor(s)

Drinking Water Unit Risk(s)

Extrapolation Method

1.5 per mg/kg-day

 $5x10^{-2}$ per mg/L

Time- and dose-related formulation of

the multistage model

Drinking Water Concentrations at Specified Risk Levels

Risk Level

Concentration

E-4 (1 in 10,000)

2x10⁻³ mg/L

E-5 (1 in 100,000)

 $2x10^{-4}$ mg/L

E-6 (1 in 1,000,000)

2x10⁻⁵ mg/L

Dose-Response Data (Carcinogenicity, Oral Exposure)

Tumor Type: Skin cancer Test Species: Human Route: Oral, Drinking water

Reference: Tseng, 1977; Tseng et al., 1968; U.S. EPA, 1988

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Air Unit Risk(s)

Extrapolation Method

4.3 per mg/m3 Absolute-risk linear model

Air Concentrations at Specified Risk Levels

Risk Level

Concentration

E-4 (1 in 10,000)

 $2x10^{-5}$ mg/m3

E-5 (1 in 100,000)

 $2x10^{-6}$ mg/m3

E-6 (1 in 1,000,000)

 $2x10^{-7}$ mg/m3

Dose-Response Data (Carcinogenicity, Inhalation Exposure)

Tumor Type: Lung cancer Test Species: Human, male

Route: Inhalation, Occupational exposure

Reference: Brown and Chu, 1983a,b,c; Lee-Feldstein, 1983; Higgins, 1982; Enterline and Marsh, 1982

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms

Arsenic

Arsenic, inorganic

7440-38-2

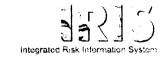
Gray-arsenic

Arsenic, inorganic

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Beryllium and compounds (CASRN 7440-41-7)

Toxicological Review (PDF) Available

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For definitions of terms in the IRIS Web site, refer to the IRIS Glossary.

Status of Data for Beryllium and compounds

File First On-Line: 01/31/1997 Last Significant Revision: 04/03/1998

Category Status Last Revised
Oral RfD Assessment On-line 04/03/1998
Inhalation RfC Assessment On-line 04/03/1998
Carcinogenicity Assessment On-line 04/03/1998

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Critical Effect	Experimental Dose	UF	MF	RfD
Small intestinal lesions	BMD ₁₀ : 0.46 mg/kg-day	300	1	2x10 ⁻³ mg/kg-day

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See <u>Discussion of Conversion</u> Factors and Assumptions for more details.

Principal Study

Dog dietary study, Morgareidge et al., 1976

Confidence in the Oral RfD

Study -- Medium
Database -- Low/Medium
RFD -- Low/Medium

Reference Concentration for Chronic Inhalation Exposure (RfC)

Critical Effect	Experimental Dose	UF	MF	RfC
Beryllium sensitization and progression to CBD	LOAEL (HEC): 0.0002 mg/m3	10		2x10 ⁻⁵ mg/m3

The Experimental Dose listed serves as a basis from which the Inhalation RfC was derived. See <u>Discussion of Conversion</u> Factors and Assumptions for more details.

Principal Study

Occupational study, Kreiss et al., 1996

Confidence in the Inhalation RfC

Study -- Medium Database -- Medium RfC -- Medium

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

B1 (Probable human carcinogen - based on limited evidence of carcinogenicity in humans and sufficient evidence of carcinogenicity in animals)

Weight of Evidence Narrative:

Using the 1996 proposed Guidelines for Carcinogen Risk Assessment, inhaled beryllium would be characterized as a "likely" carcinogen in humans, and the human carcinogenic potential of ingested beryllium cannot be determined.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Information reviewed but value not estimated. Refer to Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Air Unit Risk(s)

Extrapolation Method

2.4 per mg/m3

Relative risk

Air Concentrations at Specified Risk Levels

Risk Level

Concentration

E-4 (1 in 10,000)

 $4x10^{-5}$ mg/m3

E-5 (1 in 100,000)

 $4x10^{-6}$ mg/m3

E-6 (1 in 1,000,000)

 $4x10^{-7}$ mg/m3

Dose-Response Data (Carcinogenicity, Inhalation Exposure)

Tumor Type: Lung cancer

Test Species: Human, male

Route: Inhalation, Occupational exposure

Reference: Wagoner et al., 1980

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms

7440-41-7

Beryllium

Beryllium-9

Glucinum

RCRA Waste Number p015

UN 1567

Beryllium and compounds

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Cadmium (CASRN 7440-43-9)

Health assessment information on a chemical substance is included in IRIS only after a comprehensive review of toxicity data by U.S. EPA health scientists from several Program Offices, Regional Offices, and the Office of Research and Development.

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For definitions of terms in the IRIS Web site, refer to the IRIS Glossary.

Status of Data for Cadmium

File First On-Line: 03/31/1987

Last Significant Revision: 01/01/1991

Category

Status

Last Revised

Oral RfD Assessment

On-line

02/01/1994

Inhalation RfC Assessment

No data On-line

Carcinogenicity Assessment

06/01/1992

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Critical Effect Significant proteinuria	Experimental Dose NOAEL: 0.005 mg/kg-day	<u>UF</u> 10	MF 1	RfD 5x10 ⁻⁴ mg/kg-day (water)
	NOAEL: 0.01 mg/kg-day	10	1	1x10 ⁻³ mg/kg-day (food)

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Human studies involving chronic exposures, U.S. EPA, 1985

Confidence in the Oral RfD

Study -- Not Available Database -- High RFD -- High

Study -- Not Available Database -- High RFD -- High

Reference Concentration for Chronic Inhalation Exposure (RfC)

Not Assessed under the IRIS Program.

AR 033818

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

B1 (Probable human carcinogen - based on limited evidence of carcinogenicity in humans and sufficient evidence of carcinogenicity in animals)

Weight of Evidence Narrative:

Limited evidence from occupational epidemiologic studies of cadmium is consistent across investigators and study populations. There is sufficient evidence of carcinogenicity in rats and mice by inhalation and intramuscular and subcutaneous injection. Seven studies in rats and mice wherein cadmium salts (acetate, sulfate, chloride) were administered orally have shown no evidence of carcinogenic response.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Not Assessed under the IRIS Program.

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Air Unit Risk(s)

Extrapolation Method

1.8 per mg/m3

Two stage; only first affected by exposure; extra

risk

Air Concentrations at Specified Risk Levels

Risk Level

Concentration

E-4 (1 in 10,000)

 $6x10^{-5}$ mg/m³

E-5 (1 in 100,000)

 $6x10^{-6}$ mg/m³

E-6 (1 in 1,000,000)

 $6x10^{-7} \text{ mg/m}$

Dose-Response Data (Carcinogenicity, Inhalation Exposure)

Tumor Type: Lung, trachea, bronchus cancer deaths

Test Species: Human/ white male

Route: Inhalation, Exposure in the workplace

Reference: Thun et al., 1985

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms

Cadmium

7440-43-9

Kadmium

C.I. 77180

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Chromium(III), insoluble salts (CASRN 16065-83-1)

Toxicological Review (PDF) Available

Health assessment information on a chemical substance is included in IRIS only after a comprehensive review of toxicity data by U.S. EPA health scientists from several Program Offices, Regional Offices, and the Office of Research and Development.

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Status of Data for Chromium(III), insoluble salts

File First On-Line: 01/31/1987 Last Significant Revision: 09/03/1998

Category Status Last Revised Oral RfD Assessment On-line 09/03/1998 Inhalation RfC Assessment On-line 09/03/1998 09/03/1998 Carcinogenicity Assessment On-line

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Critical Effect Experimental Dose MF RfD No effects NOAEL (ADJ): 100 1.5 mg/kg-day 10 observed 1468 mg/kg-day

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Rat chronic feeding study, Ivankovic and Preussman, 1975

Confidence in the Oral RfD

Study -- Low Database -- Low RFD -- Low

Reference Concentration for Chronic Inhalation Exposure (RfC)

Information reviewed but value not estimated. Refer to Full IRIS Summary.

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

D (Not classifiable as to human carcinogenicity)

Weight of Evidence Narrative:

Using the Proposed Guidelines for Carcinogen Risk Assessment (EPA, 1996), there are inadequate data to determine the potential carcinogenicity of trivalent chromium, as discussed below. However, the classification of hexavalent chromium as a known human carcinogen raises a concern for the carcinogenic potential of trivalent chromium.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Not Assessed under the IRIS Program.

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Not Assessed under the IRIS Program.

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms

Chromium (III)

Chromic ion

16065-83-1

7440-47-3

Chromium

Chromium (III) ion

Chromium, ion

Chromium(III), insoluble salts

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Chromium(VI) (CASRN 18540-29-9)

Toxicological Review (PDF) Available

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For definitions of terms in the IRIS Web site, refer to the IRIS Glossary.

Status of Data for Chromium(VI)

File First On-Line: 03/31/1987 Last Significant Revision: 09/03/1998

Category	Status	Last Revised
Oral RfD Assessment	On-line	09/03/1998
Inhalation RfC Assessment	On-line	09/03/1998
Carcinogenicity Assessment	On-line	09/03/1998

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

		- 1	The state of the s	
Critical Effect None reported	Experimental Dose NOAEL (ADJ): 2.5	 <u>MF</u> 3	RfD 3x10 ⁻³ mg/kg-day	
	mg/kg-day			

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Rat, 1-year drinking water study, MacKenzie et al., 1958

Confidence in the Oral RfD

Study -- Low Database -- Low RFD -- Low

Reference Concentration for Chronic Inhalation Exposure (RfC)

Critical Effect Nasal septum atrophy	Experimental Dose LOAEL (ADJ): 90 0.000714 mg/m3		<u>MF</u> 1	RfC 8x10 ⁻⁶ mg/m3 (Chromic acid mists and dissolved Cr(VI) aerosols)	
Lactate dehydrogenase in bronchioalveolar lavage fluid	BMC ₁₀ (ADJ): 0.034 30 mg/m3	00	1	1x10 ⁻⁴ mg/m3 (Cr(VI) particulates)	AR 033822

The Experimental Dose listed serves as a basis from which the Inhalation RfC was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Human subchronic occupational study, Lindberg and Hedenstierna, 1983

Rat subchronic study, Glaser et al., 1990; Malsch et al., 1994

Confidence in the Inhalation RfC

Study -- Low Database -- Low RfC -- Low

Study -- Medium Database -- Not Available RfC -- Medium

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

A (Human Carcinogen) (Inhalation route)

D (Not classifiable as to human carcinogenicity) (Oral route)

Weight of Evidence Narrative:

Under the proposed guidelines (EPA, 1996), Cr(VI) would be characterized as a known human carcinogen by the inhalation route of exposure.

The oral carcinogenicity of Cr(VI) cannot be determined. No data were located in the available literature that suggested that Cr(VI) is carcinogenic by the oral route of exposure.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Information reviewed but value not estimated. Refer to Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Air Unit Risk(s) **Extrapolation Method** $1.2 \times 10^{1} \text{ per mg/m}$

Multistage, extra risk

Air Concentrations at Specified Risk Levels

Concentration Risk Level E-4 (1 in 10,000) $8x10^{-6} \text{ mg/m}$ E-5 (1 in 100,000) $8x10^{-7}$ mg/m3 E-6 (1 in 1,000,000) $8x10^{-8}$ mg/m³

Dose-Response Data (Carcinogenicity, Inhalation Exposure)

Tumor Type: Lung cancer Test Species: Human

Route: Inhalation, Occupational exposure

Reference: Mancuso, 1975

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms	
Chromic ion	
Chromium (VI)	
18540-29-9	
7440-47-3	
Chromium	
Chromium, ion	
Chromium (VI) ion	

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Selenium and Compounds (CASRN 7782-49-2)

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For definitions of terms in the IRIS Web site, refer to the IRIS Glossary.

Status of Data for Selenium and Compounds

File First On-Line: 03/01/1991 Last Significant Revision: 06/01/1991

Category

Status

Last Revised 09/01/1991

Oral RfD Assessment

On-line

No data

Inhalation RfC Assessment Carcinogenicity Assessment

On-line

07/01/1993

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Critical Effect Clinical selenosis

Experimental Dose NOAEL: 0.015

MF RfD

5x10⁻³ mg/kg-day

mg/kg-day

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion

Factors and Assumptions for more details.

Principal Study

Human epidemiological study, Yang et al., 1989b

Confidence in the Oral RfD

Study -- Medium Database -- High RFD -- High

Reference Concentration for Chronic Inhalation Exposure (RfC)

Not Assessed under the IRIS Program.

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

D (Not classifiable as to human carcinogenicity)

AR 033825

Weight of Evidence Narrative:

Based on inadequate human data and inadequate evidence of carcinogenicity in animals. The evidence for various selenium compounds in animal and mutagenicity studies is conflicting and difficult to interpret; however, evidence for selenium sulfide is sufficient for a B2 (probable human carcinogen) classification.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Not Assessed under the IRIS Program.

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Not Assessed under the IRIS Program.

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms

Elemental Selenium

Selenium dust

C.I. 77805

EPA Pesticide Chemical Code 072001

Selenium elemental

Selenic acid, disodium salt

Sodium selenate

Disodium selenium trioxide

7782-49-2

Selenium

Caswell No. 732

HSDB 4493

Selen [polish]

Selenio [Spanish]

Selenium

Selenium alloy

Selenium base

Selenium homopolymer

13410-01-0

Caswell No. 791

Natriumseleniat [German]

NSC 378348

Selenic acid, disodium salt

10102-18-8

Disodium selenite

HSDB 768

Natriumselenit [German]

Sodium selenite

UN 2630

7783-00-8

Selenious acid

Selenious acid

7783-08-6

Selenic acid

Acido selenico [Spanish]

HSDB 675

Selenic acid

Sodium selenide [na2se]

Disodium monoselenide

Monohydrated Selenium Dioxide

1313-85-5

Selenium and Compounds

UN 2658

Disodium selenate

Selenious acid, disodium salt

Selenious acid, disodium salt

HSDB 6065 Acide selenique [French] UN 1905 Sodium selenide EPA Pesticide Chemical Code 072002

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Silver (CASRN 7440-22-4)

Health assessment information on a chemical substance is included in IRIS only after a comprehensive review of toxicity data by U.S. EPA health scientists from several Program Offices, Regional Offices, and the Office of Research and Development.

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For definitions of terms in the IRIS Web site, refer to the IRIS Glossary.

Status of Data for Silver

File First On-Line: 01/31/1987

Last Significant Revision: 12/01/1991

Category

Status On-line Last Revised 12/01/1996

Oral RfD Assessment

No data

Inhalation RfC Assessment Carcinogenicity Assessment

On-line

06/01/1989

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

mg/kg-day

Critical Effect Argyria

Experimental Dose LOAEL: 0.014

MF

5x10⁻³ mg/kg-day

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

2- to 9-year human i.v. study, Gaul and Staud, 1935

Confidence in the Oral RfD

Study -- Medium Database -- Low RFD -- Low

Reference Concentration for Chronic Inhalation Exposure (RfC)

Not Assessed under the IRIS Program.

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

D (Not classifiable as to human carcinogenicity)

AR 033828

Weight of Evidence Narrative:

In animals, local sarcomas have been induced after implantation of foils and discs of silver. However, the interpretation of these findings has been questioned due to the phenomenon of solid-state carcinogenesis in which even insoluble solids

Argentum crede

Silver

such as plastic have been shown to result in local fibrosarcomas.
This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.
Quantitative Estimate of Carcinogenic Risk from Oral Exposure
Not Assessed under the IRIS Program.
Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure
Not Assessed under the IRIS Program.
Revision History
Review Full IRIS Summary for complete Revision History.
Synonyms
Collargol 7440-22-4

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Zinc and Compounds (CASRN 7440-66-6)

Health assessment information on a chemical substance is included in IRIS only after a comprehensive review of toxicity data by U.S. EPA health scientists from several Program Offices, Regional Offices, and the Office of Research and Development.

Disclaimer: This QuickView represents a snapshot of key information. We suggest that you read the Full IRIS Summary to put this information into complete context.

For definitions of terms in the IRIS Web site, refer to the IRIS Glossary.

Status of Data for Zinc and Compounds

File First On-Line: 02/01/1991

Last Significant Revision: 10/01/1992

Category

Status

Last Revised

Oral RfD Assessment

On-line

10/01/1992

Inhalation RfC Assessment

No data On-line

Carcinogenicity Assessment

02/01/1991

Chronic Health Hazard Assessments for Noncarcinogenic Effects

Reference Dose for Chronic Oral Exposure (RfD)

Critical Effect

Experimental Dose UF LOAEL: 1.0 mg/kg- 3

<u>MF</u>

RfD

3x10⁻¹ mg/kg-day

day

47% decrease in erythrocyte

superoxide

dismutase (ESOD)

concentration in

adult females after

10 weeks of zinc

exposure

The Experimental Dose listed serves as a basis from which the Oral RfD was derived. See Discussion of Conversion Factors and Assumptions for more details.

Principal Study

Human diet supplement study, Yadrick et al., 1989

Confidence in the Oral RfD

Study -- Medium Database -- Medium RFD -- Medium

Reference Concentration for Chronic Inhalation Exposure (RfC)

Not Assessed under the IRIS Program.

Carcinogenicity Assessment for Lifetime Exposure

Weight of Evidence Characterization

Weight of Evidence (1986 US EPA Guidelines):

D (Not classifiable as to human carcinogenicity)

Weight of Evidence Narrative:

Based on inadequate evidence in humans and animals.

This may be a synopsis of the full weight-of-evidence narrative. See Full IRIS Summary.

Quantitative Estimate of Carcinogenic Risk from Oral Exposure

Not Assessed under the IRIS Program.

Quantitative Estimate of Carcinogenic Risk from Inhalation Exposure

Not Assessed under the IRIS Program.

Revision History

Review Full IRIS Summary for complete Revision History.

Synonyms

Zinc

Emanay zinc dust

UN 1436

Zinc, ashes

7440-66-6

Asarco l 15

Blue powder

Cinc [Spanish]

Granular zinc

HSDB 1344

Jasad

Lead refinery vacuum zinc

Merrillite

Zinc

Zinc dust

Zinc powder

Zinc, powder or dust, non-pyrophoric

Zinc, powder or dust, pyrophoric

Zinc and Compounds

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URL: http://www.epa.gov/iris/quickview.cfm
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