

## ARDEX X68 Tile Adhesive Ardex (Ardex NZ)

Chemwatch: **5322-63** Version No: **6.1.1.1** Safety Data Sheet according to HSNO Regulations

## Chemwatch Hazard Alert Code: 3

Issue Date: 01/11/2019 Print Date: 08/09/2020 S.GHS.NZL.EN

## SECTION 1 Identification of the substance / mixture and of the company / undertaking

#### **Product Identifier**

Product name	ARDEX X68 Tile Adhesive	
Synonyms	Not Available	
Other means of identification	Not Available	

#### Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses	Lightweight cementitious tile adhesive.
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#### Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex NZ)	
Address	32 Lane Street Woolston Christchurch New Zealand	
Telephone	64 3384 3029	
Fax	+64 3384 9779	
Website	Not Available	
Email	Not Available	

#### Emergency telephone number

Association / Organisation	Ardex (Ardex NZ)	
Emergency telephone numbers	+64 3 373 6900	
Other emergency telephone numbers	0800 764 766 (NZ NPC)	

## **SECTION 2 Hazards identification**

#### Classification of the substance or mixture

Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Not regulated for transport of Dangerous Goods.

#### ChemWatch Hazard Ratings

	Min Max	i
Flammability	1	
Toxicity	1	0 = Minimum
Body Contact	3	1 = Low
Reactivity	1	2 = Moderate
Chronic	2	3 = High 4 = Extreme

Classification <sup>[1]</sup>	Acute Toxicity (Oral) Category 5, Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)	
Legend:	1. Classified by Chernwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	
Determined by Chemwatch using GHS/HSNO criteria	6 1E (oral) 6 3A 8 3A 6 5B (contact)	

Hazard pictogram(s)	

Signal word Danger

## Hazard statement(s)

H303	May be harmful if swallowed.	
H315	auses skin irritation.	
H318	Causes serious eye damage.	
H317	May cause an allergic skin reaction.	
H335	May cause respiratory irritation.	

## Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.	
P280	Vear protective gloves/protective clothing/eye protection/face protection.	
P261	Avoid breathing dust/fumes.	
P272	2 Contaminated work clothing should not be allowed out of the workplace.	

## Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P310	Immediately call a POISON CENTER/doctor/physician/first aider.	
P321	Specific treatment (see advice on this label).	
P302+P352	IF ON SKIN: Wash with plenty of water.	

## Precautionary statement(s) Storage

P405	05 Store locked up.	
P403+P233	Store in a well-ventilated place. Keep container tightly closed.	

## Precautionary statement(s) Disposal

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

## **SECTION 3 Composition / information on ingredients**

P501

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
65997-15-1	>40	portland cement
65997-17-3	10-40	glass, oxide
93763-70-3	<5	perlite
Not Available	balance	Ingredients determined not to be hazardous

## **SECTION 4 First aid measures**

## Description of first aid measures

Eye Contact	<ul> <li>If this product comes in contact with the eyes:</li> <li>Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>Transport to hospital or doctor without delay.</li> <li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	If skin contact occurs:  If skin contact occurs: If skin contact occurs: If skin contact occurs: If inmediately remove all contaminated clothing, including footwear. If itush skin and hair with running water (and soap if available). Seek medical attention in event of irritation. For thermal burns: Decontaminate area around burn. Consider the use of cold packs and topical antibiotics. For first-degree burns (affecting top layer of skin) Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides. Use compresses if running water is not available. Cover with sterile non-adhesive bandage or clean cloth. Do NOT apply butter or ointments; this may cause infection. Give over-the counter pain relievers if pain increases or swelling, redness, fever occur.

	<ul> <li>For second-degree burns (affecting top two layers of skin)</li> <li>Cool the burn by immerse in cold running water for 10-15 minutes.</li> <li>Use compresses if running water is not available.</li> <li>Do NOT apply ice as this may lower body temperature and cause further damage.</li> <li>Do NOT break blisters or apply butter or ointments; this may cause infection.</li> <li>Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.</li> <li>To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort):</li> <li>Lay the person flat.</li> <li>Elevate feet about 12 inches.</li> <li>Elevate feet about 12 inches.</li> <li>Seek medical assistance.</li> <li>For third-degree burns</li> <li>Seek immediate medical or emergency assistance.</li> <li>In the mean time:</li> <li>Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound.</li> <li>Separate burned toes and fingers with dry, sterile dressings.</li> <li>Do not soak burn in water or apply ointments or butter; this may cause infection.</li> <li>To prevent shock see above.</li> <li>For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.</li> <li>Have a person with a facial burn sit up.</li> <li>Check pulse and breathing to monitor for shock until emergency help arrives.</li> </ul>
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>Transport to hospital, or doctor, without delay.</li> </ul>
Ingestion	<ul> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Seek medical advice.</li> </ul>

#### Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

- For acute or short-term repeated exposures to highly alkaline materials:
- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- + Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue. Alkalis continue to cause damage after exposure.

INGESTION:

Milk and water are the preferred diluents

- No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.
- \* Catharsis and emesis are absolutely contra-indicated.
- \* Activated charcoal does not absorb alkali.
- \* Gastric lavage should not be used.

Supportive care involves the following:

Withhold oral feedings initially.

- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

#### **SECTION 5 Firefighting measures**

#### Extinguishing media

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

#### Special hazards arising from the substrate or mixture

Fire Incompatibility	Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result		
dvice for firefighters			
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> </ul>		
Fire/Explosion Hazard	<ul> <li>Solid which exhibits difficult combustion or is difficult to ignite.</li> <li>Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion.</li> <li>Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.</li> <li>A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capabl of damaging plant and buildings and injuring people.</li> </ul>		

silicon dioxide (SiO2) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
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#### **SECTION 6 Accidental release measures**

## Personal precautions, protective equipment and emergency procedures

See section 8

#### **Environmental precautions**

See section 12

## Methods and material for containment and cleaning up

Minor Spills	<ul> <li>Remove all ignition sources.</li> <li>Clean up all spills immediately.</li> <li>Avoid contact with skin and eyes.</li> <li>Control personal contact with the substance, by using protective equipment.</li> </ul>
Major Spills	Moderate hazard.  CAUTION: Advise personnel in area.  Alert Emergency Services and tell them location and nature of hazard.  Control personal contact by wearing protective clothing.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

## **SECTION 7 Handling and storage**

recautions for safe handling Safe handling	<ul> <li>Avoid all personal contact, including inhalation.</li> <li>Wear protective clothing when risk of exposure occurs.</li> <li>Use in a well-ventilated area.</li> <li>Prevent concentration in hollows and sumps.</li> <li>Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)</li> <li>Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.</li> <li>Establish good housekeeping practices.</li> <li>Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.</li> </ul>
Other information	<ul> <li>Store in original containers.</li> <li>Keep containers securely sealed.</li> <li>Store in a cool, dry area protected from environmental extremes.</li> <li>Store away from incompatible materials and foodstuff containers.</li> </ul>

## Conditions for safe storage, including any incompatibilities

Suitable container	<ul> <li>Polyethylene or polypropylene container.</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<ul> <li>WARNING: Avoid or control reaction with peroxides. All <i>transition metal</i> peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.</li> <li>The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.</li> <li>Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>Avoid contact with copper, aluminium and their alloys.</li> <li>Avoid reaction with oxidising agents</li> </ul>

## **SECTION 8 Exposure controls / personal protection**

#### **Control parameters**

L	Occupational	Exposure	Limits	(OEL)
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#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	portland cement	Portland cement	3 mg/m3	Not Available	Not Available	dsen-Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	portland cement	Portland cement respirable dust	1 mg/m3	Not Available	Not Available	dsen-Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	perlite	Perlite	10 mg/m3	Not Available	Not Available	Not Available

#### Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
glass, oxide	Fibrous glass; (Fiber glass; Glass frit; Synthetic vitreous fibers)	15 mg/m3	170 mg/m3	990 mg/m3
perlite	Perlite; (Fused NaKAI silicate, < 1% quartz)	15 mg/m3	230 mg/m3	1,400 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m3	Not Available
glass, oxide	Not Available	Not Available
perlite	Not Available	Not Available

Expo	osure	controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.		
Personal protection			
Eye and face protection	<ul> <li>Safety glasses with side shields.</li> <li>Chemical goggles.</li> <li>Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.</li> </ul>		
Skin protection	See Hand protection below		
Hands/feet protection	<ul> <li>NOTE:</li> <li>The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> <li>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</li> <li>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</li> <li>Personal hygiene is a key element of effective hand care.</li> <li>Neoprene rubber gloves</li> <li>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</li> <li>polychloroprene.</li> <li>nitrile rubber.</li> <li>butyl rubber.</li> </ul>		
Body protection	See Other protection below		
Other protection	<ul> <li>Overalls.</li> <li>P.V.C apron.</li> <li>Barrier cream.</li> <li>Skin cleansing cream.</li> </ul>		

#### **Respiratory protection**

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	P1 Air-line*	-	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

\* - Negative pressure demand \*\* - Continuous flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).

Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.

Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.

Use approved positive flow mask if significant quantities of dust becomes airborne.

Try to avoid creating dust conditions.

## **SECTION 9** Physical and chemical properties

#### Information on basic physical and chemical properties

Appearance	White alkaline powder; soluble in water.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available

Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	>11.5
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

## **SECTION 10 Stability and reactivity**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

## **SECTION 11 Toxicological information**

## Information on toxicological effects

Skin Contactcontact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers at cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine th prior to the use of the material and ensure that any external damage is suitably protected.EyeIf applied to the eyes, this material causes severe eye damage.Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Cerement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation it to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis cau be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact whighly alkaline mixtures may cause localised necrosis. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may pri a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly when a sig	ARDEX X68 Tile Adhesive	ΤΟΧΙCITY	IRRITATION	
Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further distif excessive concentrations of particulate are inhaled.         Inhaled       If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.         Effects on lungs are significantly enhanced in the presence of respirable particles.         Accidental ingestion of the material may be damaging to the health of the individual.         This material can cause inflammation of the skin on contact in some persons.         The material may accentuate any pre-existing dermatitis condition         Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cem contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.         Skin contact       Skin contact dermatitis since it may cause drying and defatting of the skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers a cancer are significantly related.         Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the prior to the use of the material and ensure that any external damage is suitably protected.	Chronic	Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms m include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may prod a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly to when a significant number of particles less than 0.5 microns (1/50000 inch) are present.		
Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further dis         if excessive concentrations of particulate are inhaled.         If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be         conducted on individuals who may be exposed to further risk if handling and use of the material result         in excessive exposures.         Effects on lungs are significantly enhanced in the presence of respirable particles.         Accidental ingestion of the material may be damaging to the health of the individual.         This material can cause inflammation of the skin on contact in some persons.         The material may accentuate any pre-existing dermatitis condition         Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cemer contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.         Skin contact       Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers a cancer are significantly related.         Open cuts, abraded or irritated skin should not be exposed to this material       Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine th	Eye	If applied to the eyes, this material causes severe eye damage.		
Inhaled       Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disif excessive concentrations of particulate are inhaled.         Inhaled       If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.         Effects on lungs are significantly enhanced in the presence of respirable particles.	Skin Contact	The material may accentuate any pre-existing dermatitis condition Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and ski cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin		
Inhaled Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further dis if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.	Ingestion			
The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.	Inhaled	Inhalation of dusts, generated by the material during the Persons with impaired respiratory function, airway disea if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems ha conducted on individuals who may be exposed to furthe in excessive exposures.	course of normal handling, may be damaging to the health of the individual. ses and conditions such as emphysema or chronic bronchitis, may incur further disabilit s occurred or if kidney damage has been sustained, proper screenings should be r risk if handling and use of the material result	

	ΤΟΧΙΟΙΤΥ	IRRITATION	
portland cement	Not Available	Not Available	
	тохісіту	IRRITATION	
glass, oxide	Not Available	Not Available	
	ΤΟΧΙΟΙΤΥ	IRRITATION	
perlite	Oral (mouse) LD50: 12960 mg/kg <sup>[2]</sup>	Not Available	
Legend:	<ol> <li>Value obtained from Europe ECHA Registered Sub specified data extracted from RTECS - Register of To:</li> </ol>		ained from manufacturer's SDS. Unless otherwise
PORTLAND CEMENT	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important.		
GLASS, OXIDE	A similar spherical glass powder was nontoxic to rats at 5,000 mg/kg. All animals survived, gained weight and appeared active and healthy. There were no signs of gross toxicity, adverse pharmacologic effects or abnormal behavior. There are no known reports of subchronic toxicity of nonfibrous glass. There are no known reports of carcinogenicity of nonfibrous glass When tested for primary irritation potential, a similar material caused minimal irritation to eyes and was non-irritating to skin. Dust in excess of recommended exposure limits may result in irritation to the respiratory tract		
PORTLAND CEMENT & PERLITE			
PORTLAND CEMENT & GLASS, OXIDE	No significant acute toxicological data identified in literature search.		
Acute Toxicity	✓	Carcinogenicity	×
Skin Irritation/Corrosion	✓	Reproductivity	×
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	¥
Respiratory or Skin	~	STOT - Repeated Exposure	×
sensitisation	· ·		

Data entrier not available of does not mill
 Data available to make classification

## **SECTION 12 Ecological information**

	Endpoint	Test Duration (hr)	Species		Value	Source
ARDEX X68 Tile Adhesive	Not Available	Not Available	Not Available		Not Available	Not Availab
	Endpoint	Test Duration (hr)	Species		Value	Source
portland cement	Not Available	Not Available	Not Available		Not Available	Not Availat
	Endpoint	Test Duration (hr)	Species	Valu	ue	Sour
	LC50	96	Fish	>1-1	mg/L	2
glass, oxide	EC50	48	Crustacea	0.47	76mg/L	2
	EC50	96	Algae or other aquatic plants	0.00	)2-0.655mg/L	2
	NOEC	240	Algae or other aquatic plants	0.00	)1-mg/L	2
	Endpoint	Test Duration (hr)	Species		Value	Source
perlite	Not Available	Not Available	Not Available		Not Available	Not Availab

DO NOT discharge into sewer or waterways.

# Persistence and degradability Ingredient Persistence: Water/Soil F

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation	
	No Data available for all ingredients	
Mobility in soil		
Ingredient	Mobility	
	No Data available for all ingredients	

#### **SECTION 13 Disposal considerations**

Waste treatment methods		
Product / Packaging disposal	<ul> <li>DO NOT allow wash water from cleaning or process equipment to enter drains.</li> <li>It may be necessary to collect all wash water for treatment before disposal.</li> <li>In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>Where in doubt contact the responsible authority.</li> </ul>	

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

#### **Disposal Requirements**

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.

#### **SECTION 14 Transport information**

#### Labels Required

Marine Pollutant	NO	
HAZCHEM	Not Applicable	

#### Land transport (UN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

#### Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Transport in bulk according to Annex II of MARPOL and the IBC code Not Applicable

## **SECTION 15 Regulatory information**

#### Safety, health and environmental regulations / legislation specific for the substance or mixture

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard		
HSR002624	N.O.S. (Subsidiary Hazard) Group Standard 2017		
HSR002535	Gas Under Pressure Mixtures (Subsidiary Hazard) Group Standard 2017		
HSR002596	Laboratory Chemicals and Reagent Kits Group Standard 2017		
HSR002530	Cleaning Products (Subsidiary Hazard) Group Standard 2017		
HSR002585	Fuel Additives (Subsidiary Hazard) Group Standard 2017		
HSR002519	Aerosols (Subsidiary Hazard) Group Standard 2017		
HSR002521	Animal Nutritional and Animal Care Products Group Standard 2017		
HSR002606	Lubricants, Lubricant Additives, Coolants and Anti-freeze Agents (Subsidiary Hazard) Group Standard 2017		
HSR002644	Polymers (Subsidiary Hazard) Group Standard 2017		
HSR002647	Reagent Kits Group Standard 2017		
HSR002670	Surface Coatings and Colourants (Subsidiary Hazard) Group Standard 2017		
HSR002638	Photographic Chemicals (Subsidiary Hazard) Group Standard 2017		
HSR002565	Embalming Products (Subsidiary Hazard) Group Standard 2017		
HSR002578	Food Additives and Fragrance Materials (Subsidiary Hazard) Group Standard 2017		
HSR002558	Dental Products (Subsidiary Hazard) Group Standard 2017		
HSR002684	Water Treatment Chemicals (Subsidiary Hazard) Group Standard 2017		
HSR002573	Fire Fighting Chemicals Group Standard 2017		
HSR100425	Pharmaceutical Active Ingredients Group Standard 2017		
HSR002600	Leather and Textile Products (Subsidiary Hazard) Group Standard 2017		
HSR002571	Fertilisers (Subsidiary Hazard) Group Standard 2017		
HSR002648	Refining Catalysts Group Standard 2017		

HSR Number	Group Standard	
HSR002653	Solvents (Subsidiary Hazard) Group Standard 2017	
HSR002544	Construction Products (Subsidiary Hazard) Group Standard 2017	
HSR002549	Corrosion Inhibitors (Subsidiary Hazard) Group Standard 2017	
HSR100757	Veterinary Medicine (Limited Pack Size, Finished Dose) Standard 2017	
HSR100758	Veterinary Medicines (Non-dispersive Closed System Application) Group Standard 2017	
HSR100759	Veterinary Medicines (Non-dispersive Open System Application) Group Standard 2017	
HSR002612	Metal Industry Products (Subsidiary Hazard) Group Standard 2017	
HSR002503	Additives, Process Chemicals and Raw Materials (Subsidiary Hazard) Group Standard 2017	
HSR002552	Cosmetic Products Group Standard 2017	

#### portland cement is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

#### glass, oxide is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

## perlite is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification

of Chemicals New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data New Zealand Inventory of Chemicals (NZIoC) New Zealand Workplace Exposure Standards (WES)

#### Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantity (Closed Containers)	Quantity (Open Containers)	
Not Applicable	Not Applicable	Not Applicable	

#### **Certified Handler**

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities	
Not Applicable	Not Applicable	

Refer Group Standards for further information

#### **Tracking Requirements**

Not Applicable

#### **National Inventory Status**

National Inventory	Status	
Australia - AIIC	Yes	
Australia Non-Industrial Use	No (portland cement; glass, oxide; perlite)	
Canada - DSL	Yes	
Canada - NDSL	No (portland cement; glass, oxide; perlite)	
China - IECSC	Yes	
Europe - EINEC / ELINCS / NLP	Yes	
Japan - ENCS	No (portland cement; glass, oxide; perlite)	
Korea - KECI	Yes	
New Zealand - NZIoC	Yes	
Philippines - PICCS	No (portland cement)	
USA - TSCA	No (perlite)	
Taiwan - TCSI	Yes	
Mexico - INSQ	Yes	
Vietnam - NCI	Yes	
Russia - ARIPS	No (perlite)	
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)	

## **SECTION 16 Other information**

Revision Date	01/11/2019
Initial Date	21/09/2018

Issue Date

Version	Issue Date	Sections Updated
5.1.1.1	25/01/2019	One-off system update. NOTE: This may or may not change the GHS classification
6.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

#### Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

#### **Definitions and abbreviations**

PC-TWA: Permissible Concentration-Time Weighted Average PC-STEL: Permissible Concentration-Short Term Exposure Limit IARC: International Agency for Research on Cancer ACGIH: American Conference of Governmental Industrial Hygienists STEL: Short Term Exposure Limit TEEL: Temporary Emergency Exposure Limit<sub>o</sub> IDLH: Immediately Dangerous to Life or Health Concentrations OSF: Odour Safety Factor NOAEL: No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level TLV: Threshold Limit Value LOD: Limit of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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