

ABA Choicestik Ardex (Ardex Australia)

Chemwatch: **5417-57** Version No: **3.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 17/03/2021 Print Date: 17/03/2021 S.GHS.AUS.EN

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

Product Identifier	
Product name	ABA Choicestik
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)			
Address	20 Powers Road Seven Hills NSW 2147 Australia			
Telephone	1800 224 070			
Fax	1300 780 102			
Website	Not Available			
Email	Not Available			

Emergency telephone number

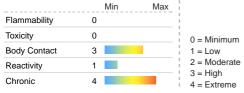
Association / Organisation	Ardex (Ardex Australia)		
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)		
Other emergency telephone numbers	Not Available		

SECTION 2 Hazards identification

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

ChemWatch Hazard Ratings



Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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Hazard pictogram(s)





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Signal word	Dange

Hazard statement(s)

H315	Causes skin irritation.			
H317	May cause an allergic skin reaction.			
H318	Causes serious eye damage.			
H335	May cause respiratory irritation.			

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.			
P280	Wear protective gloves/protective clothing/eye protection/face protection/hearing 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/			
P302+P352	IF ON SKIN: Wash with plenty of water and soap.			
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.			

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501 Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name		
65997-15-1	30-60	portland cement		
471-34-1	0-5	calcium carbonate		
Not Available	balance	Ingredients determined not to be hazardous		

SECTION 4 First aid measures

D

Description of first aid measur	es				
Eye Contact	oduct comes in contact with the eyes: nediately hold eyelids apart and flush the eye continuously with running water. ure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper lower lids. tinue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. sport to hospital or doctor without delay. noval of contact lenses after an eye injury should only be undertaken by skilled personnel.				
Skin Contact	If skin or hair contact occurs: Immediately flush body and clothes with large amounts of water, using safety shower if available. Quickly remove all contaminated clothing, including footwear. Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. Transport to hospital, or doctor.				
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. 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. Transport to hospital, or doctor, without delay. 				
	► IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.				

- ▶ For advice, contact a Poisons Information Centre or a doctor.
- Urgent hospital treatment is likely to be needed.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated

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by the patient's condition.

- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise

▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

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

Advice for firefighters

Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Fire Fighting Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. Non combustible. ▶ Not considered a significant fire risk, however containers may burn. Decomposes on heating and produces: carbon monoxide (CO) carbon dioxide (CO2) Fire/Explosion Hazard silicon dioxide (SiO2) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes May emit corrosive fumes. **HAZCHEM** Not Applicable

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

- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.

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Major Spills

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by all means available, spillage from entering drains or water courses.

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

SECTION 7 Handling and storage

Precautions for safe handling

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- Safe handling
 - 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)
 - Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame
 - Establish good housekeeping practices.
 - Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.

Other information

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container

- Polyethylene or polypropylene container.
- ► Check all containers are clearly labelled and free from leaks.

Storage incompatibility

- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- Avoid contact with copper, aluminium and their alloys.
- Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	45 mg/m3	210 mg/m3	1,300 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m3	Not Available
calcium carbonate	Not Available	Not Available

Exposure controls

Appropriate engineering controls

None under normal operating conditions.

Personal protection













Eye and face protection

Hands/feet protection

- ▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.
- Chemical goggles.whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face
- Alternatively a gas mask may replace splash goggles and face shields.

Skin protection

See Hand protection below

► Elbow length PVC gloves

NOTE:

- 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.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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.

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	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. Personal hygiene is a key element of effective hand care. Neoprene rubber gloves Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. polychloroprene. nitrile rubber.
Body protection	See Other protection below
Other protection	 Overalls. P.V.C apron. Barrier cream. Skin cleansing cream.

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)

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- ► Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- 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** Powder; insoluble in water. Physical state Divided Solid Relative density (Water = 1) Not Available Partition coefficient n-octanol Not Available Not Available Odour / water Odour threshold Not Available Auto-ignition temperature (°C) Not Applicable pH (as supplied) Not Applicable **Decomposition temperature** Not Available Melting point / freezing point Not Available Viscosity (cSt) Not Applicable (°C) Initial boiling point and boiling Not Available Molecular weight (g/mol) Not Applicable range (°C) Flash point (°C) Not Applicable Taste Not Available **Evaporation rate** Not Available **Explosive properties** Not Available Flammability Not Applicable **Oxidising properties** Not Available Surface Tension (dvn/cm or Upper Explosive Limit (%) Not Applicable Not Applicable mN/m) Lower Explosive Limit (%) Not Applicable Volatile Component (%vol) Not Available Vapour pressure (kPa) Not Applicable Not Available Gas group Solubility in water Immiscible pH as a solution (1%) Not Applicable Vapour density (Air = 1) Not Available VOC a/L Not Available

SECTION 10 Stability and reactivity

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Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
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 ef	Information on toxicological effects		
Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability 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.		
Ingestion	Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract		
	This material can cause inflammation of the skin on contact in some persons.		

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.

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 skin

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 prior to the use of the material and ensure that any external damage is suitably protected.

Eye

If applied to the eyes, this material causes severe eye damage.

cancer are significantly related.

Chronic

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. Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due 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.

Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections.

	TOXICITY	IRRITATION
ABA Choicestik	Not Available	Not Available
	TOXICITY	IRRITATION
portland cement	Not Available	Not Available
	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
calcium carbonate	Inhalation(Rat) LC50; >3 mg/l4 ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating) ^[1]
Legend:	Value obtained from Europe ECHA Registered Substances - Acute to specified data extracted from RTECS - Register of Toxic Effect of chemical specified data.	· · ·

The following information refers to contact allergens as a group and may not be specific to this product.

PORTLAND CEMENT

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. No significant acute toxicological data identified in literature search.

CALCIUM CARBONATE

No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.

The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.

PORTLAND CEMENT & CALCIUM CARBONATE

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal

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	lymphocytic inflammation, without eosinophilia.		
Acute Toxicity	×	Carcinogenicity	×
Skin Irritation/Corrosion	✓	Reproductivity	×
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	×
Mutagenicity	×	Aspiration Hazard	×

Leaend:

★ – Data either not available or does not fill the criteria for classification

- Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
ABA Choicestik	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	6	Fish	4320mg/l	4
calcium carbonate	LC50	96	Fish	>229.245mg/l	. 4
	EC50	72	Algae or other aquatic plants	>14mg/l	2
Legend:	Extracted from	1 ILICLID Toxicity Data 2 Furone ECHA Regis	tered Substances - Ecotoxicological Informa	ation - Aquatic Toxicity 3.	EPIWIN Sui

DO NOT discharge into sewer or waterways.

Persistence and degradability

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

- ▶ Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.
- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO	
HAZCHEM	Not Applicable	

Land transport (ADG): 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

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Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
portland cement	Not Available
calcium carbonate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type	
portland cement	Not Available	
calcium carbonate	Not Available	

SECTION 15 Regulatory information

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

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

•			
National Inventory	Status		
Australia - AIIC / Australia Non-Industrial Use	Yes		
Canada - DSL	Yes		
Canada - NDSL	No (portland cement)		
China - IECSC	Yes		
Europe - EINEC / ELINCS / NLP	Yes		
Japan - ENCS	No (portland cement)		
Korea - KECI	Yes		
New Zealand - NZIoC	Yes		
Philippines - PICCS	No (portland cement)		
USA - TSCA	Yes		
Taiwan - TCSI	Yes		
Mexico - INSQ	Yes		
Vietnam - NCI	Yes		
Russia - ARIPS	Yes		
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	17/03/2021
Initial Date	03/08/2020

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	03/08/2020	Classification, Ingredients, Physical Properties
3.1.1.1	17/03/2021	Chronic Health, Classification, Engineering Control, Ingredients, Personal Protection (other)

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。

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level Chemwatch: 5417-57 Page 9 of 9 Version No: 3.1.1.1 **ABA Choicestik** Issue Date: 17/03/2021 Print Date: 17/03/2021

TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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