



## Ardex X17

### ARDEX (Ardex Australia)

Chemwatch: 5696-17

Version No: 2.1

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Chemwatch Hazard Alert Code: 3

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

##### Product Identifier

Product name	Ardex X17
Chemical Name	Not Applicable
Synonyms	tile adhesive
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Tile adhesive for fixing tiles and natural stones over walls and floor surfaces. Use according to manufacturer's directions.
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##### Details of the manufacturer or supplier of the safety data sheet

Registered company name	ARDEX (Ardex Australia)
Address	2 Buda Way Kemps Creek NSW 2147 Australia
Telephone	1300 788 780
Fax	1300 780 102
Website	<a href="http://www.ardexaustralia.com">www.ardexaustralia.com</a>
Email	<a href="mailto:technical.services@ardexaustralia.com">technical.services@ardexaustralia.com</a>

##### 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.**

Poisons Schedule	Not Applicable
Classification <sup>[1]</sup>	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 2, Carcinogenicity Category 1A, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

##### Label elements

Hazard pictogram(s)	
Signal word	<b>Danger</b>

##### Hazard statement(s)

H315	Causes skin irritation.
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H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H341	Suspected of causing genetic defects.
H350	May cause cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

**Precautionary statement(s) Prevention**

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.
P272	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.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.

**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.
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**SECTION 3 Composition / information on ingredients****Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
65997-15-1	30-60	<u>portland cement</u>
14808-60-7.	30-60	<u>graded sand</u>
544-17-2	0-1	<u>calcium formate</u>
14808-60-7	<0.2	<u>silica crystalline - quartz</u>
<b>Legend:</b>	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available	

**SECTION 4 First aid measures****Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <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>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <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>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>If swallowed do NOT induce vomiting.</b></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> </ul>

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- ▶ Seek medical advice.

#### 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

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <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> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.</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>▶ 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. 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 - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.</li> <li>▶ In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC).</li> <li>▶ When processed with flammable liquids/vapors/mists, ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds - MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts.</li> <li>▶ A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.</li> <li>▶ Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.</li> <li>▶ Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.</li> <li>▶ Build-up of electrostatic charge may be prevented by bonding and grounding.</li> <li>▶ Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.</li> <li>▶ All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.</li> <li>▶ A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source.</li> <li>▶ One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).</li> <li>▶ Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.</li> </ul> <p>Combustion products include:</p> <ul style="list-style-type: none"> <li>carbon monoxide (CO)</li> <li>carbon dioxide (CO<sub>2</sub>)</li> <li>silicon dioxide (SiO<sub>2</sub>)</li> <li>metal oxides</li> </ul> <p>other pyrolysis products typical of burning organic material.</p>

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	When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. 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	<ul style="list-style-type: none"> <li>▶ Clean up waste regularly and abnormal spills immediately.</li> <li>▶ Avoid breathing dust and contact with skin and eyes.</li> <li>▶ Wear protective clothing, gloves, safety glasses and dust respirator.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Vacuum up or sweep up. <b>NOTE:</b> Vacuum cleaner must be fitted with an exhaust micro filter (H-Class HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). H-Class HEPA filtered industrial vacuum cleaners should <b>NOT</b> be used on wet materials or surfaces.</li> <li>▶ Dampen with water to prevent dusting before sweeping.</li> <li>▶ Place in suitable containers for disposal.</li> </ul>
Major Spills	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by all means available, spillage from entering drains or water courses.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse / absorb vapour.</li> <li>▶ Contain or absorb spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>

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

## SECTION 7 Handling and storage

## Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> <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>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</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> <li>▶ Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in. (0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.</li> <li>▶ Do not use air hoses for cleaning.</li> <li>▶ Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used.</li> <li>▶ Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.</li> <li>▶ Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.</li> <li>▶ Do not empty directly into flammable solvents or in the presence of flammable vapors.</li> <li>▶ The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.</li> </ul> <p>Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.</p> <ul style="list-style-type: none"> <li>▶ <b>Do NOT cut, drill, grind or weld such containers.</b></li> <li>▶ In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.</li> </ul>
Other information	<ul style="list-style-type: none"> <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>

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- ▶ Protect containers against physical damage and check regularly for leaks.
  - ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.
- For major quantities:
- ▶ Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
  - ▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.  <b>NOTE:</b> Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <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**

**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	graded sand	Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	graded sand	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m3	Not Available
graded sand	25 mg/m3 / 50 mg/m3	Not Available
calcium formate	Not Available	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available

**Occupational Exposure Banding**

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium formate	E	≤ 0.01 mg/m³
<b>Notes:</b>	<i>Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.</i>	

**MATERIAL DATA**

**Exposure controls**

<b>Appropriate engineering controls</b>	<p>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:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> <li>▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.</li> <li>▶ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.</li> <li>▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.</li> <li>▶ Open-vessel systems are prohibited.</li> <li>▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.</li> <li>▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</li> <li>▶ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas).</li> <li>▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air.</li> <li>▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.</li> </ul>
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<p><b>Individual protection measures, such as personal protective equipment</b></p>	
<p><b>Eye and face protection</b></p>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</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. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].</li> </ul>
<p><b>Skin protection</b></p>	<p>See Hand protection below</p>
<p><b>Hands/feet protection</b></p>	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <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> </ul> <p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>· Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>· Excellent when breakthrough time &gt; 480 min</li> <li>· Good when breakthrough time &gt; 20 min</li> <li>· Fair when breakthrough time &lt; 20 min</li> <li>· Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> <li>▶ Neoprene rubber gloves</li> </ul> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▶ polychloroprene.</li> <li>▶ nitrile rubber.</li> <li>▶ butyl rubber.</li> <li>▶ fluorocautchouc.</li> <li>▶ polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>
<p><b>Body protection</b></p>	<p>See Other protection below</p>
<p><b>Other protection</b></p>	<ul style="list-style-type: none"> <li>▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.</li> <li>▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>▶ Overalls.</li> <li>▶ P.V.C apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eye wash unit.</li> </ul>



## Ardex X17

Type -P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, 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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), 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.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Powder; insoluble in water.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Applicable
<b>Initial boiling point and boiling range (°C)</b>	Not Applicable	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Applicable	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Applicable
<b>Vapour pressure (kPa)</b>	Not Applicable	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	Not Applicable	<b>VOC g/L</b>	Not Available
<b>Heat of Combustion (kJ/g)</b>	Not Available	<b>Ignition Distance (cm)</b>	Not Available
<b>Flame Height (cm)</b>	Not Available	<b>Flame Duration (s)</b>	Not Available
<b>Enclosed Space Ignition Time Equivalent (s/m3)</b>	Not Available	<b>Enclosed Space Ignition Deflagration Density (g/m3)</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7

**Hazardous decomposition products**

See section 5

**SECTION 11 Toxicological information****Information on toxicological effects**

<b>Inhaled</b>	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.</p> <p>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.</p> <p>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.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
<b>Skin Contact</b>	<p>The material may accentuate any pre-existing dermatitis condition</p> <p>Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>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.</p> <p>Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.</p> <p>The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> <li>▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or</li> <li>▶ produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.</li> </ul> <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p>
<b>Eye</b>	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p>
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p> <p>On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.</p> <p>Very fine Al<sub>2</sub>O<sub>3</sub> powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.</p> <p>When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.</p> <p>The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis (aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.</p> <p>Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.</p>

Continued...



There is general agreement that particle size determines that the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles small enough to enter the alveoli (sub 5 µm) are able to produce pathogenic effects in the lungs.

Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos.

In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO<sub>3</sub>). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (e.g., rhodonite)

In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 µm and a diameter of less than 3 µm was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 µm in length and less than 0.5 µm in diameter.

In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 µm and 5.6 µm respectively, no intra-abdominal tumours were found.

Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis

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.

Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].

Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.

Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV<sub>1</sub>) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF<sub>50</sub>, FEF<sub>75</sub>). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.

Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996

Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

Chromium(III) is considered an essential trace nutrient serving as a component of the "glucose tolerance factor" and a cofactor for insulin action. High concentrations of chromium are also found in RNA. Trivalent chromium is the most common form found in nature.

Chronic inhalation of trivalent chromium compounds produces irritation of the bronchus and lungs, dystrophic changes to the liver and kidney, pulmonary oedema, and adverse effects on macrophages. Intratracheal administration of chromium(III) oxide, in rats, increased the incidence of sarcomas, and tumors and reticulum cell sarcomas of the lung. There is inadequate evidence of carcinogenicity of chromium(III) compounds in experimental animals and humans (IARC).

Chronic exposure to hexavalent chromium compounds reportedly produces skin, eye and respiratory tract irritation, yellowing of the eyes and skin, allergic skin and respiratory reactions, diminished sense of smell and taste, blood disorders, liver and kidney damage, digestive disorders and lung damage. There is sufficient evidence of carcinogenicity of chromium(VI) compounds in experimental animals and humans to confirm these as Class 1 carcinogens (IARC).

Exposure to chromium during chrome production and in the chrome pigment industry is associated with cancer of the respiratory tract. A slight increase in gastrointestinal cancer following exposure to chromium compounds has also been reported. The greatest risk is attributed to exposure to acid-soluble, water-insoluble hexavalent chromium which occurs in roasting and refining processes. Animal studies support the idea that the most potent carcinogenic compounds are the slightly soluble hexavalent compounds. The cells are more active in the uptake of the hexavalent forms compared to trivalent forms and this may explain the difference in occupational effect. It is the trivalent form, however, which is metabolically active and binds with nucleic acid within the cell suggesting that chromium mutagenesis first requires biotransformation of the hexavalent form by reduction.

Hexavalent chromes produce chronic ulceration of skin surfaces (quite independent of other hypersensitivity reactions exhibited by the skin). Water-soluble chromium(VI) compounds come close to the top of any published "hit list" of contact allergens (eczematogens) producing positive results in 4 to 10% of tested individuals. On the other hand only chromium(III) compounds can bind to high molecular weight carriers such as proteins to form a complete allergen (such as a hapten). Chromium(VI) compounds cannot. It is assumed that reduction must take place for such compounds to manifest any contact sensitivity. The apparent contradiction that chromium(VI) salts cause allergies to chromium(III) compounds but that allergy to chromium(III) compounds is difficult to demonstrate is accounted for by the different solubilities and skin penetration of these compounds. Water-soluble chromium(VI) salts penetrate the horny layer of the skin more readily than chromium(III) compounds which are bound by cross-linking in the horny layer ("tanning", as for leather) and therefore do not reach the cells involved in antigen processing.

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Chronic excessive iron exposure has been associated with haemosiderosis and consequently possible damage to the liver and pancreas. Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.

Such exposure may also produce conjunctivitis, choroiditis, retinitis (both inflammatory conditions involving the eye) and siderosis of tissues if iron remains in these tissues. Siderosis is a form of pneumoconiosis produced by iron dusts. Siderosis also includes discoloration of organs, excess circulating iron and degeneration of the retina, lens and uvea as a result of the deposition of intraocular iron. Siderosis might also involve the lungs - involvement rarely develops before ten years of regular exposure. Often there is an accompanying inflammatory reaction of the bronchi. Permanent scarring of the lungs does not normally occur.

High levels of iron may raise the risk of cancer. This concern stems from the theory that iron causes oxidative damage to tissues and organs by generating highly reactive chemicals, called free radicals, which subsequently react with DNA. Cells may be disrupted and may become cancerous. People whose genetic disposition prevents them from keeping tight control over iron (e.g. those with the inherited disorder, haemochromatosis) may be at increased risk.

Iron overload in men may lead to diabetes, arthritis, liver cancer, heart irregularities and problems with other organs as iron builds up. [K. Schmidt, New Scientist, No. 1919 pp.11-12, 2nd April, 1994]

## Ardex X17

	Not Available	Not Available
portland cement	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
graded sand	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	Not Available
calcium formate	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 100 mg/24h - mod
	Inhalation (Rat) LC50: >0.67 mg/l4h <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
	Oral (Mouse) LD50: 1920 mg/kg <sup>[2]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
silica crystalline - quartz	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	Not Available

**Legend:** 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

<b>PORTLAND CEMENT</b>	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. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
<b>CALCIUM FORMATE</b>	The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
<b>SILICA CRYSTALLINE - QUARTZ</b>	<b>WARNING:</b> For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b>  The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.  * Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.
<b>PORTLAND CEMENT &amp; CALCIUM FORMATE</b>	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 lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
<b>PORTLAND CEMENT &amp; GRADED SAND</b>	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 sensitisation	✓	STOT - Repeated Exposure	✓
Mutagenicity	✓	Aspiration Hazard	✗

**Legend:** ✗ – 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
Ardex X17	Not Available	Not Available	Not Available	Not Available	Not Available
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...

## Ardex X17

	Not Available	Not Available	Not Available	Not Available	Not Available
calcium formate	Endpoint	Test Duration (hr)	Species	Value	Source
	ErC50	72h	Algae or other aquatic plants	570mg/l	2
	EC50	72h	Algae or other aquatic plants	570mg/l	2
	EC50	48h	Crustacea	>1000mg/l	2
	LC50	96h	Fish	>=1000mg/l	1
	EC50	96h	Algae or other aquatic plants	584000mg/L	2
	NOEC(ECx)	72h	Algae or other aquatic plants	63mg/l	2
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

**Legend:** Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

**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	
	<ul style="list-style-type: none"> <li>▶ <b>DO NOT</b> 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>

## 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

## 14.7.1. Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

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

Product name	Group
portland cement	Not Available
graded sand	Not Available
calcium formate	Not Available
silica crystalline - quartz	Not Available

## 14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
portland cement	Not Available
graded sand	Not Available
calcium formate	Not Available
silica crystalline - quartz	Not Available

Continued...

## 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)

#### graded sand is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

#### calcium formate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

#### silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

### Additional Regulatory Information

Not Applicable

### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (portland cement; graded sand; calcium formate; silica crystalline - quartz)
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 - FBEPH	Yes
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

<b>Revision Date</b>	08/08/2024
<b>Initial Date</b>	08/08/2024

### 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
- ▶ ES: Exposure Standard
- ▶ 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
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration
  
- ▶ AIIIC: Australian Inventory of Industrial Chemicals
- ▶ DSL: Domestic Substances List
- ▶ NDSL: Non-Domestic Substances List
- ▶ IECSC: Inventory of Existing Chemical Substance in China
- ▶ EINECS: European INventory of Existing Commercial chemical Substances
- ▶ ELINCS: European List of Notified Chemical Substances
- ▶ NLP: No-Longer Polymers
- ▶ ENCS: Existing and New Chemical Substances Inventory
- ▶ KECI: Korea Existing Chemicals Inventory
- ▶ NZIoC: New Zealand Inventory of Chemicals
- ▶ PICCS: Philippine Inventory of Chemicals and Chemical Substances
- ▶ TSCA: Toxic Substances Control Act
- ▶ TCSI: Taiwan Chemical Substance Inventory
- ▶ INSQ: Inventario Nacional de Sustancias Químicas
- ▶ NCI: National Chemical Inventory
- ▶ FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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