



## ARDEX X52

### Ardex (Ardex Australia)

Chemwatch: 5419-76

Version No: 5.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 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 X52
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

Relevant identified uses	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	20 Powers Road Seven Hills NSW 2147 Australia
Telephone	1800 224 070
Fax	1300 780 102
Website	<a href="http://www.ardexaustralia.com">www.ardexaustralia.com</a>
Email	technicalservices@ardexaustralia.com

### 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

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

Poisons Schedule	Not Applicable
Classification [1]	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, Carcinogenicity 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)	
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Signal word	<b>Danger</b>
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**Hazard statement(s)**

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H351	Suspected of causing cancer.

**Precautionary statement(s) Prevention**

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing dust/fumes.
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.
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.	10-30	<u>graded sand</u>
1333-86-4	<10	<u>carbon black</u>
471-34-1	0-5	<u>calcium carbonate</u>
10101-41-4	0-5	<u>gypsum</u>
14808-60-7	<0.1	<u>silica crystalline - quartz</u>
Not Available	balance	Ingredients determined not to be hazardous

**Legend:** 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**

Eye Contact	<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>
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<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</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> <li>▶ Seek medical advice.</li> </ul>

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

Treat symptomatically.

For acute or short-term repeated exposures to highly alkaline materials:

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- ▶ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- ▶ Oxygen is given as indicated.
- ▶ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- ▶ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

- ▶ Injury should be irrigated for 20-30 minutes.

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

## SECTION 5 Firefighting measures

### Extinguishing media

- ▶ Sand, dry powder extinguishers or other inerts should be used to smother dust fires.

### Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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### Advice for firefighters

<b>Fire Fighting</b>	
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of:</p> <p>carbon monoxide (CO) carbon dioxide (CO<sub>2</sub>) silicon dioxide (SiO<sub>2</sub>) metal oxides other pyrolysis products typical of burning organic material.</p> <p>May emit poisonous fumes. May emit corrosive fumes.</p>
<b>HAZCHEM</b>	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

<b>Minor Spills</b>	<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 (HEPA type) (consider explosion-proof machines</li> </ul>
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- designed to be grounded during storage and use).
- ▶ Dampen with water to prevent dusting before sweeping.
- ▶ Place in suitable containers for disposal.

**Major Spills**

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

**SECTION 7 Handling and storage****Precautions for safe handling****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.
  - ▶ **DO NOT enter confined spaces until atmosphere has been checked.**
  - ▶ **DO NOT allow material to contact humans, exposed food or food utensils.**
  - ▶ Avoid contact with incompatible materials.
  - ▶ **When handling, DO NOT eat, drink or smoke.**
  - ▶ Keep containers securely sealed when not in use.
  - ▶ Avoid physical damage to containers.
  - ▶ Always wash hands with soap and water after handling.
  - ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.
  - ▶ Use good occupational work practice.
  - ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.
  - ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
  - ▶ 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.
  - ▶ 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.
  - ▶ Do not use air hoses for cleaning.
  - ▶ 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.
  - ▶ Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.
  - ▶ Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.
  - ▶ Do not empty directly into flammable solvents or in the presence of flammable vapors.
  - ▶ 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.
- 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.
- ▶ **Do NOT cut, drill, grind or weld such containers.**
  - ▶ In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

**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.
  - ▶ 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 bunded 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****Suitable container**

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

**Storage incompatibility****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	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	carbon black	Carbon black	3 mg/m3	Not Available	Not Available	Not Available

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
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.
Australia Exposure Standards	gypsum	Calcium sulphate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available


#### Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
graded sand	0.075 mg/m3	33 mg/m3	200 mg/m3
carbon black	9 mg/m3	99 mg/m3	590 mg/m3
calcium carbonate	45 mg/m3	210 mg/m3	1,300 mg/m3
silica crystalline - quartz	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m3	Not Available
graded sand	25 mg/m3 / 50 mg/m3	Not Available
carbon black	1,750 mg/m3	Not Available
calcium carbonate	Not Available	Not Available
gypsum	Not Available	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available

#### 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>
<b>Individual protection measures, such as personal protective equipment</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> <li>▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.</li> <li>▶ Alternatively a gas mask may replace splash goggles and face shields.</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], [AS/NZS 1336 or national equivalent]</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> </ul> <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>

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.

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. 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.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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.
- 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.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

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.

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.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- 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.
- 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

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.

- 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.
- butyl rubber.
- fluorocautchouc.
- polyvinyl chloride.

Gloves should be examined for wear and/ or degradation constantly.

#### Body protection

See Other protection below

#### Other protection

- 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]
- 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]
- 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.
- 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.
- Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- Overalls.
- P.V.C apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

#### Respiratory protection

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.

Continued...

- 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.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Powder with no odour.		
<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 Available	<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 Available	<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 Available	<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 Available
<b>Vapour pressure (kPa)</b>	Not Applicable	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Not Available	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</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
<b>Hazardous decomposition products</b>	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 vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</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>	Accidental ingestion of the material may be damaging to the health of the individual.
<b>Skin Contact</b>	Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant 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. 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

	<p>may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</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>
<b>Eye</b>	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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>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.</p> <p>Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement.</p> <p>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].</p> <p>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.</p> <p>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 (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). 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.</p> <p>Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996</p> <p>Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population.</p> <p>Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p> <p>On the basis, primarily, of animal experiments, concern has been expressed that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p>

<b>ARDEX X52</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>portland cement</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>graded sand</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	Not Available
<b>carbon black</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral (Rat) LD50: >2000 mg/kg <sup>[1]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
<b>calcium carbonate</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 0.75 mg/24h - SEVERE
	Inhalation(Rat) LC50: >3 mg/l4h <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral (Rat) LD50: >2000 mg/kg <sup>[1]</sup>	Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
<b>gypsum</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Inhalation(Rat) LC50: >3.26 mg/l4h <sup>[1]</sup>	Not Available
	Oral (Rat) LD50: >1581 mg/kg <sup>[1]</sup>	
<b>silica crystalline - quartz</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	Not Available



<b>Legend:</b>	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>CARBON BLACK</b>	Inhalation (rat) TCLo: 50 mg/m <sup>3</sup> /6h/90D-I Nil reported  <b>WARNING:</b> This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.
<b>CALCIUM CARBONATE</b>	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 a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
<b>GYPSUM</b>	Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous membrane, and respiratory system irritant. Early studies of gypsum miners did not relate pneumoconiosis with chronic exposure to gypsum. Other studies in humans (as well as animals) showed no lung fibrosis produced by natural dusts of calcium sulfate except in the presence of silica. However, a series of studies reported chronic nonspecific respiratory diseases in gypsum industry workers in Gacki, Poland. Unlike other fibers, gypsum is very soluble in the body; its half-life in the lungs has been estimated as minutes. In four healthy men receiving calcium supplementation with calcium sulfate (CaSO <sub>4</sub> ·1/2H <sub>2</sub> O) (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported. Several feeding studies in pigs on the bioavailability of calcium in calcium supplements, including gypsum, have been conducted. The bioavailability of calcium in gypsum was similar to that for calcitic limestone, oyster shell flour, marble dust, and aragonite, ranging from 85 to 102%. In mice, the i.p. and intragastric LD <sub>50</sub> values were 6200 and 4704 mg/kg, respectively, for phosphogypsum (98% CaSO <sub>4</sub> ·H <sub>2</sub> O). For Plaster of Paris, the values were 4415 and 5824, respectively. In rats, an intragastric LD <sub>50</sub> of 9934 mg/kg was reported for phosphogypsum <b>Repeat dose toxicity:</b> In a study of 241 underground male workers employed in four gypsum mines in Nottinghamshire and Sussex for a year (November 1976-December 1977), results of chest X-rays, lung function tests, and respiratory systems suggested an association of the observed lung shadows with the higher quartz content in dust rather than to gypsum; the small round opacities in the lungs were characteristic of silica exposure. Prophylactic examinations of workers in a gypsum extraction and production plant (dust concentration exceeded TLV 2.5- to 10-fold) reported no risk of pneumoconiosis due to gypsum exposure, while another study of gypsum manufacturing plant workers reported that chronic occupational exposure to gypsum dust had resulted in pulmonary ventilatory defect of the restrictive form. Three cases of idiopathic interstitial pneumonia with multiple bullae throughout the lungs were seen in Japanese schoolteachers (lifetime occupation) exposed to chalk; 2/3 of the chalk was made from gypsum and small amounts of silica and other minerals. In rats exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m <sup>3</sup> ) or a combination of milled and fibrous calcium sulfate (60 mg/m <sup>3</sup> ) six hours per day, five days per week for three weeks, gypsum dust was quickly cleared from the lungs of via dissolution and mechanisms of particle clearance. In guinea pigs given intraperitoneal (i.p.) injections of gypsum (doses not provided), gypsum was absorbed followed by the dissolution of gypsum in surrounding tissues. In another study, after i.p. injection of gypsum (2 cm <sup>3</sup> of a 5 or 10% suspension in saline) into guinea pigs, which were sacrificed at intervals up to 180 days, most of the dust was found distributed in the peritoneum of the anterior abdominal wall. Gypsum dust produced irregular and clustered nodules, which decreased in size over time. Direct administration of WTC PM <sub>2.5</sub> [mostly composed of calcium-based compounds, including calcium sulfate (gypsum) and calcium carbonate (calcite)] (10, 32, or 100 µg) into the airways of mice produced mild to moderate lung inflammation and airway hyperresponsiveness at the high dose. [It was noted that WTC PM <sub>2.5</sub> is composed of many chemical species and that their interactions may be related with development of airway hyperresponsiveness.] In female SPF Wistar rats intratracheally (i.t.) instilled with anhydrite dust (35 mg) and sacrificed three months later, an increase in total lipid or hydroxyproline content in the lungs was not observed compared to controls. In inhalation (nose-only) experiments in which male F344 rats were exposed to calcium sulfate fiber aerosols (100 mg/m <sup>3</sup> ) for six hours per day, five days per week for three weeks, there were no effects on the number of macrophages per alveolus, bronchoalveolar lavage fluid (BALF) protein concentration, or BALF g-glutamyl transpeptidase activity (g-GT). Following three weeks of recovery, nonprotein thiol levels (NPSH), mainly glutathione, were increased in animals. In follow-up experiments, rats were exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m <sup>3</sup> ) or a combination of milled and fibrous calcium sulfate (60 mg/m <sup>3</sup> ) for the same duration. Calcium levels in the lungs were similar to those of controls; however, gypsum fibers were detected in the lungs of treated animals. Significant increases in NSPH levels in BALF were observed in rats killed immediately after exposure at both doses and in recovery group animals at the higher dose. At 15 mg/m <sup>3</sup> , almost all NPSH was lost in macrophages from all treated animals (including those in recovery), but a significant decrease in extracellular g-GT activity was seen only in recovery group animals. Overall, the findings were "considered to be non-pathological local effects due to physical factors related to the shape of the gypsum fibers and not to calcium sulphate per se." Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks resulted in no deaths or significant body weight changes in female Syrian hamsters compared to controls. Inflammation (specifically, chronic alveolitis with macrophage and neutrophil aggregation) was observed in the lung. In guinea pigs, inhalation of calcined gypsum dust (1.6 x 10 <sup>4</sup> particles/mL) for 44 hours per week in 5.5 days for two years, followed with or without a recovery period of up to 22 months, produced only minor effects in the lungs. There were 12 of 21 deaths over the entire experimental period. These were due to pneumonia or other pulmonary lesions; however, no significant gross signs of pulmonary disease or nodular or diffuse pneumoconiosis became significant. Beginning near 11 months, pigmentation and atelectasis were seen. During the recovery period, four of ten guinea pigs died; two died of pneumonia. Pigmentation continued in most animals but not atelectasis. Low-grade chronic inflammation, occurring in the first two months, also disappeared. Mercury emissions controls on coal-fired power plants have increased the likelihood of the presence of mercury in synthetic gypsum formed in wet flue gas desulfurisation (FGD) systems and the finished wallboard produced from the FGD gypsum. In a study at a commercial wallboard plant, the raw FGD gypsum, the product stucco (beta form of CaSO <sub>4</sub> ·1/2H <sub>2</sub> O), and the finished dry wallboard each contained about 1 µg Hg/g dry weight. Total mercury loss from the original FGD gypsum content was about 0.045 g Hg/ton dry gypsum processed <b>Synergistic/Antagonistic Effects:</b> In rats, i.t. administration of anhydrite (5-35 mg) successively and simultaneously with quartz reduced the toxic effect of quartz in lung tissue. This protective effect on quartz toxicity was also seen in guinea pigs; calcined gypsum dust prevented or hindered the development of fibrosis. Natural anhydrite, however, increased the fibrogenic effect of cadmium sulfide in rats. Additionally, calcined gypsum dust had a stimulatory effect on experimental tuberculosis in guinea pigs. <b>Cytotoxicity:</b> In Syrian hamster embryo cells, gypsum (up to 10 µg/cm <sup>2</sup> ) did not induce apoptosis. Negative results were also found in mouse peritoneal macrophages (tested at 150 µg/mL gypsum dust) and in Chinese hamster lung V79-4 cells (tested up to 100 µg/mL). <b>Carcinogenicity:</b> In female Sprague-Dawley rats, i.p. injection of natural anhydrite dusts from German coal mines (doses not provided) induced granulomas; whether gypsum was the causal factor was not established. In Wistar rats, four i.p. injections of gypsum (25 mg each) induced abdominal cavity tumours, mostly sarcomatous mesothelioma, in 5% of animals; first tumour was seen at 546 days. In a subsequent experiment using the same procedure, female Wistar rats exhibited the first tumour at 579 days after the last injection. Mean survival of the tumour-bearing

	<p>rats (5.7% of test group) was 583 days, while mean survival of the test group was 587 days. Tumour types seen were a sarcoma having cellular polymorphism, a carcinoma, and a reticulosarcoma.</p> <p>Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks produced tumours in three of 20 female Syrian hamsters observed two years later. An anaplastic carcinoma was found in the heart, and one dark cell carcinoma was seen in the kidney. Two tumours of unspecified types were observed in the rib.</p> <p>In guinea pigs, inhalation of gypsum (doses not provided) for 24 months produced no lung tumours.</p> <p>In rats, i.t. administration of gypsum (doses not provided in abstract) from FGD for up to 18 months produced no arterial blood gas changes or indications of secondary heart damage as compared to controls.</p> <p>In another study, a single i.t. dose (25 mg) of flue gas gypsum dust did not produce a pathological reaction when observed for up to 18 months. There were also no signs of developing granuloma of fibrosis of the lungs. Lead quickly accumulated in the femur after injection but was eliminated during the observation period. In the Ames test, the flue gas gypsum dust was negative.</p> <p><b>Genotoxicity:</b> Calcium sulfate (up to 2.5%) was negative in Salmonella typhimurium strains TA1535, TA1537, and TA1538 and in Saccharomyces cerevisiae strain D4 with and without metabolic activation.</p> <p><b>Developmental toxicity:</b> In pregnant mice, rats, and rabbits, daily oral administration of calcium sulfate (16-1600 mg/kg bw) beginning on gestation day 6 up to 18 produced no effects on maternal body weights, maternal or foetal survival, or nidation (embryo implantation); developmental effects were also not seen.</p>		
<b>SILICA CRYSTALLINE - QUARTZ</b>	<p><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></p> <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (&lt;5 um) 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.</p> <p>Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.</p> <p>* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).</p> <p>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.</p>		
<b>PORTLAND CEMENT &amp; CALCIUM CARBONATE &amp; GYPSUM</b>	<p>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.</p>		
<b>PORTLAND CEMENT &amp; GRADED SAND &amp; CARBON BLACK &amp; GYPSUM</b>	<p>No significant acute toxicological data identified in literature search.</p>		
<b>Acute Toxicity</b>	<b>✗</b>	<b>Carcinogenicity</b>	<b>✓</b>
<b>Skin Irritation/Corrosion</b>	<b>✓</b>	<b>Reproductivity</b>	<b>✗</b>
<b>Serious Eye Damage/Irritation</b>	<b>✓</b>	<b>STOT - Single Exposure</b>	<b>✓</b>
<b>Respiratory or Skin sensitisation</b>	<b>✓</b>	<b>STOT - Repeated Exposure</b>	<b>✗</b>
<b>Mutagenicity</b>	<b>✗</b>	<b>Aspiration Hazard</b>	<b>✗</b>

**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
<b>ARDEX X52</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>portland cement</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>graded sand</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>carbon black</b>	LC50	96h	Fish	>100mg/l	2
	EC50	72h	Algae or other aquatic plants	>0.2mg/l	2
	EC50	48h	Crustacea	33.076-41.968mg/l	4
	NOEC(ECx)	24h	Crustacea	3200mg/l	1
<b>calcium carbonate</b>	NOEC(ECx)	1h	Fish	4-320mg/l	4
	LC50	96h	Fish	>165200mg/L	4
	EC50	72h	Algae or other aquatic plants	>14mg/l	2

gypsum	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2
	NOEC(ECx)	0.25h	Fish	75mg/l	4
	EC50	96h	Algae or other aquatic plants	3200mg/l	4

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
gypsum	HIGH	HIGH

**Bioaccumulative potential**

Ingredient	Bioaccumulation
gypsum	LOW (LogKOW = -2.2002)

**Mobility in soil**

Ingredient	Mobility
gypsum	LOW (KOC = 6.124)

**SECTION 13 Disposal considerations**

**Waste treatment methods**

Product / Packaging disposal

**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**

Not Applicable

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

Product name	Group
portland cement	Not Available
graded sand	Not Available
carbon black	Not Available
calcium carbonate	Not Available
gypsum	Not Available
silica crystalline - quartz	Not Available

**Transport in bulk in accordance with the IGC Code**

Product name	Ship Type
portland cement	Not Available
graded sand	Not Available
carbon black	Not Available
calcium carbonate	Not Available
gypsum	Not Available
silica crystalline - quartz	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)

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

#### carbon black is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
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  
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans  
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

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

Australian Inventory of Industrial Chemicals (AIIC)

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

### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (portland cement; graded sand; carbon black; gypsum; 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>	22/02/2023
<b>Initial Date</b>	11/08/2020

### SDS Version Summary

Version	Date of Update	Sections Updated
4.1	23/12/2022	Classification review due to GHS Revision change.
5.1	22/02/2023	Toxicological information - Chronic Health, Hazards identification - Classification, Disposal considerations - Disposal, Firefighting measures - Fire Fighter (fire fighting), Composition / information on ingredients - Ingredients, Accidental release measures - Spills (major), Handling and storage - Storage (storage incompatibility), Transport information - Transport

### 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

Continued...

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  
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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