

Ardex (Ardex Australia)

Chemwatch: **5428-52** Version No: **5.1** Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements Chemwatch Hazard Alert Code: 3

Issue Date: **25/10/2021** Print Date: **22/11/2021** S.GHS.AUS.EN

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

Product Identifier

Product name	ARDEX MRF - Moisture Resistant Finish
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.

Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)	Ardex (Shanghai) Co., Ltd	
Address	20 Powers Road Seven Hills NSW 2147 Australia 4F, Building 2, No. 481 Guiping Rd, Xuhui District, Sha China		
Telephone	e 1800 224 070 +86 21 64161800		
Fax	x 1300 780 102 +86 21 64161535		
Website	www.ardexaustralia.com www.ardexchina.com		
Email	il technicalservices@ardexaustralia.com techservice@ardexchina.com		

Emergency telephone number

Association / Organisation	Ardex (Ardex Australia)	Ardex China	
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)	+86 573 85667029	
Other emergency telephone numbers	Not Available	+86 21 64161800	

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 Haz	ard 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 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI



Signal word Danger

Hazard statement(s)

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H350	May cause 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.	

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	F 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.		

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501

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

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight] Name		
1317-65-3	30-60	calcium carbonate	
65997-15-1	10-30	portland cement	
65997-16-2	10-30	calcium aluminate cement	
7778-18-9	1-10	0 <u>calcium sulfate</u>	
9004-34-6	1-5	cellulose	
69012-64-2	-5 silica, fumes		
14808-60-7	<0.2 silica crystalline - quartz		
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	moseuroe
Description	or first ald	measures

Eye Contact	 If this product comes in contact with the eyes: Immediately hold eyelids apart and flush the eye continuously with running water. 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. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation. For thermal burns:

	 Decontaminate area around burn. Consider the use of cold packs and topical antibiotics. For first-degree burns (affecting top layer of skin) Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides. Use compresses if running water is not available. Cover with sterile non-adhesive bandage or clean cloth. Do NOT apply butter or ointments; this may cause infection. Give over-the counter pain relievers if pain increases or swelling, redness, fever occur. For second-degree burns (affecting top two layers of skin) Cool the burn by immerse in cold running water for 10-15 minutes. Use compresses if running water is not available. Do NOT apply butter or ointments; this may cause infection. Go NOT apply butter or ointments; this may cause infection. Do NOT apply butter or ointments; this may cause infection. Do NOT apply butter or ointments; this may cause infection. Do NOT apply butter or ointments; this may cause infection. Potect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape. To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort): Lay the person flat. Elevate feet about 12 inches. Elevate burn area above heart level, if possible. Cover the person with coat or blanket. Seek immediate medical or emergency assistance. In the mean time: Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound. Separate burned toes and fingers with dry, sterile dressings. Do not soak burn in water or apply ointments or butter; this may cause infection. To prevent shock see above. For an airway burn, do not place pillow under the person's head when the person is lying d
	 Have a person with a facial burn sit up. Check pulse and breathing to monitor for shock until emergency help arrives.
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay.
Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. 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		
Fire Fighting	 When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. 	

	 Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. Decomposes on heating and produces: carbon dioxide (CO2) silicon dioxide (SiO2) metal oxides other pyrolysis products typical of burning organic material. 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	 Clean up all spills immediately. Avoid breathing vapours/ aerosols/ or dusts and avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Contain and absorb spill with sand, earth, inert material or vermiculite.
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by all means available, spillage from entering drains or water courses.

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

SECTION 7 Handling and storage

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.
Other information	 Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	 Polyethylene or polypropylene container. Packing as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	 Avoid strong acids, bases. Avoid contact with copper, aluminium and their alloys. Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

	EDIENT	ΠΔΤΔ
INGIN		

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	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	 (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	calcium sulfate	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	cellulose	Cellulose (paper fibre)	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	
calcium carbonate	45 mg/m3	210 mg/m3		1,300 mg/m3	
silica, fumes	45 mg/m3	500 mg/m3		3,000 mg/m3	
silica crystalline - quartz	0.075 mg/m3	33 mg/m3		200 mg/m3	
Ingredient	Original IDLH		Revised IDLH		
calcium carbonate	Not Available		Not Available		
portland cement	5,000 mg/m3	5,000 mg/m3			
calcium aluminate cement	Not Available		Not Available		
calcium sulfate	Not Available		Not Available		
cellulose	Not Available	Not Available			
silica, fumes	Not Available			lable	
silica crystalline - quartz	25 mg/m3 / 50 mg/m3		Not Avai	lable	
Occupational Exposure Banding					

Cooupational Exposure Banang			
Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
calcium aluminate cement	E	≤ 0.01 mg/m³	
Notes:	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.		

Exposure controls

Appropriate engineering Belie effective in protecting workers and will by leading the independent of worker interactions to provide this high evel of protection. The Section will involve changing the way a job activity or process is done to reduce the risk. Appropriate engineering Independent of the section of the		
Construction A service ser		The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically
Eye and face protection Christical goggles. Contact lenses may pose a special hazard: soft contact lenses may absorb and concentrate initiants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. Skin protection See Hand protection below Wear chemical protective glowes, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. Contaminated leather items, such as shoes, belis and watch-bands should be renoved and destroyed. Body protection See Other protection below Contaminated leather items, such as shoes, belis and watch-bands should be required to wear, clean, full body protective clothin (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 national equivalent]. Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-ty respirators with filters for dusts, mists and furmes, or air purifying canisters or cartridges. A respirator affording higher levels of protection ne be substituted. [AS/NZS 1715 or national equivalent]. Emergency deluge showers and eyewash fourtains, supplied with potable water, should be located near, within sight of, and on the same level with coations where direct exposure is likely. Prior to each skift for purposes of	Personal protection	
Hands/feet protection Wear safety footwear or safety gumboots, e.g. PVC. Wear safety footwear or safety gumboots, e.g. Rubber Hands/feet protection The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. Body protection See Other protection below Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothin (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS 1150 6529:200C national equivalent] Employees working with confirmed human carcinogens should be provided with, and required to wear and use half-face filter-ty respirators with filters for dusts, mists and fumes, or ari purpring canisters or cartridges. A respirator affording higher levels of protection ne so usubstituel. [AS/NZS 1175 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 earch ent 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 set of the day, to place used c	Eye and face protection	 Chemical goggles. Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing
Hands/feet protection • Wear safety footwear or safety gumboots, e.g. Rubber NDTE: • 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. Body protection See Other protection below Image: See Street stree street street street street street street st	Skin protection	See Hand protection below
 Contempose working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothin (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 national equivalent] Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-ty respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection m 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 for purposes of 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. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garrier cream. Barrier cream. Skin cleansing cream. 	Hands/feet protection	 Wear safety footwear or safety gumboots, e.g. Rubber NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
 (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 national equivalent] Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-ty respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection in 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. Proir to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective dothing 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. 	Body protection	See Other protection below
	Other protection	 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 ma 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.
	ecommended material(s)	Respiratory protection

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the *computer-generated* selection:

ARDEX MRF - Moisture Resistant Finish

Material

CPI

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum	Half-Face	Full-Face	Powered Air

BUTYL	А
NATURAL RUBBER	А
NITRILE+PVC	А
PVC	А
NITRILE	В

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Protection Factor	Respirator	Respirator	Respirator
up to 10 x ES	-AUS P2	-	-PAPR-AUS / Class 1 P2
up to 50 x ES	-	-AUS / Class 1 P2	-
up to 100 x ES	-	-2 P2	-PAPR-2 P2 ^

^ - Full-face

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

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

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological ef	fects
Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. 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. Cellulose, given via the windpipe, caused fibrosis in the alveoli and airways, with injuries of the lung cells. Some health effects associated with wood, cotton, flax, jute and hemp particles or fibres are not attributable to cellulose content but to other substances and/or impurities. Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage. Effects on lungs are significantly enhanced in the presence of respirable particles.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering. 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

	contact dermatitis since it may cause drying and defatting of the infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to th	quite alkaline and this alkali action on the skin contributes strongly to cement skin which is followed by hardening, cracking, lesions developing, possible skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin is material hs or lesions, may produce systemic injury with harmful effects. Examine the skin
Eye	If applied to the eyes, this material causes severe eye damage.	
Chronic	Skin contact with the material is more likely to cause a sensitisa There is sufficient evidence to suggest that this material directly Substance accumulation, in the human body, may occur and ma Inhalation studies using animals have shown that cellulose fibre likely to develop asthma and obstructive lung disease. The substance Animal testing shows long term exposure to aluminium oxides in smaller the size, the greater the tendencies of causing harm. Red blood cells and rabbit alveolar macrophages exposed to ca in another. Both studies showed the substance to be more cytol In a small cohort mortality study of workers in a wollastonite qua were lower than expected. Wollastonite is a calcium inosilicate I Amorphous silicas generally are less hazardous than crystalline cooling. Inhalation of dusts containing crystalline silicas may lea Cement contact dermatitis (CCD) may occur when contact show to soluble chromates (chromate compounds) present in trace ar penetrate intact skin. Cement dermatitis can be characterised b highly alkaline mixtures may cause localised necrosis. Studies indicate that diets containing large amounts of non-abstim magnesium, zinc and phosphorus. This material contains a substantial amount of polymer conside 1000 to 10000 with less than 25% of molecules with MWs unde over 10000. Soluble silicates do not exhibit sensitizing potential. Testing in b mutations or birth defects.	ay cause some concern following repeated or long-term occupational exposure. s can cause lung scarring, and humans exposed to cellulose at work are more stance may also induce the production of free radicals in human white blood cells. hay cause lung disease and cancer, depending on the size of the particle. The lcium silicate insulation materials in vitro showed haemolysis in one study but not oxic than titanium dioxide but less toxic than asbestos. Irry, the observed number of deaths from all cancers combined and lung cancer mineral (CaSiO3). silicas, but the former can be converted to the latter on heating and subsequent d to silicosis, a disabling lung disease that may take years to develop. Irs an allergic response, which may progress to sensitisation. Sensitisation is due nounts in some cements and cement products. Soluble chromates readily y fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with orbable polysaccharides, such as cellulose, might decrease absorption of calcium, red to be of low concern. These are classified under having MWs of between r 1000 and less than 10% under 500; or having a molecular weight average of acterial and animal experiments have not shown any evidence of them causing to chromium (III) irritates the airways, malnourishes the liver and kidneys, causes also increases the risk of developing lung cancer.
ARDEX MRF - Moisture Resistant Finish	TOXICITY Not Available	IRRITATION Not Available
calcium carbonate	TOXICITY dermal (rat) LD50: >2000 mg/kg ^[1] Inhalation(Rat) LC50; >3 mg/l4h ^[1] Oral(Rat) LD50; >2000 mg/kg ^[1]	IRRITATION Eye (rabbit): 0.75 mg/24h - SEVERE Eye: no adverse effect observed (not irritating) ^[1] Skin (rabbit): 500 mg/24h-moderate Skin: no adverse effect observed (not irritating) ^[1]
portland cement	TOXICITY Not Available	IRRITATION Not Available
calcium aluminate cement	TOXICITY dermal (rat) LD50: >2000 mg/kg ^[1] Inhalation(Rat) LC50; 1.9 mg/l4h ^[1] Oral(Rat) LD50; >2000 mg/kg ^[1]	IRRITATION Not Available
calcium sulfate	TOXICITY Inhalation(Rat) LC50; >3.26 mg/l4h ^[1] Oral(Rat) LD50; >1581 mg/kg ^[1]	IRRITATION Not Available
cellulose	TOXICITY Dermal (rabbit) LD50: >2000 mg/kg ^[2] Inhalation(Rat) LC50; >5.8 mg/L4h ^[2] Oral(Rat) LD50; >5000 mg/kg ^[2]	IRRITATION Not Available
silica, fumes	TOXICITY Dermal (rabbit) LD50: >5000 mg/kg ^[2] Oral(Rat) LD50; 3160 mg/kg ^[2]	IRRITATION Eye (rabbit): non-irritating * Eye: no adverse effect observed (not irritating) ^[1] Skin (rabbit): non-irritating *

	ΤΟΧΙΟΙΤΥ	IRRITATION	
silica crystalline - quartz	Oral(Rat) LD50; 500 mg/kg ^[2]	Not Available	
Legend:	 Value obtained from Europe ECHA Registered Substi specified data extracted from RTECS - Register of Toxic 	-	ained from manufacturer's SDS. Unless otherwise
CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.		
PORTLAND CEMENT	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.		
CALCIUM SULFATE	Gypsum (calcium sulfate dehydrate) irritates the skin, eye, mucous membranes, and airways. A series of studies involving Gypsum industry workers in Poland reported chronic, non-specific airways diseases. Repeat dose toxicity: Examination of workers at a gypsum manufacturing plant found restrictive defects on long-function tests in those who were chronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to be protective on quartz toxicity in animal testing.		
SILICA, FUMES	Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS] For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing.		
SILICA CRYSTALLINE - QUARTZ	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<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. 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.		
CALCIUM CARBONATE & PORTLAND CEMENT & CALCIUM ALUMINATE CEMENT & CALCIUM SULFATE & CELLULOSE	Asthma-like symptoms may continue for months or ever known as reactive airways dysfunction syndrome (RADS criteria for diagnosing RADS include the absence of pre asthma-like symptoms within minutes to hours of a docu airflow pattern on lung function tests, moderate to sever lymphocytic inflammation, without eosinophilia.	S) which can occur after exposure t vious airways disease in a non-atop mented exposure to the irritant. Ot	o high levels of highly irritating compound. Main pic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible
PORTLAND CEMENT & CALCIUM ALUMINATE CEMENT	No significant acute toxicological data identified in literat	ure search.	
Acute Toxicity	×	Carcinogenicity	✓
Skin Irritation/Corrosion	¥	Reproductivity	×
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	*	STOT - Repeated Exposure	×
	×	Aspiration Hazard	×

Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
ARDEX MRF - Moisture Resistant Finish	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
calcium carbonate	NOEC(ECx)	6h	Fish	4-320mg/l	4
	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4

Continued...

ARDEX MRF - Moisture Resistant Finish

	Endpoint	Test Duration (hr)	Species	Value	Source
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	2.6mg/l	2
alcium aluminate cement	EC50	72h	Algae or other aquatic plants	3.6mg/l	2
	LC50	96h	Fish	>100mg/l	2
	EC50	48h	Crustacea	5.4mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	0.25h	Fish	75mg/l	4
calcium sulfate	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
cellulose	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Sourc
	NOEC(ECx)	504h	Crustacea	100mg/l	2
silica, fumes	EC50	72h	Algae or other aquatic plants	~250mg/l	2
	LC50	96h	Fish	>100mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz Legend:	Not Available Extracted from	Not Available 1. IUCLID Toxicity Data 2. Europe ECH		Not Available n - Aquatic Toxicity 3. E	P

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
calcium sulfate	HIGH	HIGH
cellulose	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
calcium sulfate	LOW (LogKOW = -2.2002)
cellulose	LOW (LogKOW = -5.1249)

Mobility in soil

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)
cellulose	LOW (KOC = 10)

SECTION 13 Disposal considerations

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

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
calcium carbonate	Not Available
portland cement	Not Available
calcium aluminate cement	Not Available
calcium sulfate	Not Available
cellulose	Not Available
silica, fumes	Not Available
silica crystalline - quartz	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
calcium carbonate	Not Available
portland cement	Not Available
calcium aluminate cement	Not Available
calcium sulfate	Not Available
cellulose	Not Available
silica, fumes	Not Available
silica crystalline - quartz	Not Available

SECTION 15 Regulatory information

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

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium aluminate cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium sulfate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

cellulose is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

silica, fumes is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

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)

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

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	o (portland cement; calcium aluminate cement; calcium sulfate; silica, fumes; silica crystalline - quartz)	
China - IECSC	Yes	
Europe - EINEC / ELINCS / NLP	Yes	
Japan - ENCS	No (portland cement; cellulose)	
Korea - KECI	Yes	
New Zealand - NZIoC	Yes	
Philippines - PICCS	No (portland cement; calcium aluminate cement)	

National Inventory	Status	
USA - TSCA	Yes	
Taiwan - TCSI	Yes	
Mexico - INSQ	No (calcium aluminate cement; silica, fumes)	
Vietnam - NCI	Yes	
Russia - FBEPH	No (calcium aluminate cement)	
Legend:	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

Revision Date 25/1	5/10/2021
Initial Date 06/1	5/10/2020

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	24/08/2021	Name
5.1	25/10/2021	Name

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 AIIC: 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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