



Ardex K220

Ardex (Ardex Australia)

Chemwatch: 63-5879

Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 28/06/2016

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Initial Date: Not Available

S.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Ardex K220
Synonyms	Not Available
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 supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)	Ardex (Ardex NZ)
Address	20 Powers Road Seven Hills NSW 2147 Australia	32 Lane Street Woolston Christchurch New Zealand
Telephone	1800 224 070	+64 3373 6928
Fax	1300 780 102	+64 3384 9779
Website	Not Available	Not Available
Email	Not Available	Not Available

Emergency telephone number

Association / Organisation	Not Available	Not Available
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)	+64 3373 6900
Other emergency telephone numbers	Not Available	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		
Body Contact	3		
Reactivity	0		
Chronic	2		

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Continued...

GHS label elements	
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SIGNAL WORD	DANGER
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Hazard statement(s)

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

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fumes.
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.
P310	Immediately call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P363	Wash contaminated clothing before reuse.

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 in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7.	10-50	<u>graded sand</u>
471-34-1	10-50	<u>calcium carbonate</u>
65997-15-1	10-30	<u>portland cement</u>
7778-18-9	1-10	<u>calcium sulfate</u>
Not Available	<10	additives, unregulated

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"> ▶ 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	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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.
Inhalation	<ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prosthesis 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 iron and its derivatives:

- ▶ Always treat symptoms rather than history.
- ▶ In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- ▶ Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- ▶ Hepatic damage may progress to failure with hypoproteinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- ▶ Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- ▶ Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- ▶ Activated charcoal does not effectively bind iron.
- ▶ Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- ▶ Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to dichromates and chromates:

- ▶ Absorption occurs from the alimentary tract and lungs.
- ▶ The kidney excretes about 60% of absorbed chromate within 8 hours of ingestion. Urinary excretion may take up to 14 days.
- ▶ Establish airway, breathing and circulation. Assist ventilation.
- ▶ Induce emesis with Ipecac Syrup if patient is not convulsing, in coma or obtunded and if the gag reflex is present.
- ▶ Otherwise use gastric lavage with endotracheal intubation.
- ▶ Fluid balance is critical. Peritoneal dialysis, haemodialysis or exchange transfusion may be effective although available data is limited.
- ▶ British Anti-Lewisite, ascorbic acid, folic acid and EDTA are probably not effective.
- ▶ There are no antidotes.
- ▶ Primary irritation, including chrome ulceration, may be treated with ointments comprising calcium-sodium-EDTA. This, together with the use of frequently renewed dressings, will ensure rapid healing of any ulcer which may develop.

The mechanism of action involves the reduction of Cr (VI) to Cr(III) and subsequent chelation; the irritant effect of Cr(III)/ protein complexes is thus avoided. [ILO Encyclopedia]

[Ellenhorn and Barceloux: Medical Toxicology]

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	None known.
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Advice for firefighters**Fire Fighting**

- ▶ 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.
 Decomposition may produce toxic fumes of; sulfur oxides (SOx) silicon dioxide (SiO₂) 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. Heating calcium carbonate at high temperatures(825 C.) causes decomposition, releases carbon dioxide gas and leaves a residue of alkaline lime

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Control personal contact with the substance, by using protective equipment.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ CAUTION: Advise personnel in area. ▶ Alert Emergency Services and tell them location and nature of hazard. ▶ Control personal contact by wearing protective clothing.

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

SECTION 7 HANDLING AND STORAGE**Precautions for safe handling**

Safe handling	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry area protected from environmental extremes. ▶ Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys. ▶ Avoid reaction with oxidising agents

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**Control parameters****OCCUPATIONAL EXPOSURE LIMITS (OEL)****INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	graded sand	Silica - Crystalline: Quartz (respirable dust) / Quartz (respirable dust)	0.1 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	portland cement	Portland cement	10 mg/m ³	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium sulfate	Calcium sulphate	10 mg/m ³	Not Available	Not Available	Not Available


EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.025 mg/m ³	0.025 mg/m ³	0.025 mg/m ³
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	27 mg/m ³	27 mg/m ³	1300 mg/m ³
calcium carbonate	Carbonic acid, calcium salt	45 mg/m ³	210 mg/m ³	1300 mg/m ³
calcium sulfate	Calcium(II) sulfate dihydrate (1:1:2)	10 mg/m ³	10 mg/m ³	21 mg/m ³
calcium sulfate	Calcium sulfate anhydrous; (Drierite; Gypsum; Plaster of Paris)	30 mg/m ³	330 mg/m ³	2000 mg/m ³

Ingredient	Original IDLH	Revised IDLH
graded sand	N.E. mg/m ³ / N.E. ppm	50 mg/m ³
calcium carbonate	Not Available	Not Available
portland cement	N.E. mg/m ³ / N.E. ppm	5,000 mg/m ³
calcium sulfate	Not Available	Not Available
additives, unregulated	Not Available	Not Available

Exposure controls

Appropriate engineering controls	<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.</p> <p>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.</p>
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Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ 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. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Suitability and durability of glove type is dependent on usage.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream.
Thermal hazards	Not Available

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:000 & 149:001, ANSI Z88 or national equivalent)

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

* - Negative pressure demand ** - Continuous flow

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

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- ▶ The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- ▶ Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- ▶ Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Solid; 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 Available
pH (as supplied)	Not Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Available	Taste	Not Available

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Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ 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 effects

Inhaled	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Levels above 10 ug/m³ of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons. Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p>				
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.				
Skin Contact	<p>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. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation. Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances. 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. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>				
Eye	If applied to the eyes, this material causes severe eye damage.				
Chronic	<p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO₃). 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. Pure calcium carbonate does not cause the disease pneumoconiosis probably due to its rapid elimination from the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation. Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections. Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk.</p>				
Ardex K220	<table border="1"> <tr> <td>TOXICITY</td> <td>IRRITATION</td> </tr> <tr> <td>Not Available</td> <td>Not Available</td> </tr> </table>	TOXICITY	IRRITATION	Not Available	Not Available
TOXICITY	IRRITATION				
Not Available	Not Available				

graded sand	TOXICITY	IRRITATION
	Not Available	Not Available
calcium carbonate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1] Oral (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE Skin (rabbit): 500 mg/24h-moderate
portland cement	TOXICITY	IRRITATION
	Not Available	Not Available
calcium sulfate	TOXICITY	IRRITATION
	Oral (rat) LD50: >1581 mg/kg ^[1]	Not Available

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

GRADED SAND	No significant acute toxicological data identified in literature search.
CALCIUM CARBONATE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>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.</p> <p>No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.</p>
PORTLAND CEMENT	<p>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.</p> <p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>No significant acute toxicological data identified in literature search.</p>
CALCIUM SULFATE	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS.</p> <p>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.</p>

Acute Toxicity	☐	Carcinogenicity	☐
Skin Irritation/Corrosion	✓	Reproductivity	☐
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	☐
Mutagenicity	☐	Aspiration Hazard	☐

Legend: ✗ – Data available but does not fill the criteria for classification
 ✓ – Data required to make classification available
 ☐ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
calcium carbonate	LC50	96	Fish	>56000mg/L	4
calcium carbonate	EC50	72	Algae or other aquatic plants	>14mg/L	2
calcium carbonate	NOEC	72	Algae or other aquatic plants	14mg/L	2
calcium sulfate	EC50	96	Algae or other aquatic plants	105.72278mg/L	3

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calcium sulfate	NOEC	504	Crustacea	360mg/L	4
calcium sulfate	LC50	96	Fish	>79mg/L	2
calcium sulfate	EC50	72	Algae or other aquatic plants	>79mg/L	2

Legend:

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 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
calcium sulfate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
calcium sulfate	LOW (LogKOW = -2.2002)

Mobility in soil

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)

SECTION 13 DISPOSAL CONSIDERATIONS**Waste treatment methods**

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Management Authority for disposal. ▶ Bury residue in an authorised landfill. ▶ 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

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture****GRADED SAND(14808-60-7.) IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

CALCIUM CARBONATE(471-34-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
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PORTLAND CEMENT(65997-15-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
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CALCIUM SULFATE(7778-18-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
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National Inventory	Status
Australia - AICS	Y
Canada - DSL	Y
Canada - NDSL	N (portland cement; calcium sulfate; graded sand)
China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y

Continued...

Japan - ENCS	N (portland cement)
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	N (portland cement)
USA - TSCA	Y
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
calcium carbonate	1317-65-3, 13397-26-7, 146358-95-4, 15634-14-7, 198352-33-9, 459411-10-0, 471-34-1, 63660-97-9, 72608-12-9, 878759-26-3
calcium sulfate	10101-41-4, 7778-18-9

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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

Definitions and abbreviations

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

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