

## KeraTrade SLE500 Flex

### BuildGreen Australia Pty Ltd

Chemwatch Hazard Alert Code: 3

Chemwatch: 5685-99

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

S.GHS.AUS.EN.E

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

### Product Identifier

<b>Product name</b>	KeraTrade SLE500 Flex
<b>Chemical Name</b>	Not Applicable
<b>Synonyms</b>	FLE500 Flex
<b>Chemical formula</b>	Not Applicable
<b>Other means of identification</b>	Not Available

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

<b>Relevant identified uses</b>	Waterborne Adhesive Use according to manufacturer's directions.
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### Details of the manufacturer or supplier of the safety data sheet

<b>Registered company name</b>	BuildGreen Australia Pty Ltd
<b>Address</b>	88 Sutton Street North Melbourne VIC 3051 Australia
<b>Telephone</b>	1300 664 276
<b>Fax</b>	Not Available
<b>Website</b>	<a href="http://Buildgreen.au">Buildgreen.au</a>
<b>Email</b>	sales@buildgreen.au

### Emergency telephone number

Association / Organisation	BuildGreen Pty Ltd	CHEMWATCH EMERGENCY RESPONSE (24/7)
<b>Emergency telephone numbers</b>	1300 664 276 (Mon - Fri 8:00am – 4:00pm)	+61 1800 951 288
<b>Other emergency telephone numbers</b>	Not Available	+61 3 9573 3188

Once connected and if the message is not in your preferred language then please dial 01

## SECTION 2 Hazards identification

### Classification of the substance or mixture

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

### Label elements

<b>Hazard pictogram(s)</b>	
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Signal word	Danger
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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.
H341	Suspected of causing genetic defects.
H373	May cause damage to organs through prolonged or repeated exposure.

**Precautionary statement(s) Prevention**

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

**Precautionary statement(s) Response**

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water.
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
14808-60-7	25-50	<u>silica crystalline - quartz</u>
471-34-1	10-50	<u>calcium carbonate</u>
65997-15-1	10-25	<u>portland cement</u>
Not Available	<10	additives, unregulated

**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**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> </ul>
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	<ul style="list-style-type: none"> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <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 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 hypoprothrombinaemia 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]

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterixis, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa<sub>2</sub>EDTA is less effective in chelating aluminium.

[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.

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- 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**

<b>Fire Incompatibility</b>	None known.
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**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▸ 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.</li> <li>▸ When heated to extreme temperatures, (&gt;1700 deg.C) amorphous silica can fuse.</li> <li>▸ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▸ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▸ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▸ Use fire fighting procedures suitable for surrounding area.</li> <li>▸ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▸ Cool fire exposed containers with water spray from a protected location.</li> <li>▸ If safe to do so, remove containers from path of fire.</li> <li>▸ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<p>Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite. Nearly all metals will burn in air under certain conditions. Some are oxidised rapidly in the presence of air or moisture, generating sufficient heat to reach their ignition temperatures. Others oxidise so slowly that heat generated during oxidation is dissipated before the metal becomes hot enough to ignite. Particle size, shape, quantity, and alloy are important factors to be considered when evaluating metal combustibility. Combustibility of metallic alloys may differ and vary widely from the combustibility characteristics of the alloys' constituent elements.</p> <p>Decomposition may produce toxic fumes of: silicon dioxide (SiO<sub>2</sub>) metal oxides</p> <p>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.</p> <p>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</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 (H-Class HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). H-Class HEPA filtered industrial vacuum cleaners should <b>NOT</b> be used on wet materials or surfaces.</li> </ul>
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	<ul style="list-style-type: none"> <li>▶ Dampen with water to prevent dusting before sweeping.</li> <li>▶ Place in suitable containers for disposal.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by all means available, spillage from entering drains or water courses.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse / absorb vapour.</li> <li>▶ Contain or absorb spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>

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

## SECTION 7 Handling and storage

### Precautions for safe handling

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>

### Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<p>20kg bag</p> <ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<p>Inorganic alkaline earth metal derivative. Derivative of very electropositive metal. For aluminas (aluminium oxide): Incompatible with hot chlorinated rubber. In the presence of chlorine trifluoride may react violently and ignite. -May initiate explosive polymerisation of olefin oxides including ethylene oxide. -Produces exothermic reaction above 200°C with halocarbons and an exothermic reaction at ambient temperatures with halocarbons in the presence of other metals. -Produces exothermic reaction with oxygen difluoride. -May form explosive mixture with oxygen difluoride. -Forms explosive mixtures with sodium nitrate. -Reacts vigorously with vinyl acetate. Aluminium oxide is an amphoteric substance, meaning it can react with both acids and bases, such as hydrofluoric acid and sodium hydroxide, acting as an acid with a base and a base with an acid, neutralising the other and producing a salt. Calcium carbonate:  <ul style="list-style-type: none"> <li>▶ is incompatible with acids, ammonium salts, fluorine, germanium, lead diacetate, magnesium, mercurous chloride, silicon, silver nitrate, titanium.</li> </ul>           Contact with acid generates carbon dioxide gas, which may pressurise and then rupture closed containers            Calcium oxide:  <ul style="list-style-type: none"> <li>▶ reacts violently with water, evolving high quantities of heat</li> <li>▶ reacts violently, with possible ignition or explosion, with acids, anilinium perchlorate, bromine pentafluoride, chlorine trifluoride, fluorine, hydrogen fluoride, hydrazine, hydrogen sulfide, hydrogen trisulfide, isopropyl isocyanide dichloride, light</li> </ul> </p>

- metals, lithium, magnesium, powdered aluminium, phosphorus, potassium, sulfur trioxide
- ▶ increase the explosive sensitivity of azides, nitroalkanes (e.g. nitroethane, nitromethane, 1-nitropropane etc.)
- ▶ is incompatible with boric acid, boron trifluoride, carbon dioxide, ethanol, halogens (such as fluorine), metal halides, phosphorus pentoxide, selenium oxychloride, sulfur dioxide and many organic materials

## Calcium sulfate:

- ▶ reacts violently with reducing agents, acrolein, alcohols, chlorine trifluoride, diazomethane, ethers, fluorine, hydrazine, hydrazinium perchlorate, hydrogen peroxide, finely divided aluminium or magnesium, peroxyfuroic acid, red phosphorus, sodium acetylide
- ▶ sensitises most organic azides which are unstable shock- and heat- sensitive explosives
- ▶ may form explosive materials with 1,3-di(5-tetrazolyl)triazene
- ▶ is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride
- ▶ is hygroscopic; reacts with water to form gypsum and Plaster of Paris

## For iron oxide (ferric oxide):

- ▶ Avoid storage with aluminium, calcium hypochlorite and ethylene oxide.
- ▶ Risk of explosion occurs following reaction with powdered aluminium, calcium silicide, ethylene oxide (polymerises), carbon monoxide, magnesium and perchlorates.
- ▶ Risk of ignition or formation of flammable gases or vapours occurs following reaction with carbides, for example caesium carbide, (produces heat), hydrogen sulfide, hydrogen peroxide (decomposes).
- ▶ An intimately powdered mixture with aluminium, usually ignited by magnesium ribbon, reacts with an intense exotherm to produce molten iron in the commercial "thermit" welding process

## Silicas:

- ▶ react with hydrofluoric acid to produce silicon tetrafluoride gas
- ▶ react with xenon hexafluoride to produce explosive xenon trioxide
- ▶ reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds
- ▶ may react with fluorine, chlorates
- ▶ are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate
- ▶ may react vigorously when heated with alkali carbonates.
- ▶ WARNING: Avoid or control reaction with peroxides. All *transition metal* peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.
- ▶ The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono- or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- ▶ Avoid reaction with borohydrides or cyanoborohydrides
- ▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.
- ▶ These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition.
- ▶ The state of subdivision may affect the results.
- ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- ▶ Avoid contact with copper, aluminium and their alloys.

## 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	silica crystalline - quartz	Quartz (respirable dust)	0.05 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m <sup>3</sup>	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/m <sup>3</sup>	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

#### Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	0.075 mg/m <sup>3</sup>	33 mg/m <sup>3</sup>	200 mg/m <sup>3</sup>
calcium carbonate	45 mg/m <sup>3</sup>	210 mg/m <sup>3</sup>	1,300 mg/m <sup>3</sup>

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m <sup>3</sup> / 50 mg/m <sup>3</sup>	Not Available
calcium carbonate	Not Available	Not Available
portland cement	5,000 mg/m <sup>3</sup>	Not Available

**Exposure controls**

<p><b>Appropriate engineering controls</b></p>	<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. 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. 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>
<p><b>Individual protection measures, such as personal protective equipment</b></p>	
<p><b>Eye and face protection</b></p>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].</li> </ul>
<p><b>Skin protection</b></p>	<p>See Hand protection below</p>
<p><b>Hands/feet protection</b></p>	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>· Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>· Excellent when breakthrough time &gt; 480 min</li> </ul>

	<ul style="list-style-type: none"> <li>· Good when breakthrough time &gt; 20 min</li> <li>· Fair when breakthrough time &lt; 20 min</li> <li>· Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▸ polychloroprene.</li> <li>▸ nitrile rubber.</li> <li>▸ butyl rubber.</li> <li>▸ fluoroelastomer.</li> <li>▸ polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▸ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>▸ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>▸ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>▸ Overalls.</li> <li>▸ P.V.C apron.</li> <li>▸ Barrier cream.</li> <li>▸ Skin cleansing cream.</li> <li>▸ Eye wash unit.</li> </ul>

## Respiratory protection

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

Use respirators with protection factors appropriate for the exposure level.

- Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

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

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

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

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

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

## SECTION 9 Physical and chemical properties



### Information on basic physical and chemical properties

<b>Appearance</b>	Grey powder with a cement-like odor that sets upon mixing with water.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<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 Available
<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 Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Available	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	sets when mixed with water	<b>pH as a solution (1%)</b>	~12
<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>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.</p> <p>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.</p> <p>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p> <p>Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. The disease is rapidly progressive and spreads widely through the lungs within months of the initial exposure and causing death within 1 to 2 years.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Compared with other metals, the calcium ion and most calcium compounds have low toxicity. Acute calcium poisoning is rare, and occurs only when calcium compounds are taken in high doses over a long period, or given through a vein.</p> <p>Excessive consumption of calcium carbonate antacids or pills over a period of weeks or months can cause milk-alkali syndrome, with high blood calcium and potentially fatal kidney failure.</p> <p>Excessive calcium supplementation can be detrimental to cardiovascular health, especially in men.</p> <p>Calcium supplementation given by mouth may reduce the absorption of thyroxine, when taken within 4-6 hours of each other. This may lead to inadequate thyroid hormone replacement and then hypothyroidism.</p>

Continued...

	<p>Chromate salts are corrosive and produce cellular damage to tissue. Ingestion may produce inflammation of the digestive tract, nausea, vomiting and abdominal pain.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
<b>Skin Contact</b>	<p>The material may 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.</p> <p>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>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.</p> <p>Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>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 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>	<p>If applied to the eyes, this material causes severe eye damage.</p>
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems.</p> <p>Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>There is sufficient evidence to suggest that this material directly causes cancer in humans.</p> <p>Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.</p> <p>This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p>

	<b>TOXICITY</b>	<b>IRRITATION</b>
<b>KeraTrade SLE500 Flex</b>	Not Available	Not Available
<b>silica crystalline - quartz</b>	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	Not Available
<b>calcium carbonate</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>portland cement</b>	Not Available	Not Available

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

<b>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 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.</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>CALCIUM CARBONATE</b>	<p>No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.</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>

<b>PORTLAND CEMENT</b>	<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. 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.</p> <p>No significant acute toxicological data identified in literature search.</p>
<b>CALCIUM CARBONATE &amp; PORTLAND CEMENT</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>Acute Toxicity</b>	✗	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	✗
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✓
<b>Respiratory or Skin sensitisation</b>	✓	<b>STOT - Repeated Exposure</b>	✓
<b>Mutagenicity</b>	✓	<b>Aspiration Hazard</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>KeraTrade SLE500 Flex</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>silica crystalline - quartz</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>calcium carbonate</b>	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4
	NOEC(ECx)	1h	Fish	4-320mg/l	4
<b>portland cement</b>	Not Available	Not Available	Not Available	Not Available	Not Available
<b>Legend:</b>	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

**DO NOT** discharge into sewer or waterways.

### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

### Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

### Mobility in soil

Continued...

Ingredient	Mobility
	No Data available for all ingredients

## SECTION 13 Disposal considerations

### Waste treatment methods

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> </ul>
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## SECTION 14 Transport information

### Labels Required

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

**Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

**Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

**Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

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

Not Applicable

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

Product name	Group
silica crystalline - quartz	Not Available
calcium carbonate	Not Available
portland cement	Not Available

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

Product name	Ship Type
silica crystalline - quartz	Not Available
calcium carbonate	Not Available
portland cement	Not Available

## SECTION 15 Regulatory information

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

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)

Continued...

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

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

Australian Inventory of Industrial Chemicals (AIIC)

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

#### portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

### Additional Regulatory Information

Not Applicable

### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica crystalline - quartz; portland cement)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - 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>	02/07/2024
<b>Initial Date</b>	02/07/2024

### SDS Version Summary

Version	Date of Update	Sections Updated
2.1	02/07/2024	Toxicological information - Acute Health (eye), Toxicological information - Acute Health (inhaled), Toxicological information - Acute Health (skin), Toxicological information - Acute Health (swallowed), First Aid measures - Advice to Doctor, Physical and chemical properties - Appearance, Toxicological information - Chronic Health, Hazards identification - Classification, Disposal considerations - Disposal, Ecological Information - Environmental, Firefighting measures - Fire Fighter (extinguishing media), Firefighting measures - Fire Fighter (fire/explosion hazard), Firefighting measures - Fire Fighter (fire fighting), First Aid measures - First Aid (inhaled), First Aid measures - First Aid (skin), First Aid measures - First Aid (swallowed), Handling and storage - Handling Procedure, Exposure controls / personal protection - Personal Protection (other), Exposure controls / personal protection - Personal Protection (eye), Exposure controls / personal protection - Personal Protection (hands/feet), Accidental release measures - Spills (minor), Handling and storage - Storage (storage incompatibility), Handling and storage - Storage (suitable container), Transport information - Transport, Transport Information

### 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.

Continued...

## Definitions and abbreviations

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