

Tru Level Tuff Top

RLA Polymers Pty Ltd

Chemwatch: 5268-88

Version No: 2.1.1.1 Safety Data Sheet according to WHS and ADG requirements Chemwatch Hazard Alert Code: 3

Issue Date: **30/08/2017** Print Date: **19/10/2017** S.GHS.AUS.EN

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

Product Identifier

| Product name | Fru Level Tuff Top | |
|---|---|--|
| Synonyms | Not Available | |
| Other means of identification | Not Available | |
| Relevant identified uses of the substance or mixture and uses advised against | | |
| Relevant identified uses | Self smoothing, cementitious underlayment for vinyl floors. | |

Details of the supplier of the safety data sheet

| Registered company name | RLA Polymers Pty Ltd | |
|-------------------------|--|--|
| Address | 5 Colchester Road Kilsyth VIC 3137 Australia | |
| Telephone | 3 9728 1644 | |
| Fax | 1 3 9728 6009 | |
| Website | vww.rlagroup.com.au | |
| Email | sales@rlagroup.com.au | |

Emergency telephone number

| Association / Organisation | on Not Available | |
|-----------------------------------|--|--|
| Emergency telephone numbers | 1 3 9728 1644 (RLA Group Technical Manager) business hours | |
| Other emergency telephone numbers | 132766 (Security Monitoring Service) | |

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

H317

H335

H373

P260

Precautionary statement(s) Prevention

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

May cause damage to organs through prolonged or repeated exposure.

| 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 2 Legend: 1. Classified by Chernwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI | |
|--|--|
|--|--|

Label elements

| Hazard pictogram(s) | | | |
|---------------------|--|--|--|
|---------------------|--|--|--|

May cause an allergic skin reaction.

Do not breathe dust/fume/gas/mist/vapours/spray.

May cause respiratory irritation.

| SIGNAL WORD | DANGER | |
|------------------------------|----------------------------|--|
| Hazard statement(s) | | |
| H315 Causes skin irritation. | | |
| H318 | Causes serious eye damage. | |

Continued...

| P271 Use only outdoors or in a well-ventilated area. | | |
|---|---|--|
| P280 | P280 Wear protective gloves/protective clothing/eye protection/face protection. | |
| 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 | ediately call a POISON CENTER or doctor/physician. | |
| P362 | ke off contaminated clothing and wash before reuse. | |
| P302+P352 | IF ON SKIN: Wash with plenty of soap and water. | |

Precautionary statement(s) Storage

| | , , | 5 |
|--|-----|--|
| P405 Store locked up. | | |
| P403+P233 Store in a well-ventilated place. Keep container tightly closed. | | Store in a well-ventilated place. Keep container tightly closed. |

Precautionary statement(s) Disposal

| P501 | Dispose of contents/container in accordance with local regulations. |
|------|---|
|------|---|

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

| CAS No | %[weight] | Name |
|------------|-----------|-----------------------------|
| 14808-60-7 | 30-60 | silica crystalline - quartz |
| 1317-65-3 | 10-30 | calcium carbonate |
| 65997-15-1 | 2-10 | portland cement |

SECTION 4 FIRST AID MEASURES

Description of first aid measures

| Eye Contact | If this product comes in contact with the eyes: Immediately hold eyelids apart and flush the eye continuously with running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. |
|--------------|---|
| Skin Contact | If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation. |
| Inhalation | If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. |
| Ingestion | If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice. |

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to 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.
- F 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 that 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]

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. Advice for firefighters • When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▶ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. **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. Non combustible. Not considered a significant fire risk, however containers may burn. Decomposition may produce toxic fumes of: Fire/Explosion Hazard 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. HAZCHEM Not Applicable

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

| Minor Spills | 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 | Moderate hazard. 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 | Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Prevent concentration in hollows and sumps. |
| Other information | Store in original containers. Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes. Store away from incompatible materials and foodstuff containers. |

Conditions for safe storage, including any incompatibilities

| Suitable container | Polyethylene or polypropylene container. Check all containers are clearly labelled and free from leaks. |
|-------------------------|---|
| Storage incompatibility | WARNING: Avoid or control reaction with peroxides. All <i>transition metal</i> 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 strong acids, acid chlorides, acid anhydrides and chloroformates. |

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

| OCCUPATIONAL EXPOSURE LIMITS | (OFI) |
|------------------------------|-------|
| | |

INGREDIENT DATA

| Source | Ingredient | Material name | TWA | STEL | Peak | Notes |
|--------|------------|---------------|-----|------|------|-------|
| | | | | | | |

| | | | 1 | | | | |
|---|---|---|---|---|---|--|---|
| Australia Exposure Standards | silica crystalline - quartz | Quartz (respirable dust) | 0.1 mg/m3 | Not Availat | ble | Not Available | Not Available |
| Australia Exposure Standards | silica crystalline - quartz | Quartz (respirable dust) | 0.1 mg/m3 | Not Availat | ble | Not Available | Not Available |
| Australia Exposure Standards | silica crystalline - quartz | Silica - Crystalline | Not Available | Not Availat | ble | Not Available | Not Available |
| Australia Exposure Standards | calcium carbonate | Calcium carbonate | 10 mg/m3 | Not Availat | ble | Not Available | Not Available |
| Australia Exposure Standards | portland cement | Portland cement | 10 mg/m3 | Not Availat | ble | Not Available | Not Available |
| EMERGENCY LIMITS | | | | | | | |
| Ingredient | Material name | | TEEL-1 | | TEEL-2 | ! | TEEL-3 |
| silica crystalline - quartz | Silica, crystalline-quartz; (Silic | on dioxide) | 0.075 mg/m | 3 | 33 mg/m | 13 | 200 mg/m3 |
| calcium carbonate | Limestone; (Calcium carbonate | e; Dolomite) | 45 mg/m3 | | 500 mg/i | m3 | 3,000 mg/m3 |
| calcium carbonate | Carbonic acid, calcium salt | | 45 mg/m3 | | 210 mg/i | m3 | 1,300 mg/m3 |
| Ingredient | Original IDLH | | Revised | IDLH | | | |
| silica crystalline - quartz | Not Available | | Not Avai | able | | | |
| calcium carbonate | Not Available | | Not Avai | able | | | |
| portland cement | 5,000 mg/m3 | | Not Avai | able | | | |
| controls | | changing the way a job activity or p mission source which keeps a select | | | worker an | nd ventilation that | strategically "adds" ar |
| Personal protection | | | A | | | | |
| Personal protection | | | | centrate irritants. | A written | | |
| | Chemical goggles.Contact lenses may pose | hields. | | centrate irritants. | A written | | |
| Eye and face protection | Chemical goggles. Contact lenses may pose of lenses or restrictions on See Hand protection below NOTE: The material may produce avoid all possible skin con Contaminated leather item The selection of suitable gloves Where the chemical is a prepai checked prior to the application The exact break through time for choice. | A skin sensitisation in predisposed in tact. Is, such as shoes, belts and watch-be is does not only depend on the mate ration of several substances, the re- h. | orkplace or task. dividuals. Care must be ands should be remove rial, but also on further sistance of the glove m om the manufacturer of | e taken, when rea ed and destroyed marks of quality v aterial can not be the protective glo | moving g d. which var e calculat oves and | n policy document loves and other pr ry from manufactu ed in advance and has to be observe | , describing the wearing rotective equipment, to rer to manufacturer. d has therefore to be ad when making a fina |
| Eye and face protection Skin protection | Chemical goggles. Contact lenses may pose of lenses or restrictions on See Hand protection below NOTE: The material may produce avoid all possible skin con Contaminated leather item The selection of suitable gloves Where the chemical is a prepar checked prior to the application The exact break through time for choice. Personal hygiene is a key elem Experience indicates that the for not present. polychloroprene. nitrile rubber. | hields. a special hazard; soft contact lense use, should be created for each w eskin sensitisation in predisposed in tact. Is, such as shoes, belts and watch-be s does not only depend on the mater ration of several substances, the re- n. or substances has to be obtained fro- ent of effective hand care. | orkplace or task. dividuals. Care must be ands should be remove rial, but also on further sistance of the glove m om the manufacturer of | e taken, when rea ed and destroyed marks of quality v aterial can not be the protective glo | moving g d. which var e calculat oves and | n policy document loves and other pr ry from manufactu ed in advance and has to be observe | , describing the wear rotective equipment, t rer to manufacturer. d has therefore to be ad when making a fina |
| Eye and face protection Skin protection Hands/feet protection | Chemical goggles. Contact lenses may pose of lenses or restrictions on See Hand protection below NOTE: The material may produce avoid all possible skin con Contaminated leather item The selection of suitable gloves Where the chemical is a preparchecked prior to the application The exact break through time for choice. Personal hygiene is a key elem Experience indicates that the for not present. polychloroprene. nitrile rubber. butyl rubber. | hields. a special hazard; soft contact lense use, should be created for each w eskin sensitisation in predisposed in tact. Is, such as shoes, belts and watch-be s does not only depend on the mater ration of several substances, the re- n. or substances has to be obtained fro- ent of effective hand care. | orkplace or task. dividuals. Care must be ands should be remove rial, but also on further sistance of the glove m om the manufacturer of | e taken, when rea ed and destroyed marks of quality v aterial can not be the protective glo | moving g d. which var e calculat oves and | n policy document loves and other pr ry from manufactu ed in advance and has to be observe | , describing the wear rotective equipment, f rer to manufacturer. d has therefore to be ad when making a fina |

Respiratory protection

Type AX-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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

 * - Negative pressure demand $\,\,^{\star\star}$ - 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)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

| Appearance | Fine grey powder; partly soluble in water. | | |
|---|--|---|----------------|
| Physical state | Divided Solid | Relative density (Water = 1) | >1.5 |
| Odour | Not Available | Partition coefficient n-octanol / water | Not Available |
| Odour threshold | Not Available | Auto-ignition temperature (°C) | Not Applicable |
| pH (as supplied) | Not Applicable | Decomposition temperature | Not Available |
| Melting point / freezing point (°C) | Not Available | Viscosity (cSt) | Not Applicable |
| Initial boiling point and boiling range (°C) | Not Applicable | Molecular weight (g/mol) | Not Applicable |
| Flash point (°C) | Not Applicable | Taste | Not Available |
| Evaporation rate | Not Available | Explosive properties | Not Available |
| Flammability | Not Applicable | Oxidising properties | Not Available |
| Upper Explosive Limit (%) | Not Applicable | Surface Tension (dyn/cm or mN/m) | Not Applicable |
| Lower Explosive Limit (%) | Not Available | Volatile Component (%vol) | Not Available |
| Vapour pressure (kPa) | Negligible | Gas group | Not Available |
| Solubility in water (g/L) | Partly miscible | pH as a solution (1%) | Not Applicable |
| Vapour density (Air = 1) | Not Available | VOC g/L | Not Available |

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

| Inhaled | 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. Inhalation may result in ulcers or sores of the lining of the nose (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. Effects on lungs are significantly enhanced in the presence of respirable particles. 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. |
|--------------|---|
| Ingestion | Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract Ingestion may result in nausea, abdominal irritation, pain and vomiting |
| Skin Contact | The material may accentuate any pre-existing dermatitis condition 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 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. |
| Eye | If applied to the eyes, this material causes severe eye damage. |
| Chronic | Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Harmful: danger of serious damage to health by prolonged exposure through inhalation. 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. 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 sh chromates (chromate compounds) present in trace amounts in Cement dermatitis can be characterised by fissures, eczemato localised necrosis. Crystalline silicas activate the inflammatory response of white reduces lung capacity and predisposes to chest infections. Overexposure to the breathable dust may cause coughing, wh decreased vital lung capacity and chest infections. Repeated e as pneumoconiosis, which is the lodgement of any inhaled du particles less than 0.5 microns (1/50000 inch) are present. Chronic excessive intake of iron have been associated with da at an increased risk. | n some cements and cement product ous rash, dystrophic nails, and dry sl e blood cells after they injure the lung neezing, difficulty in breathing and im exposures in the workplace to high le ists in the lung, irrespective of the eff | ts. Soluble chromates readily penetrate intact skin. kin; acute contact with highly alkaline mixtures may cause g epithelium. Chronic exposure to crystalline silicas npaired lung function. Chronic symptoms may include wels of fine-divided dusts may produce a condition known fect. This is particularly true when a significant number of |
|---|---|---|--|
| Tru Level Tuff Top | ΤΟΧΙĊΙΤΥ | IRRITATION | |
| | Not Available | Not Available | |
| | тохісіту | IRRITATION | |
| silica crystalline - quartz | Not Available | Not Available | |
| | ΤΟΧΙΟΙΤΥ | IRRITATION | |
| calcium carbonate | Oral (rat) LD50: 6450 mg/kg ^[2] | | mg/24h-moderate |
| | ΤΟΧΙΟΙΤΥ | IRRITATION | |
| a sufferent son son son s | | | |
| portland cement | Not Available 1. Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of chem | - | from manufacturer's SDS. Unless otherwise specified |
| | 1. Value obtained from Europe ECHA Registered Substances | s - Acute toxicity 2.* Value obtained nical Substances has been classified by the IARC as (s classified occupational exposures t IARC considered sufficient evidence stobalite. Crystalline silica is also kr | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being se from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease. |
| Legend: SILICA CRYSTALLINE - | Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of chern WARNING: For inhalation exposure <u>ONLY</u>: This substance h The International Agency for Research on Cancer (IARC) has carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and cristication in the forms of quarts and cristication in the form of quarts a | s - Acute toxicity 2.* Value obtained inical Substances has been classified by the IARC as (s classified occupational exposures t IARC considered sufficient evidenc stobalite. Crystalline silica is also kr sis), cough, dyspnoea, liver tumours pronounced inflammation. Repeated ated exposure and may produce on | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being the from epidemiological studies of humans for the hown to cause silicosis, a non-cancerous lung disease. |
| Legend: SILICA CRYSTALLINE - QUARTZ | Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of chern WARNING: For inhalation exposure <u>ONLY</u>: This substance h The International Agency for Research on Cancer (IARC) has carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and crit Intermittent exposure produces; focal fibrosis, (pneumoconios The material may produce severe irritation to the eye causing conjunctivitis. The material may cause skin irritation after prolonged or repeat scaling and thickening of the skin. | s - Acute toxicity 2.* Value obtained inical Substances has been classified by the IARC as (s classified occupational exposures t IARC considered sufficient evidenci stobalite. Crystalline silica is also kr sis), cough, dyspnoea, liver tumours. pronounced inflammation. Repeated ated exposure and may produce on erties. No evidence of mutagenic or up and may not be specific to this pr ema, more rarely as urticaria or Quir the delayed type. Other allergic skin s after exposure to the material ends. scur after exposure to high levels of on-atopic individual, with sudden ons for diagnosis of RADS include a rev sting, and the lack of minimal lymph | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being ce from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease. d or prolonged exposure to irritants may produce contact skin redness, swelling, the production of vesicles r teratogenic effects. roduct. ncke's oedema. The pathogenesis of contact eczema reactions, e.g. contact urticaria, involve antibody-mediate . This may be due to a non-allergic condition known as highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to |
| Legend: SILICA CRYSTALLINE - QUARTZ CALCIUM CARBONATE | Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of cheme WARNING: For inhalation exposure ONLY: This substance h The International Agency for Research on Cancer (IARC) has carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and cri Intermittent exposure produces; focal fibrosis, (pneumoconios The material may produce severe irritation to the eye causing conjunctivitis. The material may cause skin irritation after prolonged or repea scaling and thickening of the skin. Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic prop The following information refers to contact allergens as a grou Contact allergies quickly manifest themselves as contact caze involves a cell-mediated (T lymphocytes) immune reaction of the immune reactions. Asthma-like symptoms may continue for months or even years reactive airways dysfunction syndrome (RADS) which can con RADS include the absence of previous airways disease in a no hours of a documented exposure to the irritant. Other criteria severe bronchial hyperreactivity on methacholine challenge te | s - Acute toxicity 2.* Value obtained inical Substances has been classified by the IARC as (s classified occupational exposures t IARC considered sufficient evidenci stobalite. Crystalline silica is also kr sis), cough, dyspnoea, liver tumours. pronounced inflammation. Repeated ated exposure and may produce on erties. No evidence of mutagenic or up and may not be specific to this pr ema, more rarely as urticaria or Quir the delayed type. Other allergic skin s after exposure to the material ends. scur after exposure to high levels of on-atopic individual, with sudden ons for diagnosis of RADS include a rev sting, and the lack of minimal lymph | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being ce from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease. d or prolonged exposure to irritants may produce contact skin redness, swelling, the production of vesicles r teratogenic effects. roduct. ncke's oedema. The pathogenesis of contact eczema reactions, e.g. contact urticaria, involve antibody-mediate . This may be due to a non-allergic condition known as highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to |
| Legend: SILICA CRYSTALLINE - QUARTZ CALCIUM CARBONATE PORTLAND CEMENT | Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of chem WARNING: For inhalation exposure <u>ONLY</u>: This substance h The International Agency for Research on Cancer (IARC) has carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and cri- Intermittent exposure produces; focal fibrosis, (pneumoconios The material may produce severe irritation to the eye causing conjunctivitis. The material may cause skin irritation after prolonged or repea scaling and thickening of the skin. Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic prop The following information refers to contact allergens as a grou Contact allergies quickly manifest themselves as contact ecced involves a cell-mediated (T lymphocytes) immune reaction of immune reactions. Asthma-like symptoms may continue for months or even years reactive airways dysfunction syndrome (RADS) which can oc RADS include the absence of previous airways disease in a m hours of a documented exposure to the irritant. Other criteria severe bronchial hyperreactivity on methacholine challenge te No significant acute toxicological data identified in literature s | s - Acute toxicity 2.* Value obtained inical Substances has been classified by the IARC as (s classified occupational exposures t IARC considered sufficient evidence stobalite. Crystalline silica is also kr sits), cough, dyspnoea, liver tumours. pronounced inflammation. Repeated ated exposure and may produce on verties. No evidence of mutagenic or up and may not be specific to this pr ema, more rarely as urticaria or Quir the delayed type. Other allergic skin s after exposure to the material ends. scur after exposure to high levels of on-atopic individual, with sudden oms for diagnosis of RADS include a rev sting, and the lack of minimal lymph search. | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being ce from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease. d or prolonged exposure to irritants may produce contact skin redness, swelling, the production of vesicles r teratogenic effects. roduct. ncke's oedema. The pathogenesis of contact eczema reactions, e.g. contact urticaria, involve antibody-mediate . This may be due to a non-allergic condition known as highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to cordic inflammation, without eosinophilia. |
| Legend: SILICA CRYSTALLINE - QUARTZ CALCIUM CARBONATE PORTLAND CEMENT Acute Toxicity Skin Irritation/Corrosion Serious Eye Damage/Irritation | 1. Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of cheme data extracted from RTECS - Register of Toxic Effect of cheme was a carcinogenic to humans . This classification is based on what carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and cri Intermittent exposure produces; focal fibrosis, (pneumoconios The material may produce severe irritation to the eye causing conjunctivitis. The material may cause skin irritation after prolonged or repeating and thickening of the skin. Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic prop The following information refers to contact allergens as a grou Contact allergies quickly manifest themselves as contact eczed involves a cell-mediated (T lymphocytes) immune reaction of the immune reactions. Asthma-like symptoms may continue for months or even years reactive airways dysfunction syndrome (RADS) which can ou RADS include the absence of previous airways disease in a no hours of a documented exposure to the irritant. Other criteria severe bronchial hyperreactivity on methacholine challenge te No significant acute toxicological data identified in literature severe severe bronchial hyperreactivity on methacholine challenge te no significant acute toxicological data identified in literature severe severe bronchial hyperreactivity on methacholine challenge te no significant acute toxicological data identified in literature severe severe bronchial hyperreactive severe severe severe severe severe severe severe bronchial hyperreactive of the severe s | s - Acute toxicity 2.* Value obtained in nical Substances | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being ce from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease. d or prolonged exposure to irritants may produce contact skin redness, swelling, the production of vesicles r teratogenic effects. roduct. The pathogenesis of contact eczema reactions, e.g. contact urticaria, involve antibody-mediate . This may be due to a non-allergic condition known as highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within minutes to versible airflow pattern on lung function tests, moderate to ocytic inflammation, without eosinophilia. |
| Legend: SILICA CRYSTALLINE - QUARTZ CALCIUM CARBONATE PORTLAND CEMENT Acute Toxicity Skin Irritation/Corrosion | 1. Value obtained from Europe ECHA Registered Substances data extracted from RTECS - Register of Toxic Effect of chern WARNING: For inhalation exposure ONLY: This substance h The International Agency for Research on Cancer (IARC) has carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and crit Intermittent exposure produces; focal fibrosis, (pneumoconios) The material may cause skin irritation after prolonged or repeating and thickening of the skin. Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic prop The following information refers to contact allergens as a grout Contact allergies quickly manifest themselves as contact ecze involves a cell-mediated (T lymphocytes) immune reaction of the immune reactions. Asthma-like symptoms may continue for months or even years reactive airways dysfunction syndrome (RADS) which can con RADS include the absence of previous airways disease in a m hours of a documented exposure to the irritant. Other criteria severe bronchial hyperreactivity on methacholine challenge te No significant acute toxicological data identified in literature set. | s - Acute toxicity 2.* Value obtained inicial Substances has been classified by the IARC as G s classified occupational exposures t IARC considered sufficient evidenci stobalite. Crystalline silica is also kr is), cough, dyspnoea, liver tumours pronounced inflammation. Repeated ated exposure and may produce on werties. No evidence of mutagenic or up and may not be specific to this pr ema, more rarely as urticaria or Quir the delayed type. Other allergic skin s after exposure to the material ends. ccur after exposure to high levels of on-atopic individual, with sudden ons for diagnosis of RADS include a rev sting, and the lack of minimal lymph search. Carcinogenicity Reproductivity | Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being be from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease. d or prolonged exposure to irritants may produce contact skin redness, swelling, the production of vesicles, r teratogenic effects. roduct. oke's oedema. The pathogenesis of contact eczema reactions, e.g. contact urticaria, involve antibody-mediate . This may be due to a non-allergic condition known as highly irritating compound. Main criteria for diagnosing set of persistent asthma-like symptoms within innutes to versible airflow pattern on lung function tests, moderate to ocytic inflammation, without eosinophilia. |

SECTION 12 ECOLOGICAL INFORMATION

Toxicity ENDPOINT TEST DURATION (HR) SPECIES VALUE SOURCE Tru Level Tuff Top Not Not Not Not Available Not Available Available Available Available ENDPOINT TEST DURATION (HR) SPECIES VALUE SOURCE silica crystalline - quartz Not Not Not Not Available Not Available Available Available Available

| | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|-------------------|------------------|---|---|--------------------|------------------|
| calcium carbonate | LC50 | 96 | Fish | >56000mg/l | - 4 |
| | EC50 | 72 | Algae or other aquatic plants | >14mg/L | 2 |
| | NOEC | 72 | Algae or other aquatic plants | 14mg/L | 2 |
| | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
| portland cement | Not Available | Not Available | Not Available | Not Available | Not Available |
| Legend: | Extracted from 1 | IUCLID Toxicity Data 2. Europe ECHA Registered | Substances - Ecotoxicological Information - Aquatio | c Toxicity 3. EPIV | VIN Suite V3.12 |
| Logona | (QSAR) - Aquati | ic Toxicity Data (Estimated) 4. US EPA, Ecotox data centration Data 7. METI (Japan) - Bioconcentration | base - Aquatic Toxicity Data 5. ECETOC Aquatic Ha | | |

DO NOT discharge into sewer or waterways.

Persistence and degradability

| Ingredient | Persistence: Water/Soil | Persistence: Air |
|---------------------------|---------------------------------------|---------------------------------------|
| | No Data available for all ingredients | No Data available for all ingredients |
| | | |
| Bioaccumulative potential | | |

Ingredient Bioaccumulation No Data available for all ingredients

Mobility in soil

| Ingredient | Mobility |
|------------|---------------------------------------|
| | No Data available for all ingredients |

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

| Product / Packaging disposal | Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: 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. Where possible retain label warnings and SDS and observe all notices pertaining to the product. DO NOT allow wash water from cleaning or process equipment to enter drains. It may be necessary to collect all wash water for treatment before disposal. In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. Where in doubt contact the responsible authority. Recycle wherever possible or consult manufacturer for recycling options. Consult State Land Waste Management Authority for disposal. Bury residue 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

SILICA CRYSTALLINE - QUARTZ(14808-60-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)

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

CALCIUM CARBONATE(1317-65-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

PORTLAND CEMENT(65997-15-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

| Australia Exposure Standards | Australia Inventory of Chemical Substances (AICS) |
|-------------------------------|--|
| National Inventory | Status |
| Australia - AICS | Υ |
| Canada - DSL | Y |
| Canada - NDSL | N (portland cement; silica crystalline - quartz) |
| China - IECSC | Υ |
| Europe - EINEC / ELINCS / NLP | Y |
| Japan - ENCS | N (portland cement) |
| Korea - KECI | Y |
| New Zealand - NZIoC | Υ |
| Philippines - PICCS | N (portland cement) |
| USA - TSCA | Υ |
| 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 |
|-----------------------------|--|
| silica crystalline - quartz | 14808-60-7, 122304-48-7, 122304-49-8, 12425-26-2, 1317-79-9, 70594-95-5, 87347-84-0, 308075-07-2 |
| | |

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

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

Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average PC-STEL: Permissible Concentration-Short Term Exposure Limit IARC: International Agency for Research on Cancer ACGIH: American Conference of Governmental Industrial Hygienists STEL: Short Term Exposure Limit TEEL: Temporary Emergency Exposure Limit。 IDLH: Immediately Dangerous to Life or Health Concentrations 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

This document is copyright. Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.