

Carboline Carbocrete 522

ALTEX COATINGS LTD

Version No: 6.10
Safety Data Sheet according to HSNO Regulations

Chemwatch Hazard Alert Code: 4

Issue Date: 27/02/2018
Print Date: 27/02/2018
S.GHS.NZL.EN

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

Product Identifier

| | |
|-------------------------------|--------------------------|
| Product name | Carboline Carbocrete 522 |
| Synonyms | Not Available |
| Other means of identification | Not Available |

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

| | |
|--------------------------|-------------------------|
| Relevant identified uses | for industrial use only |
|--------------------------|-------------------------|

Details of the supplier of the safety data sheet

| | |
|-------------------------|---|
| Registered company name | ALTEX COATINGS LTD |
| Address | 91-111 Oropi Road Tauranga Bay of Plenty 3112 New Zealand |
| Telephone | +64 7 5411221 |
| Fax | +64 7 5411310 |
| Website | www.altexcoatings.com |
| Email | neil.debenham@carboline.co.nz |

Emergency telephone number

| | |
|-----------------------------------|--------------------------|
| Association / Organisation | NZ POISONS (24hr 7 days) |
| Emergency telephone numbers | 0800 764766 |
| Other emergency telephone numbers | Not Available |

CHEMWATCH EMERGENCY RESPONSE

| Primary Number | Alternative Number 1 | Alternative Number 2 |
|----------------|----------------------|----------------------|
| +800 2436 2255 | +800 2436 2255 | +612 9186 1132 |

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

Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Not regulated for transport of Dangerous Goods.

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| Classification ^[1] | Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Carcinogenicity Category 1A, Specific target organ toxicity - single exposure Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - repeated exposure Category 1 |
| Legend: | 1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI |
| Determined by Chemwatch using GHS/HSNO criteria | 6.9 (respiratory), 6.5B (contact), 6.7A, 6.9A, 8.3A, 6.3A |

Label elements

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| Hazard pictogram(s) |  |
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| | |
|-------------|--------|
| SIGNAL WORD | DANGER |
|-------------|--------|

Hazard statement(s)

| | |
|------|--------------------------------------|
| H315 | Causes skin irritation. |
| H318 | Causes serious eye damage. |
| H317 | May cause an allergic skin reaction. |

Continued...

| | |
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| H350 | May cause cancer. |
| H370 | Causes damage to organs. |
| H335 | May cause respiratory irritation. |
| H372 | Causes damage to organs through prolonged or repeated exposure. |

Precautionary statement(s) Prevention

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| P201 | Obtain special instructions before use. |
| P260 | Do not breathe dust/fume/gas/mist/vapours/spray. |
| P271 | Use only outdoors or in a well-ventilated area. |
| P280 | Wear protective gloves/protective clothing/eye protection/face protection. |
| P281 | Use personal protective equipment as required. |
| P270 | Do not eat, drink or smoke when using this product. |
| 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. |
| P307+P311 | IF exposed: Call a POISON CENTER or doctor/physician. |
| P308+P313 | IF exposed or concerned: Get medical advice/attention. |
| P310 | Immediately call a POISON CENTER or doctor/physician. |
| P362 | Take off contaminated clothing and wash before reuse. |
| P302+P352 | IF ON SKIN: Wash with plenty of soap and water. |
| P333+P313 | If skin irritation or rash occurs: Get medical advice/attention. |
| P304+P340 | IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. |

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

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| P501 | Dispose of contents/container in accordance with local regulations. |
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**Substances**

See section below for composition of Mixtures

Mixtures

| CAS No | %[weight] | Name |
|------------|-----------|------------------------------------|
| 14808-60-7 | 50-75 | <u>silica crystalline - quartz</u> |
| 1317-65-3 | 2.5-10 | <u>limestone</u> |
| 1309-48-4 | 2.5-10 | <u>magnesium oxide</u> |
| 65997-15-1 | 10-25 | <u>portland cement</u> |

SECTION 4 FIRST AID MEASURES

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

Description of first aid measures

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| Eye Contact | <p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. |
| Skin Contact | <p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately flush body and clothes with large amounts of water, using safety shower if available. ▶ Quickly remove all contaminated clothing, including footwear. ▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. ▶ Transport to hospital, or doctor. |
| Inhalation | <ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ 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. |

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| Ingestion | <ul style="list-style-type: none"> ▶ For advice, contact a Poisons Information Centre or a doctor at once. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. ▶ Transport to hospital or doctor without delay. |
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Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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]

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

| | |
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| Fire Incompatibility | None known. |
|-----------------------------|-------------|

Advice for firefighters

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| Fire Fighting | <ul style="list-style-type: none"> ▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▶ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use. |
| Fire/Explosion Hazard | <ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>silicon dioxide (SiO₂)</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.</p> <p>May emit corrosive fumes.</p> |

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

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| Minor Spills | <ul style="list-style-type: none"> ▶ Clean up waste regularly and abnormal spills immediately. ▶ Avoid breathing dust and contact with skin and eyes. ▶ Wear protective clothing, gloves, safety glasses and dust respirator. ▶ Use dry clean up procedures and avoid generating dust. ▶ Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). ▶ Dampen with water to prevent dusting before sweeping. ▶ Place in suitable containers for disposal. |
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| Major Spills | <ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all means available, spillage from entering drains or water courses. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse / absorb vapour. ▶ Contain or absorb spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services. |
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Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

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| Safe handling | <ul style="list-style-type: none"> ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to contact humans, exposed food or food utensils. ▶ Avoid contact with incompatible materials. ▶ When handling, DO NOT eat, drink or smoke. ▶ Keep containers securely sealed when not in use. ▶ Avoid physical damage to containers. ▶ Always wash hands with soap and water after handling. ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▶ Use good occupational work practice. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. |
| Other information | <ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry area protected from environmental extremes. ▶ Store away from incompatible materials and foodstuff containers. ▶ Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. <p>For major quantities:</p> <ul style="list-style-type: none"> ▶ Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams). ▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities. |

Conditions for safe storage, including any incompatibilities

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| Suitable container | <ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks. |
| Storage incompatibility | <p>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.</p> <p>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.</p> <p>Calcium oxide:</p> <ul style="list-style-type: none"> ▶ reacts violently with water, evolving high quantities of heat ▶ 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 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 <p>Calcium sulfate:</p> <ul style="list-style-type: none"> ▶ 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 acetylde ▶ 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 <p>For iron oxide (ferric oxide):</p> <ul style="list-style-type: none"> ▶ 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), |

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- ▶ 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
 - ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
 - ▶ Avoid contact with copper, aluminium and their alloys.



+ X + O + + +

- X** — Must not be stored together
O — May be stored together with specific preventions
+ — May be stored together

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

| Source | Ingredient | Material name | TWA | STEL | Peak | Notes |
|--|-----------------------------|--|-----------------------|---------------|---------------|---|
| New Zealand Workplace Exposure Standards (WES) | silica crystalline - quartz | Silica-Crystalline (all forms) quartz and cristobalite are confirmed carcinogens | 0.1 mg/m ³ | Not Available | Not Available | 6.7A - Confirmed carcinogen; (r) - The value for respirable dust. |
| New Zealand Workplace Exposure Standards (WES) | limestone | Calcium carbonate (Limestone, Marble) | 10 mg/m ³ | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | magnesium oxide | Magnesium oxide fume | 10 mg/m ³ | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | portland cement | Portland cement | 10 mg/m ³ | Not Available | Not Available | Not Available |

EMERGENCY LIMITS

| Ingredient | Material name | TEEL-1 | TEEL-2 | TEEL-3 |
|-----------------------------|---|-------------------------|-----------------------|-------------------------|
| silica crystalline - quartz | Silica, crystalline-quartz; (Silicon dioxide) | 0.075 mg/m ³ | 33 mg/m ³ | 200 mg/m ³ |
| limestone | Limestone; (Calcium carbonate; Dolomite) | 45 mg/m ³ | 500 mg/m ³ | 3,000 mg/m ³ |
| limestone | Carbonic acid, calcium salt | 45 mg/m ³ | 210 mg/m ³ | 1,300 mg/m ³ |
| magnesium oxide | Magnesium oxide | 30 mg/m ³ | 120 mg/m ³ | 730 mg/m ³ |

| Ingredient | Original IDLH | Revised IDLH |
|-----------------------------|------------------------|---------------|
| silica crystalline - quartz | Not Available | Not Available |
| limestone | Not Available | Not Available |
| magnesium oxide | 750 mg/m ³ | Not Available |
| portland cement | 5000 mg/m ³ | Not Available |

Exposure controls

Appropriate engineering controls

- Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
- The basic types of engineering controls are:
- Process controls which involve changing the way a job activity or process is done to reduce the risk.
- Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "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.
- ▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.
 - ▶ 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.
 - ▶ 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.
 - ▶ Open-vessel systems are prohibited.
 - ▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.
 - ▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air

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| | <ul style="list-style-type: none"> ▶ should be introduced in sufficient volume to maintain correct operation of the local exhaust system. ▶ 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. ▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). ▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. ▶ 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. |
| <p>Personal protection</p> |  |
| <p>Eye and face protection</p> | <ul style="list-style-type: none"> ▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. ▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. ▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. ▶ Alternatively a gas mask may replace splash goggles and face shields. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent] |
| <p>Skin protection</p> | <p>See Hand protection below</p> |
| <p>Hands/feet protection</p> | <ul style="list-style-type: none"> ▶ Elbow length PVC gloves <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>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 moisturizer 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"> - frequency and duration of contact, - chemical resistance of glove material, - glove thickness and - dexterity <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"> - When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. - Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. - Contaminated gloves should be replaced. <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>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"> - Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. - Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential <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"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber. ▶ fluorocautchouc. ▶ polyvinyl chloride. <p>Gloves should be examined for wear and/ or degradation constantly.</p> |
| <p>Body protection</p> | <p>See Other protection below</p> |
| <p>Other protection</p> | <ul style="list-style-type: none"> ▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including |

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| | <ul style="list-style-type: none"> ▶ gloves, boots and continuous-air supplied hood. ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit. |
| Thermal hazards | Not Available |

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 ** - 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)

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.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

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

SECTION 10 STABILITY AND REACTIVITY

| | |
|---------------------------|--|
| Reactivity | See section 7 |
| Chemical stability | <ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur. |

Carboline Carbocrete 522

| | |
|------------------------------------|---------------|
| Possibility of hazardous reactions | See section 7 |
| Conditions to avoid | See section 7 |
| Incompatible materials | See section 7 |
| Hazardous decomposition products | See section 5 |

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

| | |
|--------------|---|
| Inhaled | <p>There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane. 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.</p> <p>The material has NOT been classified by EC Directives or other classification systems as "harmful by inhalation" nor has it been designated as "irritating to the respiratory system". This is because of the lack of corroborating animal or human evidence. 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.</p> |
| Ingestion | <p>Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. Magnesium salts are generally absorbed so slowly that swallowing these cause few toxic effects, with purging being the most significant. If it cannot be removed (for example in bowel obstruction or paralysis), it may irritate the gut lining and be absorbed into the body. Side effects of magnesium salts include upset stomach, dry mouth, dry nose, dry throat, drowsiness, nausea, heartburn, and thickening of the lining of the throat and nose.</p> <p>The magnesium ion causes salt disturbances, central nervous system depression, involvement of the heart, loss of reflexes and death from paralysis of breathing; these effects, however, are rare without pre-existing kidney or bowel disorders. Early signs and symptoms of magnesium poisoning include nausea, vomiting, general unwellness and confusion. There may be low blood pressure due to dilation of blood vessels. A slow heart beat is common, which may eventually lead to stoppage of the heart. The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p> |
| Skin Contact | <p>The material can produce severe chemical burns following direct contact with the skin. 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. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation. Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> |
| Eye | <p>If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness.</p> |
| Chronic | <p>Studies show that inhaling this substance for over a long period (e.g. in an occupational setting) may increase the risk of cancer. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. There is sufficient evidence to suggest that this material directly causes cancer in humans. Toxic: 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. 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). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (e.g., rhodonite) In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 µm and a diameter of less than 3 µm was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 µm in length and less than 0.5 µm in diameter. In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 µm and 5.6 µm respectively, no intra-abdominal tumours were found. Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis. In a case of chronic abuse of magnesium citrate, symptoms seen included tiredness and severe low blood pressure which did not respond to treatment. Blood tests revealed extremely high levels of magnesium, and the patient was found to have a perforated ulcer of the duodenum. Kidney failure and death followed. A patient with normal kidney function developed stoppage of breathing and slow heart rate after receiving 90 grams of magnesium sulfate over 18 hours. Animal testing suggests that magnesium sulfate may reduce both fertility and the weight of offspring.</p> |

Continued...

Carboline Carbocrete 522

Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis.

Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO]. Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.

Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.

Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996

Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections.

Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk.

| | | |
|-----------------------------|--|------------------------------------|
| Carboline Carbocrete 522 | TOXICITY | IRRITATION |
| | Not Available | Not Available |
| silica crystalline - quartz | TOXICITY | IRRITATION |
| | Not Available | Not Available |
| limestone | TOXICITY | IRRITATION |
| | Oral (rat) LD50: 6450 mg/kg ^[2] | Skin (rabbit): 500 mg/24h-moderate |
| magnesium oxide | TOXICITY | IRRITATION |
| | Not Available | Not Available |
| portland cement | TOXICITY | IRRITATION |
| | 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

| | |
|-----------------------------------|---|
| SILICA CRYSTALLINE - QUARTZ | WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS |
| | <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.</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> |
| PORTLAND CEMENT | No significant acute toxicological data identified in literature search. |
| MAGNESIUM OXIDE & PORTLAND CEMENT | The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. 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. |
| MAGNESIUM OXIDE & PORTLAND CEMENT | 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. |

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

Legend: ✗ – Data available but does not fill the criteria for classification

✓ – Data available to make classification

⊘ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

| Carboline Carbocrete 522 | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|--------------------------|---------------|--------------------|---------------|---------------|---------------|
| | Not Available | Not Available | Not Available | Not Available | Not Available |

| silica crystalline - quartz | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|-----------------------------|---------------|--------------------|---------------|---------------|---------------|
| | Not Available | Not Available | Not Available | Not Available | Not Available |

| limestone | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|-----------|----------|--------------------|-------------------------------|------------|--------|
| | 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 |

| magnesium oxide | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|-----------------|---------------|--------------------|---------------|---------------|---------------|
| | Not Available | Not Available | Not Available | Not Available | Not Available |

| portland cement | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|-----------------|---------------|--------------------|---------------|---------------|---------------|
| | Not Available | Not Available | Not Available | Not Available | Not Available |

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

for magnesium compounds in general:

Fish LC50: 100-400 mg/l

For Silica:

Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).

Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen. Silicon is not found free in nature, but occurs chiefly as the oxide and as silicates. Once released into the environment, no distinction can be made between the initial forms of silica.

Aquatic Fate: At normal environmental pH, dissolved silica exists exclusively as monosilicic acid. At pH 9.4, amorphous silica is highly soluble in water. Crystalline silica, in the form of quartz, has low solubility in water. Silicic acid plays an important role in the biological/geological/chemical cycle of silicon, especially in the ocean. Marine organisms such as diatoms, silicoflagellates and radiolarians use silicic acid in their skeletal structures and their skeletal remains leave silica in sea sediment

Ecotoxicity: Silicon is important to plant and animal life and is practically non-toxic to fish including zebrafish, and Daphnia magna water fleas.

For Chromium: Chromium is poorly absorbed by cells found in microorganisms, plants and animals. Hexavalent chromate anions are readily transported into cells and toxicity is closely linked to the higher oxidation state.

Ecotoxicity - Toxicity in Aquatic Organisms: Chromium is harmful to aquatic organisms in very low concentrations. Organisms consumed by fish species are very sensitive to low levels of chromium. Chromium is toxic to fish although less so in warm water. Marked decreases in toxicity are found with increasing pH or water hardness; changes in salinity have little if any effect. Chromium appears to make fish more susceptible to infection. High concentrations can damage and/or accumulate in various fish tissues and in invertebrates such as snails and worms.

Reproduction of water fleas is affected by exposure to 0.01 mg/kg hexavalent chromium/L. Toxicity of chromium in fresh-water organisms resulted in mortality rates of 50%. The most sensitive species to the hexavalent chromium anion are invertebrates, scud, fathead minnow, rainbow trout, cladoceran and water flea vertebrate species and guppy.

Toxicity in Microorganisms: In general, toxicity for most microorganisms occurs in the range of 0.05-5 mg chromium/kg. Trivalent chromium is less toxic than the hexavalent form. The main signs of toxicity are inhibition of growth and the inhibition of photosynthesis or protein synthesis. Gram-negative soil bacteria are generally more sensitive to hexavalent chromium (1-12 mg/kg) than the gram-positive types. Toxicity to trivalent chromium is not observed at similar levels. Soil microbial transformation processes such as nitrification may be affected by low levels of hexavalent chromium (1 mg/kg). Chromium should not be introduced to municipal sewage treatment facilities.

Toxicity in Plants: Chromium in high concentrations can be toxic for plants. The main feature of chromium intoxication is chlorosis, which is similar to iron deficiency. Chromium affects carbohydrate metabolism and leaf chlorophyll concentration decreases with hexavalent chromium concentration (0.01-1 mg/L). The hexavalent form appears to be more toxic than the trivalent species.

Water Standards: Chromium is identified as a hazardous substance in the Federal (U.S.) Water Pollution Control Act and further regulated by Clean Air Water Act Amendments (US). These regulations apply to discharge. The US Primary drinking water Maximum Contaminant Level (MCL), for chromium, is 0.05 mg/L. (total chromium).

For chromium:

Aquatic Fate - Most chromium released into water will be deposited in the sediment. A small percentage of chromium can be found in soluble and insoluble forms with soluble chromium making up a very small percentage of the total chromium. Most of the soluble chromium is present as chromium (VI) and soluble chromium (III) complexes. In the aquatic phase, chromium (III) occurs mostly as suspended solids adsorbed onto clayish materials, organics, or iron oxide present in water. Soluble forms and suspended chromium can undergo intramedia transport. Chromium (VI) in water will eventually be reduced to chromium (III) by organic matter in the water. This process may be slower depending on the type and amount of organic material present and on the redox condition of the water. The reaction was generally faster under anaerobic than aerobic conditions. The oxidation of chromium (III) to chromium (VI) during chlorination of water was highest in the pH range of 5.5 - 6.0.

Atmospheric Fate: Transport of chromium from water to the atmosphere is not likely, except by transport in windblown sea sprays.

Terrestrial Fate: Ecotoxicity - Bioaccumulation is not expected to occur in rainbow trout. Bioaccumulation in bottom feeder bivalves, such as the oyster, blue mussel, and soft shell clam is low.

Chromium ranges from slightly toxic to highly toxic in water fleas. Chromium is not expected to biomagnify in the aquatic food chain. Chromium (III) has very low solubility and low mobility in the

Continued...

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environment and low toxicity in living organisms. In these forms, chromium is relatively soluble, mobile, and toxic to living organisms. Plants - Bioaccumulation of chromium from soil to above-ground parts of plants is unlikely. There is no indication of biomagnification of chromium along the terrestrial food chain (soil-plant-animal). Chromium concentration in plants may vary with geographic location. Soil - Chromium (VI) may be present in soil as chromate and chromic acid. The fate of chromium in soil is dependent upon the chromium species, which is a function of redox potential and soil pH. Most commonly, soil chromium is in the chromium (III) state. In deeper, anaerobic soils, chromium (VI) will be reduced to chromium (III) by disulfur and ferrous sulfate in soil. The reduction of chromium (VI) to chromium (III) is possible in aerobic soils that contain appropriate organic energy sources. The reduction of chromium (VI) to chromium (III) is facilitated by low pH. Chromium (VI) may exist in the aerobic zone of some natural soil. The oxidation of chromium (III) to chromium (VI) is facilitated by the presence of low oxidisable organic substances, oxygen, manganese dioxide, and moisture. However, when availability of mobile chromium (III) is low, a large portion of chromium in soil will not be oxidized to chromium (VI), even in the presence of magnesium dioxide and favorable pH. Organic forms of chromium (III) are more easily oxidized than insoluble oxides. Factors affecting the microbial reduction of chromium (VI) to chromium (III) include biomass concentration, initial chromium (VI) concentration, temperature, pH, carbon source, oxidation-reduction potential and the presence of both oxyanions and metal cations. Although high levels of chromium (VI) are toxic to most microbes, several resistant bacterial species have been identified which could ultimately be employed in remediation strategies. Most soil chromium is present mainly as insoluble chromium oxide and nH₂O and is not very mobile. Chromium was not found in leachate from soil, possibly because it formed complexes with organic matter. The leachability of chromium (VI) increases as soil pH increases. A small percentage of total chromium in soil exists as soluble chromium (VI) and chromium (III), which are more mobile in soil. Sorption depends primarily on the clay content of the soil and, to a lesser extent, on the amount of iron oxide and the organic content. Ecotoxicity: Chromium irreversibly sorbed onto soil will not be bio-available to plants and animals under any condition.

Atmospheric Fate: Chromium in soil may be transported to the atmosphere as an aerosol. The low pH of acid rain may facilitate leaching of acid-soluble chromium (III) and (VI) into soil. In the atmosphere, chromium (VI) may be reduced to chromium (III) at a significant rate if vanadium (V²⁺, V³⁺ and VO⁺), ferrous sulfate, bicarbonate ions and arsenic are present. The estimated half life of atmospheric chromium (VI) reduction to chromium (III) has been reported to be from 16 hrs to about 5 days. Aquatic Fate: Surface runoff can transport soluble and bulk precipitates of chromium to surface water. Soluble and unadsorbed chromium (III) and (VI) complexes in soil may leach into groundwater.

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 | <ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. <p>Otherwise:</p> <ul style="list-style-type: none"> ▶ 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. <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"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <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"> ▶ 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. ▶ Recycle containers if possible, or dispose of in an authorised landfill. |
|-------------------------------------|--|

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

SECTION 14 TRANSPORT INFORMATION

Labels Required

| | |
|-------------------------|----------------|
| Marine Pollutant | NO |
| HAZCHEM | Not Applicable |

Land transport (UN): 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**

This substance is to be managed using the conditions specified in an applicable Group Standard

| HSR Number | Group Standard |
|------------|---|
| HSR002679 | Surface Coatings and Colourants (Toxic [6.7]) Group Standard 2006 |

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

| | |
|---|--|
| International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs | New Zealand Inventory of Chemicals (NZIoC) |
| New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals | New Zealand Workplace Exposure Standards (WES) |

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

| | |
|---|--|
| New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals | New Zealand Workplace Exposure Standards (WES) |
| New Zealand Inventory of Chemicals (NZIoC) | |

MAGNESIUM OXIDE(1309-48-4.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

| | |
|---|--|
| New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals | New Zealand Workplace Exposure Standards (WES) |
| New Zealand Inventory of Chemicals (NZIoC) | |

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

| | |
|--|--|
| New Zealand Inventory of Chemicals (NZIoC) | New Zealand Workplace Exposure Standards (WES) |
|--|--|

Location Test Certificate

Subject to Regulation 55 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations, a location test certificate is required when quantity greater than or equal to those indicated below are present.

| Hazard Class | Quantity beyond which controls apply for closed containers | Quantity beyond which controls apply when use occurring in open containers |
|----------------|--|--|
| Not Applicable | Not Applicable | Not Applicable |

Approved Handler

Subject to Regulation 56 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations and Regulation 9 of the Hazardous Substances (Classes 6, 8, and 9 Controls) Regulations, the substance must be under the personal control of an Approved Handler when present in a quantity greater than or equal to those indicated below.

| Class of substance | Quantities |
|--------------------|--|
| 6.7A | 10 kg or more, if solid 10 L or more, if liquid |

Refer Group Standards for further information

Tracking Requirements

Not Applicable

| National Inventory | Status |
|-------------------------------|--|
| Australia - AICS | Y |
| Canada - DSL | Y |
| Canada - NDSL | N (portland cement; silica crystalline - quartz; magnesium oxide) |
| China - IECSC | Y |
| Europe - EINEC / ELINCS / NLP | Y |
| Japan - ENCS | N (portland cement) |
| Korea - KECI | Y |
| New Zealand - NZIoC | Y |
| Philippines - PICCS | N (portland cement) |
| USA - TSCA | Y |
| Legend: | Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets) |

SECTION 16 OTHER INFORMATION**Other information****Ingredients with multiple cas numbers**

| Name | CAS No |
|-----------------------------|--|
| 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

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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

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