

# Duroflex TP18-058 Powder Part A

## Durotech Industries

Chemwatch Hazard Alert Code: 4

Chemwatch: 5336-08

Version No: 4.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

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

#### Product Identifier

|                               |                                 |
|-------------------------------|---------------------------------|
| Product name                  | Duroflex TP18-058 Powder Part A |
| Chemical Name                 | Not Applicable                  |
| Synonyms                      | Not Available                   |
| Chemical formula              | Not Applicable                  |
| Other means of identification | Not Available                   |

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

|                          |  |
|--------------------------|--|
| Relevant identified uses | Two component Polymer Cement Coating.<br>Use according to manufacturer's directions. |
|--------------------------|--|

#### Details of the supplier of the safety data sheet

|                         |  |
|-------------------------|--|
| Registered company name | Durotech Industries  |
| Address                 | 14 Essex Street Minto NSW 2566 Australia   |
| Telephone               | 02 9603 1177   |
| Fax                     | 02 9475 5059   |
| Website                 | <a href="http://www.durotechindustries.com.au">www.durotechindustries.com.au</a> |
| Email                   | accounts@durotechindustries.com.au   |

#### Emergency telephone number

|                                   |                     |
|-----------------------------------|---------------------|
| Association / Organisation        | Durotech Industries |
| Emergency telephone numbers       | 0421 670 636        |
| Other emergency telephone numbers | Not Available       |

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

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

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

#### Label elements

|                     |   |
|---------------------|---|
| Hazard pictogram(s) |  |
| Signal word         | <b>Danger</b>   |

#### Hazard statement(s)

|      |  |
|------|--|
| H317 | May cause an allergic skin reaction.                               |
| H318 | Causes serious eye damage.   |
| H335 | May cause respiratory irritation.                                  |
| H341 | Suspected of causing genetic defects.                              |
| H373 | May cause damage to organs through prolonged or repeated exposure. |
| H315 | Causes skin irritation.  |

**Precautionary statement(s) Prevention**

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

**Precautionary statement(s) Response**

|                       |  |
|-----------------------|--|
| <b>P305+P351+P338</b> | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. |
| <b>P308+P313</b>      | IF exposed or concerned: Get medical advice/ attention.  |
| <b>P310</b>           | Immediately call a POISON CENTER/doctor/physician/first aider.   |
| <b>P302+P352</b>      | IF ON SKIN: Wash with plenty of water.   |
| <b>P333+P313</b>      | If skin irritation or rash occurs: Get medical advice/attention.   |
| <b>P362+P364</b>      | Take off contaminated clothing and wash it before reuse.   |
| <b>P304+P340</b>      | IF INHALED: Remove person to fresh air and keep comfortable for breathing.   |

**Precautionary statement(s) Storage**

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

**Precautionary statement(s) Disposal**

|             |  |
|-------------|--|
| <b>P501</b> | Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation. |
|-------------|--|

**SECTION 3 Composition / information on ingredients****Substances**

See section below for composition of Mixtures

**Mixtures**

| CAS No         | %[weight]  | Name                        |
|----------------|--|-----------------------------|
| 65997-15-1     | 30-50  | portland cement             |
| 14808-60-7     | 30-50  | silica crystalline - quartz |
| 1317-65-3      | 0-30   | calcium carbonate           |
| 7778-18-9      | <5   | calcium sulfate             |
| 1305-78-8      | <3   | calcium oxide               |
| <b>Legend:</b> | 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available |                             |

**SECTION 4 First aid measures****Description of first aid measures**

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

**Indication of any immediate medical attention and special treatment needed**

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:

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

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

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

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

[Ellenhorn and Barceloux: Medical Toxicology]

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterix, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

For acute or short-term repeated exposures to highly alkaline materials:

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- ▶ Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- ▶ Oxygen is given as indicated.
- ▶ The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- ▶ Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

- ▶ Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- ▶ Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- ▶ Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- ▶ Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

## SECTION 5 Firefighting measures

### Extinguishing media

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

### Special hazards arising from the substrate or mixture

|                             |             |
|-----------------------------|-------------|
| <b>Fire Incompatibility</b> | None known. |
|-----------------------------|-------------|

### Advice for firefighters

|                              |  |
|------------------------------|--|
| <b>Fire Fighting</b>         | <ul style="list-style-type: none"> <li>▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles.</li> <li>▶ When heated to extreme temperatures, (&gt;1700 deg.C) amorphous silica can fuse.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul> |
| <b>Fire/Explosion Hazard</b> | <ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of:<br/>silicon dioxide (SiO<sub>2</sub>)<br/>metal oxides</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.<br>May emit poisonous fumes.<br>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 | <ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>   |
| Major Spills | <p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ <b>CAUTION:</b> Advise personnel in area.</li> <li>▶ Alert Emergency Services and tell them location and nature of hazard.</li> <li>▶ Control personal contact by wearing protective clothing.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Recover product wherever possible.</li> <li>▶ <b>IF DRY:</b> Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. <b>IF WET:</b> Vacuum/shovel up and place in labelled containers for disposal.</li> <li>▶ <b>ALWAYS:</b> Wash area down with large amounts of water and prevent runoff into drains.</li> <li>▶ If contamination of drains or waterways occurs, advise Emergency Services.</li> </ul> |

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

## SECTION 7 Handling and storage

### Precautions for safe handling

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

### Conditions for safe storage, including any incompatibilities

|                         |  |
|-------------------------|--|
| Suitable container      | <ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>   |
| Storage incompatibility | <ul style="list-style-type: none"> <li>▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.</li> <li>▶ These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition.</li> <li>▶ The state of subdivision may affect the results.</li> <li>▶ Segregate from alcohol, water.</li> <li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>▶ Avoid contact with copper, aluminium and their alloys.</li> <li>▶ <b>NOTE:</b> May develop pressure in containers; open carefully. Vent periodically.</li> </ul> |

## SECTION 8 Exposure controls / personal protection

## Control parameters

### Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

| Source                       | Ingredient                  | Material name                                  | TWA        | STEL          | Peak          | Notes  |
|------------------------------|-----------------------------|--|------------|---------------|---------------|--|
| Australia Exposure Standards | portland cement             | Portland cement                                | 10 mg/m3   | Not Available | Not Available | (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica. |
| Australia Exposure Standards | silica crystalline - quartz | Silica - Crystalline: Quartz (respirable dust) | 0.05 mg/m3 | Not Available | Not Available | Not Available  |
| Australia Exposure Standards | calcium carbonate           | Calcium carbonate                              | 10 mg/m3   | Not Available | Not Available | (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica. |
| Australia Exposure Standards | calcium sulfate             | Calcium sulphate                               | 10 mg/m3   | Not Available | Not Available | (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica. |
| Australia Exposure Standards | calcium oxide               | Calcium oxide                                  | 2 mg/m3    | Not Available | Not Available | Not Available  |

### Emergency Limits

| Ingredient                  | TEEL-1      | TEEL-2    | TEEL-3      |
|-----------------------------|-------------|-----------|-------------|
| silica crystalline - quartz | 0.075 mg/m3 | 33 mg/m3  | 200 mg/m3   |
| calcium carbonate           | 45 mg/m3    | 210 mg/m3 | 1,300 mg/m3 |
| calcium oxide               | 6 mg/m3     | 110 mg/m3 | 660 mg/m3   |

| Ingredient                  | Original IDLH       | Revised IDLH  |
|-----------------------------|---------------------|---------------|
| portland cement             | 5,000 mg/m3         | Not Available |
| silica crystalline - quartz | 25 mg/m3 / 50 mg/m3 | Not Available |
| calcium carbonate           | Not Available       | Not Available |
| calcium sulfate             | Not Available       | Not Available |
| calcium oxide               | 25 mg/m3            | Not Available |

### MATERIAL DATA

for calcium silicate:

containing no asbestos and <1% crystalline silica

ES TWA: 10 mg/m3 inspirable dust

TLV TWA: 10 mg/m3 total dust (synthetic nonfibrous) A4

Although in vitro studies indicate that calcium silicate is more toxic than substances described as "nuisance dusts" is thought that adverse health effects which might occur following exposure to 10-20 mg/m3 are likely to be minimal. The TLV-TWA is thought to be protective against the physical risk of eye and upper respiratory tract irritation in workers and to prevent interference with vision and deposition of particulate in the eyes, ears, nose and mouth.

**WARNING:** For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

**NOTE:** This substance has been classified by the ACGIH as A4 **NOT** classifiable as causing Cancer in humans

The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.

Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.

\* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).

**NOTE :** the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.

For calcium oxide:

The TLV-TWA is thought to be protective against undue irritation and is analogous to that recommended for sodium hydroxide.

for calcium sulfate:

The TLV-TWA is thought to be protective against the significant risks of eye, skin and other physical irritation.

For aluminium oxide:

The experimental and clinical data indicate that aluminium oxide acts as an "inert" material when inhaled and seems to have little effect on the lungs nor does it produce significant organic disease or toxic effects when exposures are kept under reasonable control.

[Documentation of the Threshold Limit Values], ACGIH, Sixth Edition

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 um (+-) 0.3 um and with a geometric standard deviation of 1.5 um (+-) 0.1 um, i.e., generally less than 5 um. Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits. Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013

### Exposure controls

|  |   |
|--|---|
| <p><b>Appropriate engineering controls</b></p> | <p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> |
|--|---|

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

| Type of Contaminant:  | Air Speed:                      |
|---|---------------------------------|
| solvent, vapours, degreasing etc., evaporating from tank (in still air).  | 0.25-0.5 m/s<br>(50-100 f/min.) |
| aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation) | 0.5-1 m/s (100-200 f/min.)      |
| direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)  | 1-2.5 m/s (200-500 f/min.)      |
| grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).  | 2.5-10 m/s<br>(500-2000 f/min.) |

Within each range the appropriate value depends on:

| Lower end of the range                                     | Upper end of the range           |
|--|----------------------------------|
| 1: Room air currents minimal or favourable to capture      | 1: Disturbing room air currents  |
| 2: Contaminants of low toxicity or of nuisance value only. | 2: Contaminants of high toxicity |
| 3: Intermittent, low production.                           | 3: High production, heavy use    |
| 4: Large hood or large air mass in motion                  | 4: Small hood-local control only |

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

#### Personal protection



#### Eye and face protection

- ▶ 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]

#### Skin protection

See Hand protection below

#### Hands/feet protection

- ▶ Elbow length PVC gloves
- NOTE:**
- ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
  - ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.
- 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.
- 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.
- Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.
- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:
- frequency and duration of contact,
  - chemical resistance of glove material,
  - glove thickness and
  - dexterity
- Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).
- 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.
- As defined in ASTM F-739-96 in any application, gloves are rated as:
- Excellent when breakthrough time > 480 min
  - Good when breakthrough time > 20 min
  - Fair when breakthrough time < 20 min
  - Poor when glove material degrades
- For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.
- It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on

|                         |   |
|-------------------------|---|
|                         | <p>consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> <li>▸ Neoprene rubber gloves</li> </ul> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▸ polychloroprene.</li> <li>▸ nitrile rubber.</li> <li>▸ butyl rubber.</li> <li>▸ fluorocautchouc.</li> <li>▸ polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p> |
| <b>Body protection</b>  | See Other protection below  |
| <b>Other protection</b> | <ul style="list-style-type: none"> <li>▸ Overalls.</li> <li>▸ P.V.C apron.</li> <li>▸ Barrier cream.</li> <li>▸ Skin cleansing cream.</li> <li>▸ Eye wash unit.</li> </ul>  |

### Respiratory protection

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

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

\* - Negative pressure demand \*\* - Continuous flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), 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.
- Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

|   |   |  |                |
|---|---|--|----------------|
| <b>Appearance</b>                                   | Grey powder, cementitious odour; does not mix with water. |  |                |
| <b>Physical state</b>                               | Divided Solid   | <b>Relative density (Water = 1)</b>            | Not Available  |
| <b>Odour</b>  | Not Available   | <b>Partition coefficient n-octanol / water</b> | Not Available  |
| <b>Odour threshold</b>                              | Not Available   | <b>Auto-ignition temperature (°C)</b>          | Not Applicable |
| <b>pH (as supplied)</b>                             | Not Applicable  | <b>Decomposition temperature</b>               | Not Applicable |
| <b>Melting point / freezing point (°C)</b>          | Not Available   | <b>Viscosity (cSt)</b>                         | Not Applicable |
| <b>Initial boiling point and boiling range (°C)</b> | Not Applicable  | <b>Molecular weight (g/mol)</b>                | Not Applicable |
| <b>Flash point (°C)</b>                             | Not Applicable  | <b>Taste</b>                                   | Not Available  |
| <b>Evaporation rate</b>                             | Not Applicable  | <b>Explosive properties</b>                    | Not Available  |
| <b>Flammability</b>                                 | Not Applicable  | <b>Oxidising properties</b>                    | Not Available  |

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

## SECTION 10 Stability and reactivity

|                                    |  |
|------------------------------------|--|
| Reactivity                         | See section 7  |
| Chemical stability                 | <ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul> |
| 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>Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by inhalation.</p> <p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.</p> <p>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.</p>   |
| Ingestion    | <p>Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by swallowing.</p> <p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>  |
| Skin Contact | <p>Strong evidence exists that exposure to the material may produce very serious irreversible damage (other than carcinogenesis, mutagenesis and teratogenesis) following a single exposure by skin contact.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles.</p> <p>Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.</p> <p>Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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> <p>The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either</p> <ul style="list-style-type: none"> <li>▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or</li> <li>▶ produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure period.</li> </ul> <p>Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> |
| Eye          | When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.  |
| Chronic      | <p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p> <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p>  |



Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers. Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.

Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.

Very fine Al<sub>2</sub>O<sub>3</sub> powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.

When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.

The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis (aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.

Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.

There is general agreement that particle size determines that the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles small enough to enter the alveoli (sub 5 um) are able to produce pathogenic effects in the lungs.

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 (CaSiO<sub>3</sub>). 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 um and a diameter of less than 3 um 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 um in length and less than 0.5 um in diameter.

In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 um and 5.6 um 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

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 (FEV<sub>1</sub>) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF<sub>50</sub>, FEF<sub>75</sub>). 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

Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung.

The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis.

Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure.

Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking.

Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more.

The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m<sup>3</sup> (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.

Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers

**NOTE:** Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- standardised respiratory function tests such as FEV<sub>1</sub>, FVC and FEV<sub>1</sub>/FVC
- standardised respiratory function tests such as FV<sub>1</sub>, FVC and FEV<sub>1</sub>/FVC
- chest X-ray, full size PA view
- records of personal exposure

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 iron exposure has been associated with haemosiderosis and consequent possible damage to the liver and pancreas.

Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.

Such exposure may also produce conjunctivitis, choroiditis, retinitis (both inflammatory conditions involving the eye) and siderosis of tissues if iron remains in these tissues. Siderosis is a form of pneumoconiosis produced by iron dusts. Siderosis also includes discoloration of organs, excess circulating iron and degeneration of the retina, lens and uvea as a result of the deposition of intraocular iron. Siderosis might also involve the lungs - involvement rarely develops before ten years of regular exposure. Often there is an accompanying inflammatory reaction of the bronchi. Permanent scarring of the lungs does not normally occur.

High levels of iron may raise the risk of cancer. This concern stems from the theory that iron causes oxidative damage to tissues and organs by generating highly reactive chemicals, called free radicals, which subsequently react with DNA. Cells may be disrupted and may become cancerous. People whose genetic disposition prevents them from keeping tight control over iron (e.g. those with the inherited disorder, haemochromatosis) may be at increased risk.

Iron overload in men may lead to diabetes, arthritis, liver cancer, heart irregularities and problems with other organs as iron builds up.

[K. Schmidt, New Scientist, No. 1919 pp.11-12, 2nd April, 1994]

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

|                                 |  |   |
|---------------------------------|--|---|
| Duroflex TP18-058 Powder Part A | <b>TOXICITY</b>                                  | <b>IRRITATION</b>   |
|                                 | Not Available                                    | Not Available   |
| portland cement                 | <b>TOXICITY</b>                                  | <b>IRRITATION</b>   |
|                                 | Not Available                                    | Not Available   |
| silica crystalline - quartz     | <b>TOXICITY</b>                                  | <b>IRRITATION</b>   |
|                                 | Oral (Rat) LD50; 500 mg/kg <sup>[2]</sup>        | Not Available   |
| calcium carbonate               | <b>TOXICITY</b>                                  | <b>IRRITATION</b>   |
|                                 | dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>    | Eye (rabbit): 0.75 mg/24h - SEVERE                                |
|                                 | Inhalation(Rat) LC50; >3 mg/4h <sup>[1]</sup>    | Eye: no adverse effect observed (not irritating) <sup>[1]</sup>   |
|                                 | Oral (Rat) LD50; >2000 mg/kg <sup>[1]</sup>      | Skin (rabbit): 500 mg/24h-moderate                                |
| calcium sulfate                 | <b>TOXICITY</b>                                  | <b>IRRITATION</b>   |
|                                 | Inhalation(Rat) LC50; >3.26 mg/4h <sup>[1]</sup> | Not Available   |
| calcium oxide                   | <b>TOXICITY</b>                                  | <b>IRRITATION</b>   |
|                                 | dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>    | Eye: adverse effect observed (irreversible damage) <sup>[1]</sup> |

## Duroflex TP18-058 Powder Part A

|  |   |
|--|---|
| Inhalation(Rat) LC50; >3 mg/l4h <sup>[1]</sup> | Skin: adverse effect observed (irritating) <sup>[1]</sup> |
| Oral (Rat) LD50; >2000 mg/kg <sup>[1]</sup>    |   |

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

|                                    |  |
|------------------------------------|--|
| <b>PORTLAND CEMENT</b>             | <p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. No significant acute toxicological data identified in literature search.</p>   |
| <b>SILICA CRYSTALLINE - QUARTZ</b> | <p><b>WARNING:</b> For inhalation exposure <u>ONLY</u>: This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b></p> <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (&lt;5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. 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).<br/>NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.</p>  |
| <b>CALCIUM CARBONATE</b>           | <p>No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.</p> <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.<br/>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>   |
| <b>CALCIUM SULFATE</b>             | <p>Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous membrane, and respiratory system irritant. Early studies of gypsum miners did not relate pneumoconiosis with chronic exposure to gypsum. Other studies in humans (as well as animals) showed no lung fibrosis produced by natural dusts of calcium sulfate except in the presence of silica. However, a series of studies reported chronic nonspecific respiratory diseases in gypsum industry workers in Gacki, Poland.</p> <p>Unlike other fibers, gypsum is very soluble in the body; its half-life in the lungs has been estimated as minutes. In four healthy men receiving calcium supplementation with calcium sulfate (CaSO<sub>4</sub>·1/2H<sub>2</sub>O) (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported. Several feeding studies in pigs on the bioavailability of calcium in calcium supplements, including gypsum, have been conducted. The bioavailability of calcium in gypsum was similar to that for calcitic limestone, oyster shell flour, marble dust, and aragonite, ranging from 85 to 102%. In mice, the i.p. and intragastric LD50 values were 6200 and 4704 mg/kg, respectively, for phosphogypsum (98% CaSO<sub>4</sub>·H<sub>2</sub>O). For Plaster of Paris, the values were 4415 and 5824, respectively. In rats, an intragastric LD50 of 9934 mg/kg was reported for phosphogypsum</p> <p><b>Repeat dose toxicity:</b> In a study of 241 underground male workers employed in four gypsum mines in Nottinghamshire and Sussex for a year (November 1976-December 1977), results of chest X-rays, lung function tests, and respiratory systems suggested an association of the observed lung shadows with the higher quartz content in dust rather than to gypsum; the small round opacities in the lungs were characteristic of silica exposure.</p> <p>Prophylactic examinations of workers in a gypsum extraction and production plant (dust concentration exceeded TLV 2.5- to 10-fold) reported no risk of pneumoconiosis due to gypsum exposure, while another study of gypsum manufacturing plant workers reported that chronic occupational exposure to gypsum dust had resulted in pulmonary ventilatory defect of the restrictive form.</p> <p>Three cases of idiopathic interstitial pneumonia with multiple bullae throughout the lungs were seen in Japanese schoolteachers (lifetime occupation) exposed to chalk; 2/3 of the chalk was made from gypsum and small amounts of silica and other minerals.</p> <p>In rats exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m<sup>3</sup>) or a combination of milled and fibrous calcium sulfate (60 mg/m<sup>3</sup>) six hours per day, five days per week for three weeks, gypsum dust was quickly cleared from the lungs of via dissolution and mechanisms of particle clearance.</p> <p>In guinea pigs given intraperitoneal (i.p.) injections of gypsum (doses not provided), gypsum was absorbed followed by the dissolution of gypsum in surrounding tissues. In another study, after i.p. injection of gypsum (2 cm<sup>3</sup> of a 5 or 10% suspension in saline) into guinea pigs, which were sacrificed at intervals up to 180 days, most of the dust was found distributed in the peritoneum of the anterior abdominal wall. Gypsum dust produced irregular and clustered nodules, which decreased in size over time.</p> <p>Direct administration of WTC PM2.5 [mostly composed of calcium-based compounds, including calcium sulfate (gypsum) and calcium carbonate (calcite)] (10, 32, or 100 µg) into the airways of mice produced mild to moderate lung inflammation and airway hyperresponsiveness at the high dose. [It was noted that WTC PM2.5 is composed of many chemical species and that their interactions may be related with development of airway hyperresponsiveness.] In female SPF Wistar rats intratracheally (i.t.) instilled with anhydrite dust (35 mg) and sacrificed three months later, an increase in total lipid or hydroxyproline content in the lungs was not observed compared to controls.</p> <p>In inhalation (nose-only) experiments in which male F344 rats were exposed to calcium sulfate fiber aerosols (100 mg/m<sup>3</sup>) for six hours per day, five days per week for three weeks, there were no effects on the number of macrophages per alveolus, bronchoalveolar lavage fluid (BALF) protein concentration, or BALF g-glutamyl transpeptidase activity (g-GT). Following three weeks of recovery, nonprotein thiol levels (NPSH), mainly glutathione, were increased in animals. In follow-up experiments, rats were exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m<sup>3</sup>) or a combination of milled and fibrous calcium sulfate (60 mg/m<sup>3</sup>) for the same duration. Calcium levels in the lungs were similar to those of controls; however, gypsum fibers were detected in the lungs of treated animals. Significant increases in NSPH levels in BALF were observed in rats killed immediately after exposure at both doses and in recovery group animals at the higher dose. At 15 mg/m<sup>3</sup>, almost all NPSH was lost in macrophages from all treated animals (including those in recovery), but a significant decrease in extracellular g-GT activity was seen only in recovery group animals. Overall, the findings were "considered to be non-pathological local effects due to physical factors related to the shape of the gypsum fibers and not to calcium sulphate per se."</p> <p>Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks resulted in no deaths or significant body weight changes in female Syrian hamsters compared to controls.</p> <p>Inflammation (specifically, chronic alveolitis with macrophage and neutrophil aggregation) was observed in the lung.</p> <p>In guinea pigs, inhalation of calcined gypsum dust (1.6 x 10<sup>4</sup> particles/mL) for 44 hours per week in 5.5 days for two years, followed with or without a recovery period of up to 22 months, produced only minor effects in the lungs. There were 12 of 21 deaths over the entire experimental period. These were due to pneumonia or other pulmonary lesions; however, no significant gross signs of pulmonary disease or nodular or diffuse pneumoconiosis became significant. Beginning near 11 months, pigmentation and atelectasis were seen. During the recovery period, four of ten guinea pigs died; two died of pneumonia. Pigmentation continued in most animals but not atelectasis. Low-grade chronic inflammation, occurring in the first two months, also disappeared.</p> |

|   |   |
|---|---|
|   | <p>Mercury emissions controls on coal-fired power plants have increased the likelihood of the presence of mercury in synthetic gypsum formed in wet flue gas desulfurisation (FGD) systems and the finished wallboard produced from the FGD gypsum. In a study at a commercial wallboard plant, the raw FGD gypsum, the product stucco (beta form of CaSO<sub>4</sub>·1/2H<sub>2</sub>O), and the finished dry wallboard each contained about 1 ug Hg/g dry weight. Total mercury loss from the original FGD gypsum content was about 0.045 g Hg/ton dry gypsum processed</p> <p><b>Synergistic/Antagonistic Effects:</b> In rats, i.t. administration of anhydrite (5-35 mg) successively and simultaneously with quartz reduced the toxic effect of quartz in lung tissue. This protective effect on quartz toxicity was also seen in guinea pigs;</p> <p>calcined gypsum dust prevented or hindered the development of fibrosis. Natural anhydrite, however, increased the fibrogenic effect of cadmium sulfide in rats. Additionally, calcined gypsum dust had a stimulatory effect on experimental tuberculosis in guinea pigs.</p> <p><b>Cytotoxicity:</b> In Syrian hamster embryo cells, gypsum (up to 10 ug/cm<sup>2</sup>) did not induce apoptosis. Negative results were also found in mouse peritoneal macrophages (tested at 150 ug/mL gypsum dust) and in Chinese hamster lung V79-4 cells (tested up to 100 ug/mL).</p> <p><b>Carcinogenicity:</b> In female Sprague-Dawley rats, i.p. injection of natural anhydrite dusts from German coal mines (doses not provided) induced granulomas; whether gypsum was the causal factor was not established. In Wistar rats, four i.p. injections of gypsum (25 mg each) induced abdominal cavity tumours, mostly sarcomatous mesothelioma, in 5% of animals; first tumour was seen at 546 days. In a subsequent experiment using the same procedure, female Wistar rats exhibited the first tumour at 579 days after the last injection. Mean survival of the tumour-bearing rats (5.7% of test group) was 583 days, while mean survival of the test group was 587 days. Tumour types seen were a sarcoma having cellular polymorphism, a carcinoma, and a reticulosarcoma.</p> <p>Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks produced tumours in three of 20 female Syrian hamsters observed two years later. An anaplastic carcinoma was found in the heart, and one dark cell carcinoma was seen in the kidney. Two tumours of unspecified types were observed in the rib.</p> <p>In guinea pigs, inhalation of gypsum (doses not provided) for 24 months produced no lung tumours.</p> <p>In rats, i.t. administration of gypsum (doses not provided in abstract) from FGD for up to 18 months produced no arterial blood gas changes or indications of secondary heart damage as compared to controls.</p> <p>In another study, a single i.t. dose (25 mg) of flue gas gypsum dust did not produce a pathological reaction when observed for up to 18 months. There were also no signs of developing granuloma of fibrosis of the lungs. Lead quickly accumulated in the femur after injection but was eliminated during the observation period. In the Ames test, the flue gas gypsum dust was negative.</p> <p><b>Genotoxicity:</b> Calcium sulfate (up to 2.5%) was negative in Salmonella typhimurium strains TA1535, TA1537, and TA1538 and in Saccharomyces cerevisiae strain D4 with and without metabolic activation.</p> <p><b>Developmental toxicity:</b> In pregnant mice, rats, and rabbits, daily oral administration of calcium sulfate (16-1600 mg/kg bw) beginning on gestation day 6 up to 18 produced no effects on maternal body weights, maternal or foetal survival, or nidation; developmental effects were also not seen.</p> |
| <p><b>PORTLAND CEMENT &amp; CALCIUM CARBONATE &amp; CALCIUM SULFATE &amp; CALCIUM OXIDE</b></p> | <p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p>  |

|                                   |   |                          |   |
|-----------------------------------|---|--------------------------|---|
| 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 either not available or does not fill the criteria for classification  
 ✓ – Data available to make classification

## SECTION 12 Ecological information

### Toxicity

| Duroflex TP18-058 Powder Part A | 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 |
| silica crystalline - quartz     | Endpoint      | Test Duration (hr) | Species                       | Value         | Source        |
|                                 | Not Available | Not Available      | Not Available                 | Not Available | Not Available |
| calcium carbonate               | Endpoint      | Test Duration (hr) | Species                       | Value         | Source        |
|                                 | NOEC(ECx)     | 1h                 | Fish                          | 4-320mg/l     | 4             |
|                                 | LC50          | 96h                | Fish                          | >165200mg/L   | 4             |
|                                 | EC50          | 72h                | Algae or other aquatic plants | >14mg/l       | 2             |
| calcium sulfate                 | Endpoint      | Test Duration (hr) | Species                       | Value         | Source        |
|                                 | NOEC(ECx)     | 0.25h              | Fish                          | 75mg/l        | 4             |
|                                 | LC50          | 96h                | Fish                          | >79mg/l       | 2             |
|                                 | EC50          | 72h                | Algae or other aquatic plants | >79mg/l       | 2             |

| calcium oxide | Endpoint  | Test Duration (hr) | Species                       | Value    | Source |
|---------------|-----------|--------------------|-------------------------------|----------|--------|
|               | EC10(ECx) | 72h                | Algae or other aquatic plants | >14mg/l  | 2      |
|               | LC50      | 96h                | Fish                          | 50.6mg/l | 2      |
|               | EC50      | 72h                | Algae or other aquatic plants | >14mg/l  | 2      |
|               | EC50      | 48h                | Crustacea                     | 49.1mg/l | 2      |

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

#### 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 Metal:

Atmospheric Fate - Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air.

Environmental Fate: Environmental processes, such as oxidation, the presence of acids or bases and microbiological processes, may transform insoluble metals to more soluble ionic forms. Environmental processes may enhance bioavailability and may also be important in changing solubilities.

Aquatic/Terrestrial Fate: When released to dry soil, most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. A metal ion is considered infinitely persistent because it cannot degrade further. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms. Ionic species may bind to dissolved ligands or sorb to solid particles in water.

Ecotoxicity: Even though many metals show few toxic effects at physiological pH levels, transformation may introduce new or magnified effects.

Chromium in the oxidation state +3 (the trivalent form) is poorly absorbed by cells found in microorganisms, plants and animals. Chromate anions (CrO<sub>4</sub><sup>-</sup>, oxidation state +6, the hexavalent form) are readily transported into cells and toxicity is closely linked to the higher oxidation state.

#### Chromium Ecotoxicology:

##### Toxicity in Aquatic Organisms:

Chromium is harmful to aquatic organisms in very low concentrations. Fish food organisms 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 Daphnia is affected by exposure to 0.01 mg/kg hexavalent chromium/litre

##### Toxicity of chromium in fresh-water organisms (50% mortality)\*

| Compound          | Category     | Exposure  | Toxicity Range (mg/litre) | Most sensitive species |
|-------------------|--------------|-----------|---------------------------|------------------------|
| hexavalent chrome | invertebrate | acute     | 0.067-59.9                | scud                   |
|                   |              | long-term | -                         | -                      |
|                   | vertebrate   | acute     | 17.6-249                  | fathead minnow         |
|                   |              | long-term | 0.265-2.0                 | rainbow trout          |
| trivalent chrome  | invertebrate | acute     | 2.0-64.0                  | cladoceran             |
|                   |              | long-term | 0.066                     | cladoceran             |
|                   | vertebrate   | acute     | 33.0-71.9                 | guppy                  |
|                   |              | long-term | 1.0                       | fathead minnow         |

\* from Environmental Health Criteria 61: WHO Publication.

##### Toxicity in Microorganisms:

In general, toxicity for most microorganisms occurs in the range of 0.05-5 mg chromium/kg of medium. Trivalent chromium is less toxic than the hexavalent form. The main signs of toxicity are inhibition of growth and the inhibition of various metabolic processes such as 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. The toxicity of low levels of hexavalent chromium (1 mg/kg) indicates that soil microbial transformation, such as nitrification, may be affected. 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 more toxic than the trivalent species.

Biological half-life: The elimination curve for chromium, as measured by whole-body counting, has an exponential form. In rats, three different components of the curve have been identified, with half-lives of 0.5, 5.9 and 83.4 days, respectively.

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).

Since chromium compounds cannot volatilize from water, transport of chromium from water to the atmosphere is not likely, except by transport in windblown sea sprays. Most of the chromium released into water will ultimately be deposited in the sediment. A very small percentage of chromium can be present in water in both soluble and insoluble forms. Soluble chromium generally accounts for 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 (Fe<sub>2</sub>O<sub>3</sub>) 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.

The reduction of chromium(VI) and the oxidation of chromium(III) in water has been investigated. The reduction of chromium(VI) by S<sup>-2</sup> or Fe<sup>+2</sup> ions under anaerobic conditions was fast, and the reduction half-life ranged from instantaneous to a few days. However, the reduction of chromium(VI) by organic sediments and soils was much slower and depended on the type and amount of organic material and on the redox condition of the water. The reaction was generally faster under anaerobic than aerobic conditions. The reduction half-life of chromium(VI) in water with soil and sediment ranged from 4 to 140 day. Dissolved oxygen by itself in natural waters did not cause any measurable oxidation of chromium(III) to chromium(VI) in 128 days. When chromium(III) was added to lake water, a slow oxidation of chromium(III) to chromium(VI) occurred, corresponding to an oxidation half-life of nine years. The oxidation of chromium(III) to chromium(VI) during chlorination of water was highest in the pH range of 5.5-6.0. However, the process would rarely occur during chlorination of drinking water because of the low concentrations of chromium(III) in these waters, and the presence of naturally occurring organics that may protect chromium(III) from oxidation, either by forming strong complexes with chromium(III) or by acting as a reducing agent to free available chlorine.

The bioconcentration factor (BCF) for chromium(VI) in rainbow trout (*Salmo gairdneri*) is 1. In bottom feeder bivalves, such as the oyster (*Crassostrea virginica*), blue mussel (*Mytilus edulis*), and soft shell clam (*Mya arenaria*), the BCF values for chromium(III) and chromium(VI) may range from 86 to 192.

The bioavailability of chromium(III) to freshwater invertebrates (*Daphnia pulex*) decreased with the addition of humic acid. This decrease in bioavailability was attributed to lower availability of the free form of the metal due to its complexation with humic acid. Based on this information, chromium is not expected to biomagnify in the aquatic food chain. Although higher concentrations of chromium have been reported in plants growing in high chromium-containing soils (e.g., soil near ore deposits or chromium-emitting industries and soil fertilized by sewage sludge) compared with plants growing in normal soils, most of the increased uptake in plants is retained in roots, and only a small fraction is translocated in the aboveground part of edible plants. Therefore, 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).

The fate of chromium in soil is greatly dependent upon the speciation of chromium, which is a function of redox potential and the pH of the soil. In most soils, chromium will be present predominantly in the chromium(III) state. This form has very low solubility and low reactivity resulting in low mobility in the environment and low toxicity in living organisms. Under oxidizing conditions chromium(VI) may be present in soil as  $\text{CrO}_4^{2-}$  and  $\text{HCrO}_4^-$ . In this form, chromium is relatively soluble, mobile, and toxic to living organisms. In deeper soil where anaerobic conditions exist, chromium(VI) will be reduced to chromium(III) by S-2 and Fe+2 present in soil. The reduction of chromium(VI) to chromium(III) is possible in aerobic soils that contain appropriate organic energy sources to carry out the redox reaction. The reduction of chromium(VI) to chromium(III) is facilitated by low pH. From thermodynamic considerations, chromium(VI) may exist in the aerobic zone of some natural soil. The oxidation of chromium(III) to chromium(VI) in soil is facilitated by the presence of low oxidisable organic substances, oxygen, manganese dioxide, and moisture. Organic forms of chromium(III) (e.g., humic acid complexes) are more easily oxidised than insoluble oxides. Because most chromium(III) in soil is immobilized due to adsorption and complexation with soil materials, the barrier to this oxidation process is the lack of availability of mobile chromium(III) to immobile manganese dioxide in soil surfaces. Due to this lack of availability of mobile chromium(III) to manganese dioxide surfaces, a large portion of chromium in soil will not be oxidized to chromium(VI), even in the presence of manganese dioxide and favorable pH conditions.

The microbial reduction of chromium(VI) to chromium(III) has been discussed as a possible remediation technique in heavily contaminated environmental media or wastes. 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

Chromium in soil is present mainly as insoluble oxide  $\text{Cr}_2\text{O}_3 \cdot n\text{H}_2\text{O}$ , and is not very mobile in soil. A leachability study was conducted to study the mobility of chromium in soil. Due to different pH values, a complicated adsorption process was observed and chromium moved only slightly in soil.

Chromium was not found in the leachate from soil, possibly because it formed complexes with organic matter. These results support previous data finding that chromium is not very mobile in soil. These results are supported by leachability investigation in which chromium mobility was studied for a period of 4 years in a sandy loam. The vertical migration pattern of chromium in this soil indicated that after an initial period of mobility, chromium forms insoluble complexes and little leaching is observed. Flooding of soils and the subsequent anaerobic decomposition of plant detritus matters may increase the mobilization of chromium(III) in soils due to formation of soluble complexes. This complexation may be facilitated by a lower soil pH. A smaller percentage of total chromium in soil exists as soluble chromium(VI) and chromium(III), which are more mobile in soil. The mobility of soluble chromium in soil will depend on the sorption characteristics of the soil. The relative retention of metals by soil is in the order of lead > antimony > copper > chromium > zinc > nickel > cobalt > cadmium. The sorption of chromium to soil depends primarily on the clay content of the soil and, to a lesser extent, on  $\text{Fe}_2\text{O}_3$  and the organic content of soil. Chromium that is irreversibly sorbed onto soil, for example, in the interstitial lattice of goethite,  $\text{FeOOH}$ , will not be bioavailable to plants and animals under any condition. Organic matter in soil is expected to convert soluble chromate, chromium(VI), to insoluble chromium(III) oxide,  $\text{Cr}_2\text{O}_3$ . Chromium in soil may be transported to the atmosphere as an aerosol. Surface runoff from soil can transport both soluble and bulk precipitate of chromium to surface water. Soluble and unadsorbed chromium(VI) and chromium(III) complexes in soil may leach into groundwater. The leachability of chromium(VI) in the soil increases as the pH of the soil increases. On the other hand, lower pH present in acid rain may facilitate leaching of acid-soluble chromium(III) and chromium(VI) compounds in soil.

Chromium has a low mobility for translocation from roots to aboveground parts of plants. However, depending on the geographical areas where the plants are grown, the concentration of chromium in aerial parts of certain plants may differ by a factor of 2-3.

In the atmosphere, chromium(VI) may be reduced to chromium(III) at a significant rate by vanadium ( $\text{V}^{2+}$ ,  $\text{V}^{3+}$ , and  $\text{VO}_2^+$ ),  $\text{Fe}^{2+}$ ,  $\text{HSO}_3^-$ , and  $\text{As}^{3+}$ . Conversely, chromium(III), if present as a salt other than  $\text{Cr}_2\text{O}_3$ , may be oxidized to chromium(VI) in the atmosphere in the presence of at least 1% manganese oxide. However, this reaction is unlikely under most environmental conditions. The estimated atmospheric half-life for chromium(VI) reduction to chromium(III) was reported in the range of 16 hours to about 5 days

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

#### Persistence and degradability

| Ingredient      | Persistence: Water/Soil | Persistence: Air |
|-----------------|-------------------------|------------------|
| calcium sulfate | HIGH                    | HIGH             |

#### Bioaccumulative potential

| Ingredient      | Bioaccumulation        |
|-----------------|------------------------|
| calcium sulfate | LOW (LogKOW = -2.2002) |

#### Mobility in soil

| Ingredient      | Mobility          |
|-----------------|-------------------|
| calcium sulfate | LOW (KOC = 6.124) |

### SECTION 13 Disposal considerations

#### Waste treatment methods

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

- ▶ Bury residue in an authorised landfill.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill.

## SECTION 14 Transport information

### Labels Required

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

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

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

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

**Transport in bulk according to Annex II of MARPOL and the IBC code**

Not Applicable

**Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code**

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

**Transport in bulk in accordance with the ICG Code**

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

## SECTION 15 Regulatory information

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

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

Australian Inventory of Industrial Chemicals (AIIC)

#### silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List  
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

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

Australian Inventory of Industrial Chemicals (AIIC)

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

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

Australian Inventory of Industrial Chemicals (AIIC)

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

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

### National Inventory Status

| National Inventory                              | Status  |
|---|---|
| Australia - AIIC / Australia Non-Industrial Use | Yes   |
| Canada - DSL                                    | Yes   |
| Canada - NDSSL                                  | No (portland cement; silica crystalline - quartz; calcium sulfate; calcium oxide) |
| China - IECSC                                   | Yes   |
| Europe - EINEC / ELINCS / NLP                   | Yes   |
| Japan - ENCS                                    | No (portland cement)  |
| Korea - KECI                                    | Yes   |
| New Zealand - NZIoC                             | Yes   |
| Philippines - PICCS                             | No (portland cement)  |
| USA - TSCA                                      | Yes   |

| National Inventory | Status |
|--------------------|--------|
| Taiwan - TCSI      | Yes    |
| Mexico - INSQ      | Yes    |
| Vietnam - NCI      | Yes    |
| Russia - FBEPH     | Yes    |

**Legend:** Yes = All CAS declared ingredients are on the inventory  
No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

|                      |            |
|----------------------|------------|
| <b>Revision Date</b> | 15/04/2021 |
| <b>Initial Date</b>  | 30/11/2018 |

### SDS Version Summary

| Version | Date of Update | Sections Updated   |
|---------|----------------|--|
| 3.1     | 01/11/2019     | One-off system update. NOTE: This may or may not change the GHS classification |
| 4.1     | 15/04/2021     | Classification change due to full database hazard calculation/update.          |

### Other information

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

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

### Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average  
 PC—STEL: Permissible Concentration-Short Term Exposure Limit  
 IARC: International Agency for Research on Cancer  
 ACGIH: American Conference of Governmental Industrial Hygienists  
 STEL: Short Term Exposure Limit  
 TEEL: Temporary Emergency Exposure Limit.  
 IDLH: Immediately Dangerous to Life or Health Concentrations  
 ES: Exposure Standard  
 OSF: Odour Safety Factor  
 NOAEL :No Observed Adverse Effect Level  
 LOAEL: Lowest Observed Adverse Effect Level  
 TLV: Threshold Limit Value  
 LOD: Limit Of Detection  
 OTV: Odour Threshold Value  
 BCF: BioConcentration Factors  
 BEI: Biological Exposure Index  
 AIIC: Australian Inventory of Industrial Chemicals  
 DSL: Domestic Substances List  
 NDSL: Non-Domestic Substances List  
 IECSC: Inventory of Existing Chemical Substance in China  
 EINECS: European INventory of Existing Commercial chemical Substances  
 ELINCS: European List of Notified Chemical Substances  
 NLP: No-Longer Polymers  
 ENCS: Existing and New Chemical Substances Inventory  
 KECI: Korea Existing Chemicals Inventory  
 NZIoC: New Zealand Inventory of Chemicals  
 PICCS: Philippine Inventory of Chemicals and Chemical Substances  
 TSCA: Toxic Substances Control Act  
 TCSI: Taiwan Chemical Substance Inventory  
 INSQ: Inventario Nacional de Sustancias Químicas  
 NCI: National Chemical Inventory  
 FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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TEL (+61 3) 9572 4700.



# Duroflex TP18-058 Liquid Part B

## Durotech Industries

Chemwatch Hazard Alert Code: 2

Chemwatch: 5336-09

Version No: 3.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: 01/11/2019

Print Date: 14/04/2022

L.GHS.AUS.EN.E

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

#### Product Identifier

|                               |                                 |
|-------------------------------|---------------------------------|
| Product name                  | Duroflex TP18-058 Liquid Part B |
| Chemical Name                 | Not Applicable                  |
| Synonyms                      | Not Available                   |
| Chemical formula              | Not Applicable                  |
| Other means of identification | Not Available                   |

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

|                          |                                       |
|--------------------------|---------------------------------------|
| Relevant identified uses | Two component Polymer Cement Coating. |
|--------------------------|---------------------------------------|

#### Details of the supplier of the safety data sheet

|                         |  |
|-------------------------|--|
| Registered company name | Durotech Industries  |
| Address                 | 14 Essex Street Minto NSW 2566 Australia   |
| Telephone               | 02 9603 1177   |
| Fax                     | 02 9475 5059   |
| Website                 | <a href="http://www.durotechindustries.com.au">www.durotechindustries.com.au</a> |
| Email                   | accounts@durotechindustries.com.au   |

#### Emergency telephone number

|                                   |                     |
|-----------------------------------|---------------------|
| Association / Organisation        | Durotech Industries |
| Emergency telephone numbers       | 0421 670 636        |
| Other emergency telephone numbers | Not Available       |

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

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

|                    |   |
|--------------------|---|
| Poisons Schedule   | Not Applicable  |
| Classification [1] | Hazardous to the Aquatic Environment Acute Hazard Category 3  |
| Legend:            | 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI |

#### Label elements

|                     |                       |
|---------------------|-----------------------|
| Hazard pictogram(s) | Not Applicable        |
| Signal word         | <b>Not Applicable</b> |

#### Hazard statement(s)

|      |                          |
|------|--------------------------|
| H402 | Harmful to aquatic life. |
|------|--------------------------|

#### Precautionary statement(s) Prevention

|      |                                   |
|------|-----------------------------------|
| P273 | Avoid release to the environment. |
|------|-----------------------------------|

#### Precautionary statement(s) Response

Not Applicable

#### Precautionary statement(s) Storage

Not Applicable

#### Precautionary statement(s) Disposal

|      |  |
|------|--|
| P501 | Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation. |
|------|--|

## SECTION 3 Composition / information on ingredients

### Substances

See section below for composition of Mixtures

### Mixtures

| CAS No        | %[weight] | Name   |
|---------------|-----------|--|
| Not Available | >60       | alkyl acrylate styrene copolymer                       |
| 25265-77-4    | 1-5       | <u>2,2,4-trimethyl-1,3-pentanediol monoisobutyrate</u> |
| 5395-50-6     | <1        | <u>tetramethylol acetylene diurine</u>                 |
| 55965-84-9    | <1        | <u>isothiazolinones, mixed</u>                         |
| 50-00-0       | <0.01     | <u>formaldehyde</u>                                    |
| 7732-18-5     | 1-15      | <u>water</u>   |

**Legend:** 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; \* EU IOELVs available

## SECTION 4 First aid measures

### Description of first aid measures

|                     |  |
|---------------------|--|
| <b>Eye Contact</b>  | <p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Wash out immediately with fresh running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>  |
| <b>Skin Contact</b> | <p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>  |
| <b>Inhalation</b>   | <ul style="list-style-type: none"> <li>▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area.</li> <li>▶ Other measures are usually unnecessary.</li> </ul>  |
| <b>Ingestion</b>    | <ul style="list-style-type: none"> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Seek medical advice.</li> </ul> |

### Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

## SECTION 5 Firefighting measures

### Extinguishing media

- ▶ Water spray or fog.
- ▶ Foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

### Special hazards arising from the substrate or mixture

|                             |  |
|-----------------------------|--|
| <b>Fire Incompatibility</b> | ▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result |
|-----------------------------|--|

### Advice for firefighters

|                              |  |
|------------------------------|--|
| <b>Fire Fighting</b>         | <ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul> |
| <b>Fire/Explosion Hazard</b> | <ul style="list-style-type: none"> <li>▶ Combustible.</li> <li>▶ Slight fire hazard when exposed to heat or flame.</li> <li>▶ Heating may cause expansion or decomposition leading to violent rupture of containers.</li> <li>▶ On combustion, may emit toxic fumes of carbon monoxide (CO).</li> <li>▶ May emit acrid smoke.</li> <li>▶ Mists containing combustible materials may be explosive.</li> </ul> <p>Combustion products include:<br/>carbon dioxide (CO<sub>2</sub>)<br/>other pyrolysis products typical of burning organic material.<br/>May emit poisonous fumes.<br/>May emit corrosive fumes.</p>   |
| <b>HAZCHEM</b>               | Not Applicable   |

## SECTION 6 Accidental release measures

### Personal precautions, protective equipment and emergency procedures

See section 8

### Environmental precautions

See section 12

### Methods and material for containment and cleaning up

|                     |  |
|---------------------|--|
| <b>Minor Spills</b> | <ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>   |
| <b>Major Spills</b> | <ul style="list-style-type: none"> <li>▶ Absorb or contain isothiazolinone liquid spills with sand, earth, inert material or vermiculite.</li> <li>▶ The absorbent (and surface soil to a depth sufficient to remove all of the biocide) should be shovelled into a drum and treated with an 11% solution of sodium metabisulfite (Na<sub>2</sub>S<sub>2</sub>O<sub>5</sub>) or sodium bisulfite (NaHSO<sub>3</sub>), or 12% sodium sulfite (Na<sub>2</sub>SO<sub>3</sub>) and 8% hydrochloric acid (HCl).</li> <li>▶ Glutathione has also been used to inactivate the isothiazolinones.</li> <li>▶ Use 20 volumes of decontaminating solution for each volume of biocide, and let containers stand for at least 30 minutes to deactivate microbicide before disposal.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> </ul> |

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

## SECTION 7 Handling and storage

### Precautions for safe handling

|                          |   |
|--------------------------|---|
| <b>Safe handling</b>     | <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul> |
| <b>Other information</b> | <ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul>  |

### Conditions for safe storage, including any incompatibilities

|                                |  |
|--------------------------------|--|
| <b>Suitable container</b>      | <p>Plastic container.</p> <ul style="list-style-type: none"> <li>▶ Metal can or drum</li> <li>▶ Packaging as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul> |
| <b>Storage incompatibility</b> | <ul style="list-style-type: none"> <li>▶ Avoid reaction with oxidising agents</li> </ul>   |

## SECTION 8 Exposure controls / personal protection

### Control parameters

#### Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

| Source                       | Ingredient    | Material name | TWA                           | STEL                          | Peak          | Notes         |
|------------------------------|---------------|---------------|-------------------------------|-------------------------------|---------------|---------------|
| Australia Exposure Standards | formaldehyde. | Formaldehyde  | 1 ppm / 1.2 mg/m <sup>3</sup> | 2.5 mg/m <sup>3</sup> / 2 ppm | Not Available | Not Available |

#### Emergency Limits

| Ingredient                                      | TEEL-1               | TEEL-2                | TEEL-3                |
|---|----------------------|-----------------------|-----------------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | 13 mg/m <sup>3</sup> | 140 mg/m <sup>3</sup> | 840 mg/m <sup>3</sup> |
| formaldehyde.                                   | Not Available        | Not Available         | Not Available         |

| Ingredient                                      | Original IDLH | Revised IDLH  |
|---|---------------|---------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | Not Available | Not Available |
| tetramethylol acetylene diurine                 | Not Available | Not Available |
| isothiazolinones, mixed                         | Not Available | Not Available |
| formaldehyde.                                   | 20 ppm        | Not Available |
| water   | Not Available | Not Available |

**Occupational Exposure Banding**

| Ingredient                      | Occupational Exposure Band Rating | Occupational Exposure Band Limit |
|---------------------------------|-----------------------------------|----------------------------------|
| tetramethylol acetylene diurine | E                                 | ≤ 0.01 mg/m <sup>3</sup>         |
| isothiazolinones, mixed         | E                                 | ≤ 0.1 ppm                        |

**Notes:** Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

**MATERIAL DATA**

CEL TWA: 0.1 mg/m<sup>3</sup>; STEL 0.3 mg/m<sup>3</sup> total isothiazolinones (Rohm and Haas)

(CEL = Chemwatch Exposure Limit)

for formaldehyde:

Odour Threshold Value for formaldehyde: 0.98 ppm (recognition)

NOTE: Detector tubes for formaldehyde, measuring in excess of 0.2 ppm are available commercially.

Formaldehyde vapour exposure:

Primary irritation is dependent on duration of exposure and individual susceptibility.

The following are typical symptoms encountered at various exposure levels.

0.1 ppm - Lower level of mucous eye, nose and throat irritation

0.8 ppm - Typical threshold of perception

1-2 ppm - Typical threshold of irritation

2-3 ppm - Irritation of eyes, nose and throat

4-5 ppm - Increased irritation, tearing, headache, pungent odour

10-20 ppm - Profuse tearing, severe burning, coughing

50 ppm - Serious bronchial and alveolar damage

100 ppm - Formaldehyde induced chemical pneumonia and death

Despite the intent of the TLV Ceiling recommendation it is believed that 0.3 ppm will not protect that portion of the workforce (up to 20%) reported to be responsive to low ambient

concentrations. Because of the dose-related carcinogenic activity for rat and mouse inhalation of formaldehyde, the report of macromolecular adducts in the upper and lower

respiratory tracts of nonhuman primates following inhalation of formaldehyde, the human case reports of upper respiratory tract malignant melanoma associated with

formaldehyde inhalation and the suggestive epidemiologic data on human cancer risk, the TLV Committee recommends that workplace formaldehyde air concentrations be reduced to

the lowest possible levels that can be achieved using engineering controls.

Odour Safety Factor(OSF)

OSF=0.36 (FORMALDEHYDE)

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised"

European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

**Exposure controls**

|   |   |                                 |
|---|---|---------------------------------|
| <b>Appropriate engineering controls</b>   | 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.  |                                 |
|   | Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.  |                                 |
|   | An approved self contained breathing apparatus (SCBA) may be required in some situations.   |                                 |
|   | Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.   |                                 |
|   | Type of Contaminant:  | Air Speed:                      |
|   | solvent, vapours, degreasing etc., evaporating from tank (in still air).  | 0.25-0.5 m/s<br>(50-100 f/min.) |
| aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation) | 0.5-1 m/s (100-200 f/min.)  |                                 |
| direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)  | 1-2.5 m/s (200-500 f/min.)  |                                 |
| grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).  | 2.5-10 m/s<br>(500-2000 f/min.)   |                                 |
| Within each range the appropriate value depends on:   |   |                                 |
| Lower end of the range  | Upper end of the range  |                                 |
| 1: Room air currents minimal or favourable to capture   | 1: Disturbing room air currents   |                                 |
| 2: Contaminants of low toxicity or of nuisance value only.  | 2: Contaminants of high toxicity  |                                 |
| 3: Intermittent, low production.  | 3: High production, heavy use   |                                 |
| 4: Large hood or large air mass in motion   | 4: Small hood-local control only  |                                 |

|                                |  |
|--------------------------------|--|
|                                | Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.  |
| <b>Personal protection</b>     |   |
| <b>Eye and face protection</b> | <ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]</li> </ul>  |
| <b>Skin protection</b>         | See Hand protection below  |
| <b>Hands/feet protection</b>   | <ul style="list-style-type: none"> <li>▶ Wear chemical protective gloves, e.g. PVC.</li> <li>▶ Wear safety footwear or safety gumboots, e.g. Rubber</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>· Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>· Excellent when breakthrough time &gt; 480 min</li> <li>· Good when breakthrough time &gt; 20 min</li> <li>· Fair when breakthrough time &lt; 20 min</li> <li>· Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</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"> <li>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> <li>▶ Butyl rubber gloves</li> <li>· Nitrile rubber gloves (Note: Nitric acid penetrates nitrile gloves in a few minutes.)</li> </ul> |
| <b>Body protection</b>         | See Other protection below   |
| <b>Other protection</b>        | <ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eye wash unit.</li> </ul>   |

**Recommended material(s)****GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the:

**"Forsberg Clothing Performance Index".**

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

Duroflex TP18-058 Liquid Part B

| Material | CPI |
|----------|-----|
| BUTYL    | A   |

**Respiratory protection**

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

| Required Minimum Protection Factor | Half-Face Respirator | Full-Face Respirator | Powered Air Respirator |
|------------------------------------|----------------------|----------------------|------------------------|
|                                    |                      |                      |                        |

|                |   |
|----------------|---|
| NEOPRENE       | A |
| VITON          | A |
| NATURAL RUBBER | C |
| PVA            | C |

\* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

|                |             |                       |                            |
|----------------|-------------|-----------------------|----------------------------|
| up to 10 x ES  | BKAX-AUS P2 | -                     | BKAX-PAPR-AUS / Class 1 P2 |
| up to 50 x ES  | -           | BKAX-AUS / Class 1 P2 | -                          |
| up to 100 x ES | -           | BKAX-2 P2             | BKAX-PAPR-2 P2 ^           |

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

|   |                                 |  |                |
|---|---------------------------------|--|----------------|
| <b>Appearance</b>                                   | White liquid; mixes with water. |  |                |
| <b>Physical state</b>                               | Liquid                          | <b>Relative density (Water = 1)</b>            | 1.06           |
| <b>Odour</b>  | Not Available                   | <b>Partition coefficient n-octanol / water</b> | Not Available  |
| <b>Odour threshold</b>                              | Not Available                   | <b>Auto-ignition temperature (°C)</b>          | Not Available  |
| <b>pH (as supplied)</b>                             | 6.5-9.5                         | <b>Decomposition temperature</b>               | >177           |
| <b>Melting point / freezing point (°C)</b>          | 0                               | <b>Viscosity (cSt)</b>                         | 1060 @ 25 degC |
| <b>Initial boiling point and boiling range (°C)</b> | 100                             | <b>Molecular weight (g/mol)</b>                | Not Applicable |
| <b>Flash point (°C)</b>                             | Not Available                   | <b>Taste</b>                                   | Not Available  |
| <b>Evaporation rate</b>                             | Not Available                   | <b>Explosive properties</b>                    | Not Available  |
| <b>Flammability</b>                                 | Not Available                   | <b>Oxidising properties</b>                    | Not Available  |
| <b>Upper Explosive Limit (%)</b>                    | Not Available                   | <b>Surface Tension (dyn/cm or mN/m)</b>        | Not Available  |
| <b>Lower Explosive Limit (%)</b>                    | Not Available                   | <b>Volatile Component (%vol)</b>               | Not Available  |
| <b>Vapour pressure (kPa)</b>                        | Not Available                   | <b>Gas group</b>                               | Not Available  |
| <b>Solubility in water</b>                          | Miscible                        | <b>pH as a solution (Not Available%)</b>       | Not Available  |
| <b>Vapour density (Air = 1)</b>                     | Not Available                   | <b>VOC g/L</b>                                 | Not Available  |

## SECTION 10 Stability and reactivity

|   |  |
|---|--|
| <b>Reactivity</b>                         | See section 7  |
| <b>Chemical stability</b>                 | <ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul> |
| <b>Possibility of hazardous reactions</b> | See section 7  |
| <b>Conditions to avoid</b>                | See section 7  |
| <b>Incompatible materials</b>             | See section 7  |
| <b>Hazardous decomposition products</b>   | See section 5  |

## SECTION 11 Toxicological information

### Information on toxicological effects

|                  |   |
|------------------|---|
| <b>Inhaled</b>   | The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models). Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. |
| <b>Ingestion</b> | Accidental ingestion of the material may be damaging to the health of the individual. Isothiazolinones are moderately to highly toxic by oral administration. The major signs of toxicity were severe gastric irritation, lethargy, and ataxia  |

|                     |  |
|---------------------|--|
| <b>Skin Contact</b> | <p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Aqueous solutions of isothiazolinones may be irritating or even corrosive depending on concentration. Solutions containing more than 0.5% (5000 ppm active substance) may produce severe irritation of human skin whilst solutions containing more than 100 ppm may irritate the skin. Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>  |
| <b>Eye</b>          | <p>Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.</p> <p>Solutions containing isothiazolinones may produce corrosion of the mucous membranes and cornea. Instillation of 0.1 ml of an aqueous solution containing 560 ppm isothiazolinone into rabbit eye did not produce irritation whereas concentrations, typically around 3% and 5.5 %, were severely irritating or corrosive to the eye.. Symptoms included clouding of the cornea, chemosis and swelling of the eyelids.</p>   |
| <b>Chronic</b>      | <p>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.</p> <p>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitizer will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.</p> <p>Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers</p> <p>Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.</p> <p>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.</p> <p>The isothiazolinones are known contact sensitizers. Data are presented which demonstrate that, in comparison with the chlorinated and dichlorinated compounds which share immunological cross-reactivity, the non-chlorinated isothiazolinones have a lower potential for sensitization and no documented immunological cross-reaction with the chlorinated isothiazolinones. The risk of sensitization depends on how contact with the product occurs. The risk is greater when the skin barrier has been damaged and smaller when the skin is healthy. Dermatological studies have demonstrated that mixed isothiazolinone concentrations below 20 ppm may cause sensitisation and that allergic reactions can be provoked in sensitized persons even with concentrations in the range of 7-15 ppm active isothiazolinones.</p> <p>The isothiazolinones are a group of heterocyclic sulfur-containing compounds. In general all are electrophilic molecules containing an activated N-S bond that enables them with nucleophilic cell entities, thus exerting biocidal activity. A vinyl activated chlorine atom makes allows to molecule to exert greater antimicrobial efficiency but at the same time produces a greater potential for sensitisation.</p> <p>Several conclusions relating to the sensitising characteristics of the isothiazolinones may therefore be drawn* :</p> <ul style="list-style-type: none"> <li>▶ The strongest sensitizers are the chlorinated isothiazolinones.</li> <li>▶ There are known immunological cross-reactions between at least 2 different chlorinated isothiazolinones.</li> <li>▶ There appears to be no immunological cross reaction between non-chlorinated isothiazolinones and chlorinated isothiazolinones.</li> <li>▶ Although classified as sensitizers, the nonchlorinated isothiazolinones are considerably less potent sensitizers than are the chlorinated isothiazolinones.</li> <li>▶ By avoiding the use of chlorinated isothiazolinones, the potential to induce sensitisation is greatly reduced.</li> <li>▶ Despite a significant percentage of the population having been previously sensitised to chlorinated and non-chlorinated species, it is likely that careful and judicious use of non-chlorinated isothiazolinones will result in reduced risk of allergic reactions in those persons.</li> <li>▶ Although presently available data promise that several non-chlorinated isothiazolinones will offer effective antimicrobial protection in industrial and personal care products, it is only with the passage of time that proof of their safety in use or otherwise will become available.</li> </ul> <p>* B.R. Alexander: Contact Dermatitis 2002, 46, pp 191-196</p> <p>Although there have been conflicting reports in the literature, it has been reported by several investigators that isothiazolinones are mutagenic in <i>Salmonella typhimurium</i> strains (Ames test). Negative results were obtained in studies of the DNA-damaging potential of mixed isothiazolinones (Kathon) in mammalian cells <i>in vitro</i> and of cytogenetic effects and DNA-binding <i>in vivo</i>. The addition of rat liver S-9 (metabolic activation) reduced toxicity but did not eliminate mutagenicity. These compounds bind to the proteins in the S-9. At higher concentrations of Kathon the increase in mutagenicity may be due to an excess of unbound active compounds.</p> <p>A study of cutaneous application of Kathon CG in 30 months, three times per week at a concentration of 400 ppm (0.04%) a.i. had no local or systemic tumorigenic effect in male mice. No dermal or systemic carcinogenic potential was observed.</p> <p>Reproduction and teratogenicity studies with rats, given isothiazolinone doses of 1.4-14 mg/kg/day orally from day 6 to day 15 of gestation, showed no treatment related effects in either the dams or in the foetuses</p> <p>On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment.</p> |

|  |  |   |
|--|--|---|
| <b>Duroflex TP18-058 Liquid Part B</b>                 | <b>TOXICITY</b><br>Not Available   | <b>IRRITATION</b><br>Not Available  |
| <b>2,2,4-trimethyl-1,3-pentanediol monoisobutyrate</b> | <b>TOXICITY</b><br>dermal (guinea pig) LD50: >19 mg/kg <sup>[2]</sup><br>Oral (Rat) LD50: >3200 mg/kg <sup>[2]</sup> | <b>IRRITATION</b><br>Eye: no adverse effect observed (not irritating) <sup>[1]</sup><br>Eyes - Moderate irritant *<br>Skin - Slight irritant *<br>Skin (rabbit): mild ***<br>Skin: no adverse effect observed (not irritating) <sup>[1]</sup> |
| <b>tetramethylol acetylene diurene</b>                 | <b>TOXICITY</b><br>dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>   | <b>IRRITATION</b><br>Eye: no adverse effect observed (not irritating) <sup>[1]</sup>  |

|                         |   |   |
|-------------------------|---|---|
|                         | Oral (Rat) LD50: >5000 mg/kg <sup>[1]</sup>   | Skin: no adverse effect observed (not irritating) <sup>[1]</sup>  |
| isothiazolinones, mixed | <b>TOXICITY</b>   | <b>IRRITATION</b>   |
|                         | dermal (rat) LD50: >1008 mg/kg <sup>[1]</sup>   | Eye: adverse effect observed (irreversible damage) <sup>[1]</sup> |
|                         | Inhalation(Rat) LC50; 0.171 mg/l4h <sup>[1]</sup>   | Skin: adverse effect observed (corrosive) <sup>[1]</sup>          |
|                         | Oral (Rat) LD50; 53 mg/kg <sup>[2]</sup>  | Skin: adverse effect observed (irritating) <sup>[1]</sup>         |
| formaldehyde.           | <b>TOXICITY</b>   | <b>IRRITATION</b>   |
|                         | Dermal (rabbit) LD50: 270 mg/kg <sup>[2]</sup>  | Eye (human): 4 ppm/5m   |
|                         | Inhalation(Rat) LC50; <463 ppm4h <sup>[1]</sup>   | Eye (rabbit): 0.75 mg/24H SEVERE                                  |
|                         | Oral (Rat) LD50; 100 mg/kg <sup>[2]</sup>   | Eye: adverse effect observed (irritating) <sup>[1]</sup>          |
|                         |   | Skin (human): 0.15 mg/3d-I mild                                   |
|                         |   | Skin (rabbit): 2 mg/24H SEVERE                                    |
|                         |   | Skin: adverse effect observed (corrosive) <sup>[1]</sup>          |
| water                   | <b>TOXICITY</b>   | <b>IRRITATION</b>   |
|                         | Oral (Rat) LD50; >90000 mg/kg <sup>[2]</sup>  | Not Available   |
| <b>Legend:</b>          | 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances |   |

|  |   |  |
|--|---|--|
| <b>2,2,4-TRIMETHYL-1,3-PENTANEDIOL MONOISOBUTYRATE</b>                                   | Not a skin sensitiser (guinea pig, Magnusson-Kligman) *** Ames Test: negative *** Micronucleus, mouse: negative *** Not mutagenic *** No effects on fertility or foetal development seen in the rat *** * [SWIFT] ** [Eastman] *** [Perstop]  |  |
| <b>ISOTHIAZOLINONES, MIXED</b>   | <p>In light of potential adverse effects, and to ensure a harmonised risk assessment and management, the EU regulatory framework for biocides has been established with the objective of ensuring a high level of protection of human and animal health and the environment. To this aim, it is required that risk assessment of biocidal products is carried out before they can be placed on the market. A central element in the risk assessment of the biocidal products are the utilization instructions that defines the dosage, application method and amount of applications and thus the exposure of humans and the environment to the biocidal substance.</p> <p>Humans may be exposed to biocidal products in different ways in both occupational and domestic settings. Many biocidal products are intended for industrial sectors or professional uses only, whereas other biocidal products are commonly available for private use by non-professional users. In addition, potential exposure of non-users of biocidal products (i.e. the general public) may occur indirectly via the environment, for example through drinking water, the food chain, as well as through atmospheric and residential exposure. Particular attention should be paid to the exposure of vulnerable sub-populations, such as the elderly, pregnant women, and children. Also pets and other domestic animals can be exposed indirectly following the application of biocidal products. Furthermore, exposure to biocides may vary in terms of route (inhalation, dermal contact, and ingestion) and pathway (food, drinking water, residential, occupational) of exposure, level, frequency and duration.</p>  |  |
| <b>FORMALDEHYDE.</b>   | <p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may produce severe skin irritation after prolonged or repeated exposure, and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) thickening of the epidermis.</p> <p>Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Prolonged contact is unlikely, given the severity of response, but repeated exposures may produce severe ulceration.</p> <p><b>WARNING:</b> This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS.</b><br/>Tenth Annual Report on Carcinogens: Substance anticipated to be Carcinogen<br/>[National Toxicology Program: U.S. Dep. of Health &amp; Human Services 2002]</p>   |  |
| <b>2,2,4-TRIMETHYL-1,3-PENTANEDIOL MONOISOBUTYRATE &amp; ISOTHIAZOLINONES, MIXED</b>     | <p>The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>  |  |
| <b>TETRAMETHYLOL ACETYLENE DIURINE &amp; ISOTHIAZOLINONES, MIXED &amp; FORMALDEHYDE.</b> | <p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p>  |  |
| <b>TETRAMETHYLOL ACETYLENE DIURINE &amp; ISOTHIAZOLINONES, MIXED</b>                     | <p>The European Union has reclassified several formaldehyde-releasing agents (FRAs) such as methylenedimorpholine (MBM), oxazolidine (MBO) and hydroxypropylamine (HPT) as category 1B carcinogens. Previously, formaldehyde itself was classed as a carcinogen – but formaldehyde-releasing agents were not. This is no longer the case. Based on this regulation, formulations for which the maximum theoretical concentration of releasable formaldehyde is more than &gt; 1000 ppm (&gt;0.1%), have to be labelled as carcinogenic.</p> <p>Water mix metalworking fluids are subject to contamination by bacteria and fungi, and the control of this is an essential part of good fluid maintenance. The use of preservatives both within the formulation and tank-side treatment plays a significant contribution in the protection of potentially harmful microbes that could cause health problems for workers.</p> <p>A large proportion of bactericides on the market today are classed as formaldehyde releasing biocides which means that under specific conditions they release small amounts of formaldehyde – this is their mode of action in the presence of bacteria. Although they are effective as a biocide their use may become restricted or unfavourable due to potential changes in legislation.</p> <p>A decision by the ECHA (European Chemicals Agency) was made to re-classify formaldehyde as a category 1b H350 carcinogen and category 2 mutagen in June 2015.</p> <p>It has also been proposed by the ECHA Risk Assessment Committee (RAC) that formaldehyde release biocides should be classified the same as formaldehyde because formaldehyde is released when these substances come into contact under favorable conditions (i.e. interaction with microorganisms).</p> <p>Formaldehyde generators (releasers) are often used as preservatives (antimicrobials, biocides, microbiocides). Formaldehyde may be generated following hydrolysis. The most widely used antimicrobial compounds function by releasing formaldehyde once inside the microbe cell. Some</p> |  |



|  |   |
|--|---|
|  | <p>release detectable levels of formaldehyde into the air space, above working solutions, especially when pH has dropped. Many countries are placing regulatory pressure on suppliers and users to replace formaldehyde generators. Formaldehyde generators are a diverse group of chemicals that can be recognised by a small, easily detachable formaldehyde moiety, prepared by reacting an amino alcohol with formaldehyde ("formaldehyde-condensates").</p> <p>There is concern that when formaldehyde-releasing preservatives are present in a formulation that also includes amines, such as triethanolamine (TEA), diethanolamine (DEA), or monoethanolamine (MEA), nitrosamines can be formed,; nitrosamines are carcinogenic substances that can potentially penetrate skin.</p> <p>One widely-discussed hypothesis states that formaldehyde-condensate biocides, such as triazines and oxazolidines, may cause an imbalance in the microbial flora of in-use metalworking fluids (MWFs).The hypothesis further asserts that this putative microbial imbalance favours the proliferation of certain nontuberculosis mycobacteria (NTM) in MWFs and that the subsequent inhalation of NTM-containing aerosols can cause hypersensitivity pneumonitis (HP), also known as extrinsic allergic alveolitis, in a small percentage of susceptible workers. Symptoms of HP include flu-like illness accompanied by chronic dyspnea, i.e., difficult or laboured respiration</p> <p>According to Annex VI of the Cosmetic Directive 76/768/EC, the maximum authorised concentration of free formaldehyde is 0.2% (2000 ppm). In addition, the provisions of Annex VI state that,</p> <p><i>All finished products containing formaldehyde or substances in this Annex and which release formaldehyde must be labelled with the warning "contains formaldehyde" where the concentration of formaldehyde in the finished product exceeds 0.05%.</i></p> <p>Formaldehyde-releasing preservatives have the ability to release formaldehyde in very small amounts over time. The use of formaldehyde-releasing preservatives ensures that the actual level of free formaldehyde in the products is always very low but at the same time sufficient to ensure absence of microbial growth. The formaldehyde reacts most rapidly with organic and inorganic anions, amino and sulfide groups and electron-rich groups to disrupt metabolic processes, eventually causing death of the organism.</p> |
|--|---|

|  |   |
|--|---|
| <b>ISOTHIAZOLINONES, MIXED &amp; WATER</b>         | No significant acute toxicological data identified in literature search.  |
| <b>ISOTHIAZOLINONES, MIXED &amp; FORMALDEHYDE.</b> | 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. |

|  |   |                                 |   |
|--|---|---------------------------------|---|
| <b>Acute Toxicity</b>                    | ✗ | <b>Carcinogenicity</b>          | ✗ |
| <b>Skin Irritation/Corrosion</b>         | ✗ | <b>Reproductivity</b>           | ✗ |
| <b>Serious Eye Damage/Irritation</b>     | ✗ | <b>STOT - Single Exposure</b>   | ✗ |
| <b>Respiratory or Skin sensitisation</b> | ✗ | <b>STOT - Repeated Exposure</b> | ✗ |
| <b>Mutagenicity</b>                      | ✗ | <b>Aspiration Hazard</b>        | ✗ |

**Legend:** ✗ – Data either not available or does not fill the criteria for classification  
 ✓ – Data available to make classification

## SECTION 12 Ecological information

### Toxicity

| Duroflex TP18-058 Liquid Part B                       | Endpoint        | Test Duration (hr)        | Species                       | Value           | Source        |
|---|-----------------|---------------------------|-------------------------------|-----------------|---------------|
|   | Not Available   | Not Available             | Not Available                 | Not Available   | Not Available |
| <b>2,2,4-trimethyl-1,3-pentandiol monoisobutyrate</b> | <b>Endpoint</b> | <b>Test Duration (hr)</b> | <b>Species</b>                | <b>Value</b>    | <b>Source</b> |
|   | LC50            | 96h                       | Fish                          | >19mg/l         | 2             |
|   | EC50            | 72h                       | Algae or other aquatic plants | 18.4mg/l        | 1             |
|   | EC50            | 48h                       | Crustacea                     | >19mg/l         | 2             |
| <b>tetramethylol acetylene diurine</b>                | <b>Endpoint</b> | <b>Test Duration (hr)</b> | <b>Species</b>                | <b>Value</b>    | <b>Source</b> |
|   | NOEC(ECx)       | 72h                       | Algae or other aquatic plants | 1.22mg/l        | 2             |
|   | LC50            | 96h                       | Fish                          | 62.6-115mg/L    | 4             |
|   | EC50            | 72h                       | Algae or other aquatic plants | 3.85mg/l        | 2             |
| <b>isothiazolinones, mixed</b>                        | <b>Endpoint</b> | <b>Test Duration (hr)</b> | <b>Species</b>                | <b>Value</b>    | <b>Source</b> |
|   | NOEC(ECx)       | 504h                      | Crustacea                     | 0.004mg/l       | 2             |
|   | LC50            | 96h                       | Fish                          | 0.129mg/l       | 2             |
|   | EC50            | 48h                       | Crustacea                     | 0.007mg/l       | 2             |
| <b>formaldehyde.</b>                                  | <b>Endpoint</b> | <b>Test Duration (hr)</b> | <b>Species</b>                | <b>Value</b>    | <b>Source</b> |
|   | NOEC(ECx)       | 96h                       | Algae or other aquatic plants | 0.005mg/l       | 4             |
|   | LC50            | 96h                       | Fish                          | 1.607mg/L       | 4             |
|   | EC50            | 72h                       | Algae or other aquatic plants | 1.034-1.984mg/l | 4             |
|   | EC50            | 48h                       | Crustacea                     | 3.26mg/l        | 4             |
|   | EC50            | 96h                       | Algae or other aquatic plants | 0.375-0.579mg/l | 4             |

Continued...

|                | Endpoint   | Test Duration (hr) | Species       | Value         | Source        |
|----------------|--|--------------------|---------------|---------------|---------------|
| water          | Not Available  | Not Available      | Not Available | Not Available | Not Available |
| <b>Legend:</b> | Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data |                    |               |               |               |

Harmful to aquatic organisms.

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

The isothiazolinones are very toxic to marine organisms (fish, Daphnia magna and algae)

The high water solubility and low log Kow values of several chlorinated and non-chlorinated indicate a low potential for bioaccumulation.

Studies of 5-chloro-2-methyl-4-isothiazolin-3-one (CMI) in bluegill sunfish (*Lepomis macrochirus*) show BCF values of 102, 114 and 67 at nominal concentrations of 0.02, 0.12 and 0.8 mg/l. The BCF for 2-methyl-4-isothiazolin-3-one (MI) was determined at 2.3 at a nominal concentration of 0.12 mg/l

Primary biodegradation of MI and CMI occurred with half-lives of less than 24 hours in aerobic and anoxic sediments, and within a period of less than one week the parent compounds were depleted to very low levels that could not be clearly distinguished from analytical artifacts. The ultimate aerobic biodegradability of both MI and CMI attained levels of > 55% within 29 days. Furthermore, the proposed metabolites of MI and CMI are considered to have a low aquatic toxicity on the basis of QSAR estimates and the measured toxicity of the structurally related N-(n-octyl) malonic acid.

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

#### Persistence and degradability

| Ingredient                                      | Persistence: Water/Soil   | Persistence: Air            |
|---|---------------------------|-----------------------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | LOW                       | LOW                         |
| tetramethylol acetylene diurine                 | LOW                       | LOW                         |
| formaldehyde.                                   | LOW (Half-life = 14 days) | LOW (Half-life = 2.97 days) |
| water   | LOW                       | LOW                         |

#### Bioaccumulative potential

| Ingredient                                      | Bioaccumulation        |
|---|------------------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | LOW (LogKOW = 2.9966)  |
| tetramethylol acetylene diurine                 | LOW (LogKOW = -7.8925) |
| formaldehyde.                                   | LOW (LogKOW = 0.35)    |

#### Mobility in soil

| Ingredient                                      | Mobility          |
|---|-------------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | LOW (KOC = 22.28) |
| tetramethylol acetylene diurine                 | LOW (KOC = 10)    |
| formaldehyde.                                   | HIGH (KOC = 1)    |

### SECTION 13 Disposal considerations

#### Waste treatment methods

|                                     |   |
|-------------------------------------|---|
| <b>Product / Packaging disposal</b> | <ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. 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.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Authority for disposal.</li> <li>▶ Bury or incinerate residue at an approved site.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul> |
|-------------------------------------|---|

### SECTION 14 Transport information

**Labels Required**

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

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

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

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

**Transport in bulk according to Annex II of MARPOL and the IBC code**

Not Applicable

**Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code**

| Product name                                    | Group         |
|---|---------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | Not Available |
| tetramethylol acetylene diurine                 | Not Available |
| isothiazolinones, mixed                         | Not Available |
| formaldehyde.                                   | Not Available |
| water   | Not Available |

**Transport in bulk in accordance with the ICG Code**

| Product name                                    | Ship Type     |
|---|---------------|
| 2,2,4-trimethyl-1,3-pentanediol monoisobutyrate | Not Available |
| tetramethylol acetylene diurine                 | Not Available |
| isothiazolinones, mixed                         | Not Available |
| formaldehyde.                                   | Not Available |
| water   | Not Available |

**SECTION 15 Regulatory information****Safety, health and environmental regulations / legislation specific for the substance or mixture**

**2,2,4-trimethyl-1,3-pentanediol monoisobutyrate is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**tetramethylol acetylene diurine is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

**isothiazolinones, mixed is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

**formaldehyde. is found on the following regulatory lists**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 10 / Appendix C

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

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

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

**water is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**National Inventory Status**

| National Inventory                              | Status   |
|---|--|
| Australia - AIIC / Australia Non-Industrial Use | No (isothiazolinones, mixed)   |
| Canada - DSL                                    | Yes  |
| Canada - NDSL                                   | No (2,2,4-trimethyl-1,3-pentanediol monoisobutyrate; tetramethylol acetylene diurine; isothiazolinones, mixed; formaldehyde.; water) |
| China - IECSC                                   | Yes  |
| Europe - EINEC / ELINCS / NLP                   | No (isothiazolinones, mixed)   |
| Japan - ENCS                                    | No (isothiazolinones, mixed)   |
| Korea - KECI                                    | Yes  |
| New Zealand - NZIoC                             | Yes  |
| Philippines - PICCS                             | Yes  |
| USA - TSCA                                      | No (isothiazolinones, mixed)   |
| Taiwan - TCSI                                   | Yes  |
| Mexico - INSQ                                   | No (tetramethylol acetylene diurine; isothiazolinones, mixed)  |

| National Inventory | Status |
|--------------------|--------|
| Vietnam - NCI      | Yes    |
| Russia - FBEPH     | Yes    |

**Legend:** Yes = All CAS declared ingredients are on the inventory  
No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

|                      |            |
|----------------------|------------|
| <b>Revision Date</b> | 01/11/2019 |
| <b>Initial Date</b>  | 30/11/2018 |

### SDS Version Summary

| Version | Date of Update | Sections Updated   |
|---------|----------------|--|
| 3.1     | 01/11/2019     | One-off system update. NOTE: This may or may not change the GHS classification |

### Other information

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

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

### Definitions and abbreviations

PC— TWA: Permissible Concentration-Time Weighted Average  
 PC— STEL: Permissible Concentration-Short Term Exposure Limit  
 IARC: International Agency for Research on Cancer  
 ACGIH: American Conference of Governmental Industrial Hygienists  
 STEL: Short Term Exposure Limit  
 TEEL: Temporary Emergency Exposure Limit.  
 IDLH: Immediately Dangerous to Life or Health Concentrations  
 ES: Exposure Standard  
 OSF: Odour Safety Factor  
 NOAEL :No Observed Adverse Effect Level  
 LOAEL: Lowest Observed Adverse Effect Level  
 TLV: Threshold Limit Value  
 LOD: Limit Of Detection  
 OTV: Odour Threshold Value  
 BCF: BioConcentration Factors  
 BEI: Biological Exposure Index  
 AIIC: Australian Inventory of Industrial Chemicals  
 DSL: Domestic Substances List  
 NDSL: Non-Domestic Substances List  
 IECSC: Inventory of Existing Chemical Substance in China  
 EINECS: European Inventory of Existing Commercial chemical Substances  
 ELINCS: European List of Notified Chemical Substances  
 NLP: No-Longer Polymers  
 ENCS: Existing and New Chemical Substances Inventory  
 KECI: Korea Existing Chemicals Inventory  
 NZIoC: New Zealand Inventory of Chemicals  
 PICCS: Philippine Inventory of Chemicals and Chemical Substances  
 TSCA: Toxic Substances Control Act  
 TCSI: Taiwan Chemical Substance Inventory  
 INSQ: Inventario Nacional de Sustancias Químicas  
 NCI: National Chemical Inventory  
 FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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