

Mapei Nivorapid

Chemwatch Material Safety Data Sheet
Issue Date: 1-Oct-2012
9317SP

Hazard Alert Code: **EXTREME**

CHEMWATCH 5042-47
Version No:8.1.1.1
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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Mapei Nivorapid

PRODUCT USE

Used according to manufacturer's directions.

Requires that the two parts be mixed by hand or mixer before use, in accordance with manufacturers directions. Mix only as much as is required. Do not return the mixed material to the original containers.

Cement based levelling mortar.

(VOC per CA South Coast Air Quality Management District, Rule 1168)

SUPPLIER

Company: Mapei Pty Ltd

Address:

12 Parkview Drive

Archerfield

QLD, 4108

Australia

Telephone: +61 7 3276 5000 (Mon- Fri)

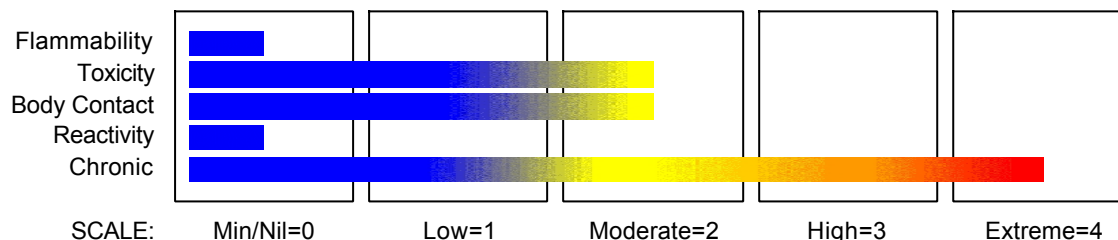
Fax: +61 7 3276 5076

Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.

CHEMWATCH HAZARD RATINGS



RISK

- Irritating to eyes and skin.
- May cause SENSITISATION by skin contact.
- Harmful: danger of serious damage to health by prolonged exposure through inhalation.

SAFETY

- Do not breathe dust.
- Avoid contact with skin.
- Avoid contact with eyes.

- Wear suitable protective clothing.
- Wear suitable gloves.
- Wear eye/face protection.
- Use only in well ventilated areas.
- Keep container in a well ventilated place.
- To clean the floor and all objects contaminated by this material, use water and detergent.
- Keep away from food, drink and animal feeding stuffs.
- In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
- If swallowed, IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label).

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Section 2 - HAZARDS IDENTIFICATION

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
portland cement	65997-15-1	5-7
silica crystalline - quartz	14808-60-7	40-50

Section 4 - FIRST AID MEASURES

SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

EYE

- If this product comes in contact with the eyes:
 - Wash out immediately with fresh running water.
 - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
 - Seek medical attention without delay; if pain persists or recurs seek medical attention.
 - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

- If skin contact occurs:
 - Immediately remove all contaminated clothing, including footwear.
 - Flush skin and hair with running water (and soap if available).
 - Seek medical attention in event of irritation.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.

NOTES TO PHYSICIAN

Treat symptomatically.

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

- When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles.
- When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves in the event of a fire.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding area.

FIRE/EXPLOSION HAZARD

- Non combustible.
 - Not considered a significant fire risk, however containers may burn, silicon dioxide (SiO₂).
- May emit poisonous fumes.
May emit corrosive fumes.

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Section 5 - FIRE FIGHTING MEASURES

FIRE INCOMPATIBILITY

- None known.

HAZCHEM

None

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact with the substance, by using protective equipment.

MAJOR SPILLS

Moderate hazard.

- CAUTION: Advise personnel in area.
- Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.

SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

None known.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³	TWA F/CC	Notes
Australia Exposure Standards	portland cement (Portland cement (a))		10						(see Chapter 14)

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³	TWA F/CC	Notes
Australia Exposure Standards	silica crystalline - quartz (Silica - Crystalline Quartz)		0.1						(see Chapter 14)

MATERIAL DATA

MAPEI NIVORAPID:

PORTLAND CEMENT:

SILICA CRYSTALLINE - QUARTZ:

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 µm (+-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+-) 0.1 µm, i.e..generally less than 5 µm.

MAPEI NIVORAPID:

PORTLAND CEMENT:

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

MAPEI NIVORAPID:

SILICA CRYSTALLINE - QUARTZ:

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.

MAPEI NIVORAPID:

PORTLAND CEMENT:

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.

MAPEI NIVORAPID:

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

The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<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.

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

PORTLAND CEMENT:

For calcium oxide:

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

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.

for chrome(VI) containing substances:

Some jurisdictions require that health surveillance be carried on workers occupationally exposed to inorganic chromium. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- physical examination with emphasis on the respiratory system and skin
- weekly skin inspection of hands and forearms by a "responsible person".

Portland cement is considered to be a nuisance dust that does not cause fibrosis and has little potential to induce adverse effects on the lung.

SILICA CRYSTALLINE - QUARTZ:

WARNING: For inhalation exposure ONLY:

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

This substance has been classified by the ACGIH as A2 Suspected Human Carcinogen.

PERSONAL PROTECTION

RESPIRATOR

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

EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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].

HANDS/FEET

■ 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 the 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.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocautchouc.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.

ENGINEERING CONTROLS

■ Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.

The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Grey powder with a slight typical cement odour; partly miscible with water.

PHYSICAL PROPERTIES

Solid.

State	Divided solid	Molecular Weight	Not Applicable
Melting Range (°C)	Not Available	Viscosity	Not Applicable
Boiling Range (°C)	Not Applicable	Solubility in water (g/L)	Partly Miscible

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Flash Point (°C)	Not Applicable	pH (1% solution)	12 (slurry)
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Applicable
Autoignition Temp (°C)	Not Available	Vapour Pressure (kPa)	Not Available
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	1.5
Lower Explosive Limit (%)	Not Available	Relative Vapour Density (air=1)	Not Applicable
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Applicable

Section 10 - STABILITY AND REACTIVITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (eg. liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern. Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract.

EYE

■ This material can cause eye irritation and damage in some persons.

SKIN

■ This material can cause inflammation of the skin oncontact in some persons.

The material may accentuate any pre-existing dermatitis condition.

Open cuts, abraded or irritated skin should not be exposed to this material.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects.

Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

■ Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

Effects on lungs are significantly enhanced in the presence of respirableparticles.

Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. The disease is rapidly progressive and spreads widely through the lungs within months of the initial exposure and causing death within 1 to 2 years.

CHRONIC HEALTH EFFECTS

■ Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.

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

This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. This has been demonstrated via both short- and long-term experimentation.

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.

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Section 11 - TOXICOLOGICAL INFORMATION

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

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.

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.

Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections. A large part of the crystals accumulates in the lungs. Silicosis can occur, a condition where irreversible scarring of the lung occurs. Symptoms do not appear until months to years after exposure. Smoking increases this risk. Most simple cases of silicosis do not produce symptoms, but they can progress and eventually cause a tuberculosis-like syndrome which can be fatal. When silicosis is advanced, there is an increased risk of lung cancer and lymphoma. Laws in some areas require those exposed to silica to be under health surveillance. Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect.

TOXICITY AND IRRITATION

■ 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.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound.

CARCINOGEN

silica crystalline
- quartz

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

Group

1

Carcinogenic to
humans

Section 12 - ECOLOGICAL INFORMATION

No data

Ecotoxicity

Ingredient

Persistence:
Water/Soil

Persistence: Air

Bioaccumulation

Mobility

portland cement

No Data
Available

No Data
Available

No Data
Available

No Data
Available

silica crystalline - quartz

No Data
Available

No Data
Available

No Data
Available

No Data
Available

Section 13 - DISPOSAL CONSIDERATIONS

• Containers may still present a chemical hazard/ danger when empty.

• Return to supplier for reuse/ recycling if possible.

Otherwise:

• If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to

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Section 13 - DISPOSAL CONSIDERATIONS

store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
• Where possible retain label warnings and MSDS and observe all notices pertaining to the product.
Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction.
- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM:

None (ADG7)

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: ADG7, IATA, IMDG

Section 15 - REGULATORY INFORMATION

Indications of Danger:

Xn Harmful

POISONS SCHEDULE

None

REGULATIONS

Regulations for ingredients

portland cement (CAS: 65997-15-1) is found on the following regulatory lists;

"Australia Exposure Standards", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "OECD List of High Production Volume (HPV) Chemicals"

silica crystalline - quartz (CAS: 14808-60-7, 122304-48-7, 122304-49-8, 12425-26-2, 1317-79-9, 70594-95-5, 87347-84-0) is found on the following regulatory lists;

"Australia - New South Wales - Work Health and Safety Regulation 2011 - Requirements for health monitoring -Hazardous chemicals (other than lead) requiring health monitoring", "Australia - New South Wales - Work Health and Safety Regulation 2011 Restricted hazardous chemicals", "Australia - New South Wales Hazardous Substances Prohibited for Specific Uses", "Australia - New South Wales Hazardous Substances Requiring Health Surveillance", "Australia - Northern Territories Work Health and Safety National Uniform Legislation Regulations- Requirements for health monitoring - Hazardous chemicals (other than lead) requiring health monitoring", "Australia - Queensland Work Health and Safety Regulation - Hazardous chemicals (other than lead) requiring health monitoring", "Australia - Queensland Work Health and Safety Regulation - Restricted hazardous chemicals", "Australia - South Australia - Hazardous Substances Requiring Health Surveillance", "Australia - South Australia - Work Health and Safety Regulations 2012 - Requirements for health monitoring - Hazardous chemicals (other than lead) requiring health monitoring", "Australia - South Australia - Work Health and Safety Regulations 2012 - Restricted hazardous chemicals", "Australia - Tasmania Hazardous Substances Prohibited for Specified Uses", "Australia - Tasmania Hazardous Substances Requiring Health Surveillance", "Australia - Western Australia Hazardous Substances Prohibited for Specified Uses or Methods of Handling", "Australia - Western Australia Hazardous Substances Requiring Health Surveillance", "Australia Exposure Standards", "Australia Hazardous Substances", "Australia Hazardous Substances Requiring Health Surveillance", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance", "Australia Work Health and Safety Regulations 2011 - Hazardous chemicals (other than lead) requiring health monitoring", "Australia Work Health and Safety Regulations 2011 - Restricted hazardous chemicals", "FisherTransport Information", "International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs", "International Fragrance Association (IFRA) Survey: Transparency List", "OECD

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Section 15 - REGULATORY INFORMATION

List of High Production Volume (HPV) Chemicals", "Sigma-Aldrich Transport Information", "United Nations Consolidated List of Products Whose Consumption and/or Sale Have Been Banned, Withdrawn, Severely Restricted or Not Approved by Governments"

No data for Mapei Nivorapid (CW: 5042-47)

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
silica crystalline - quartz	14808-60-7, 122304-48-7, 122304-49-8, 12425-26-2, 1317-79-9, 70594-95-5, 87347-84-0

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

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

www.chemwatch.net/references.

■ The (M)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.

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This is the end of the MSDS.