

# Mapei Planiprep SC

Mapei Australia Pty Ltd

Chemwatch: 42-0835  
Version No: 5.1.1.1  
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

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S.GHS.AUS.EN

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

### Product Identifier

Product name	Mapei Planiprep SC
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions. Skim coat. (VOC per CA South Coast Air Quality Management District, Rule 1168)
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### Details of the manufacturer/importer

Registered company name	Mapei Australia Pty Ltd	Mapei New Zealand Ltd
Address	12 Parkview Drive Archerfield 4108 QLD Australia	30 Fisher Crescent Mt Wellington Auckland New Zealand
Telephone	+61 7 3276 5000 (Mon-Fri 8am to 5pm)	+64 9 921 1994 (Mon-Fri 9am-5pm)
Fax	+61 7 3276 5076	+64 9 921 1993
Website	www.mapei.com.au	www.mapei.co.nz
Email	sales@mapei.com.au	enquiries@mapei.co.nz

### Emergency telephone number

Association / Organisation	Australian Poisons Information Centre hotline 24 Hour Service 13 11 26	New Zealand Poisons Information Centre - +64 3 479 7227 Normal Hours
Emergency telephone numbers	13 11 26	1800 POISON (1800 764 766)
Other emergency telephone numbers	Police or Fire Brigade 000	Police or Fire Brigade 111

## SECTION 2 HAZARDS IDENTIFICATION

### Classification of the substance or mixture

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

### CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	0	
Body Contact	2	
Reactivity	0	
Chronic	4	

0 = Minimum  
1 = Low  
2 = Moderate  
3 = High  
4 = Extreme

Poisons Schedule	Not Applicable
GHS Classification [1]	Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A, Skin Sensitizer Category 1, STOT - RE Category 2, Acute Aquatic Hazard Category 2, Chronic Aquatic Hazard Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

### Label elements

GHS label elements	
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SIGNAL WORD	<b>WARNING</b>
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### Hazard statement(s)

H315	Causes skin irritation
H319	Causes serious eye irritation
H317	May cause an allergic skin reaction

Continued...

H373	May cause damage to organs through prolonged or repeated exposure
H401	Toxic to aquatic life
H411	Toxic to aquatic life with long lasting effects

**Supplementary statement(s)**

Not Applicable

**CLP classification (additional)**

Not Applicable

**Precautionary statement(s) Prevention**

P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P273	Avoid release to the environment.
P272	Contaminated work clothing should not be allowed out of the workplace.

**Precautionary statement(s) Response**

P362	Take off contaminated clothing.
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of water and soap
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P391	Collect spillage.

**Precautionary statement(s) Storage****Precautionary statement(s) Disposal**

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration
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**SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS****Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
65997-15-1	3-7	<u>portland cement</u>
65996-69-2	3-7	<u>blast furnace slag</u>
7631-86-9	1-5	<u>silica amorphous</u>
14808-60-7	0.5-1.5	<u>silica crystalline - quartz</u>
	balance	Ingredients determined not to be hazardous

**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 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.</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]

**SECTION 5 FIREFIGHTING MEASURES****Extinguishing media**

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

**Special hazards arising from the substrate or mixture**

**Fire Incompatibility** | None known.

**Advice for firefighters****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.
- ▶ **DO NOT** approach containers suspected to be hot.
- ▶ Cool fire exposed containers with water spray from a protected location.
- ▶ If safe to do so, remove containers from path of fire.
- ▶ Equipment should be thoroughly decontaminated after use.

**Fire/Explosion Hazard**

- ▶ Non combustible.
- ▶ Not considered a significant fire risk, however containers may burn.
- ▶ silicon dioxide (SiO<sub>2</sub>) When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. May emit poisonous fumes. May emit corrosive fumes.

**SECTION 6 ACCIDENTAL RELEASE MEASURES****Personal precautions, protective equipment and emergency procedures****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.
- ▶ Use dry clean up procedures and avoid generating dust.
- ▶ Place in a suitable, labelled container for waste disposal.

**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.
  - ▶ Recover product wherever possible.
  - ▶ **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal.
  - ▶ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.
  - ▶ If contamination of drains or waterways occurs, advise Emergency Services.

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

**SECTION 7 HANDLING AND STORAGE****Precautions for safe handling****Safe handling**

- ▶ Avoid all personal contact, including inhalation.
- ▶ Wear protective clothing when risk of exposure occurs.
- ▶ Use in a well-ventilated area.
- ▶ Prevent concentration in hollows and sumps.
- ▶ **DO NOT** enter confined spaces until atmosphere has been checked.
- ▶ **DO NOT** allow material to contact humans, exposed food or food utensils.
- ▶ Avoid contact with incompatible materials.
- ▶ **When handling, DO NOT** eat, drink or smoke.
- ▶ Keep containers securely sealed when not in use.
- ▶ Avoid physical damage to containers.
- ▶ Always wash hands with soap and water after handling.
- ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.

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	<ul style="list-style-type: none"> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this MSDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry 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 MSDS.</li> </ul> <p>For major quantities:</p> <ul style="list-style-type: none"> <li>▶ Consider storage in banded 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**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>▶ Avoid contact with copper, aluminium and their alloys.</li> <li>▶ Avoid reaction with oxidising agents</li> <li>▶ Avoid strong bases.</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 (a)	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Precipitated silica (a) / Silica gel (a) / Silica - Amorphous Precipitated silica (a) / Silica - Amorphous Silica gel (a)	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica, fused / Silica - Crystalline Silica, fused	Not Available	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Diatomaceous earth (uncalcined) (a) / Silica - Amorphous Diatomaceous earth (uncalcined)(a)	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous Fume (thermally generated)(respirable dust) (g)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous Fumed silica (respirable dust) / Fumed silica (respirable dust)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline Quartz (respirable dust) / Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available

**EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica amorphous	Silica gel, amorphous synthetic	6 mg/m3	6 mg/m3	6 mg/m3
silica amorphous	Silica, amorphous fumed	6 mg/m3	6 mg/m3	630 mg/m3
silica amorphous	Diatomaceous earth; (Silica-amorphous diatomaceous earth (uncalcined))	18 mg/m3	200 mg/m3	1200 mg/m3
silica amorphous	Siloxanes and silicones, dimethyl, reaction products with silica; (Hydrophobic silicon dioxide, amorphous)	0.07 mg/m3	0.77 mg/m3	4.6 mg/m3
silica amorphous	Silica, amorphous fume	0.3 mg/m3	0.3 mg/m3	1.6 mg/m3
silica amorphous	Silica amorphous hydrated	6 mg/m3	6 mg/m3	85 mg/m3
silica amorphous	Diatomaceous silica, calcined	0.9 mg/m3	9.9 mg/m3	59 mg/m3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.025 mg/m3	0.025 mg/m3	0.025 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	N.E. mg/m3 / N.E. ppm	5,000 mg/m3
blast furnace slag	Not Available	Not Available
silica amorphous	N.E. mg/m3 / N.E. ppm	3,000 mg/m3
silica crystalline - quartz	N.E. mg/m3 / N.E. ppm	50 mg/m3

**Exposure controls**

<b>Appropriate engineering controls</b>	<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>
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	<ul style="list-style-type: none"> <li>▶ Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.</li> <li>▶ If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered.</li> </ul> <p>Such protection might consist of:</p> <p>(a): particle dust respirators, if necessary, combined with an absorption cartridge;</p> <p>(b): filter respirators with absorption cartridge or canister of the right type;</p> <p>(c): fresh-air hoods or masks.</p> <p>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.</p> <table border="1"> <tr> <td>Type of Contaminant:</td> <td>Air Speed:</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </table> <p>Within each range the appropriate value depends on:</p> <table border="1"> <tr> <td>Lower end of the range</td> <td>Upper end of the range</td> </tr> <tr> <td>1: Room air currents minimal or favourable to capture</td> <td>1: Disturbing room air currents</td> </tr> <tr> <td>2: Contaminants of low toxicity or of nuisance value only.</td> <td>2: Contaminants of high toxicity</td> </tr> <tr> <td>3: Intermittent, low production.</td> <td>3: High production, heavy use</td> </tr> <tr> <td>4: Large hood or large air mass in motion</td> <td>4: Small hood-local control only</td> </tr> </table> <p>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 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres 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.</p>	Type of Contaminant:	Air Speed:	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 (500-2000 f/min.)	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
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<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>	<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>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>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▶ polychloroprene.</li> <li>▶ nitrile rubber.</li> <li>▶ butyl rubber.</li> <li>▶ fluoroelastomer.</li> <li>▶ polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>																
<b>Body protection</b>	See Other protection below																
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C. apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eye wash unit.</li> </ul>																
<b>Thermal hazards</b>	Not Available																

**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:

Mapei Planiprep SC Not Available

Material	CPI
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\* 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.

**Respiratory protection**

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

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

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

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(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)

**SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES****Information on basic physical and chemical properties**

Appearance	White to grey powder with a cement odour; dispersible in water.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	VOC = 0
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

**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>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</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>
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	Effects on lungs are significantly enhanced in the presence of respirable particles.
<b>Ingestion</b>	Accidental ingestion of the material may be damaging to the health of the individual. Acute toxic responses to aluminium are confined to the more soluble forms.
<b>Skin Contact</b>	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material
<b>Eye</b>	This material can cause eye irritation and damage in some persons.
<b>Chronic</b>	<p>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. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. 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. Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (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 µm and a diameter of less than 3 µm was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 µm in length and less than 0.5 µm in diameter. In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 µm and 5.6 µm respectively, no intra-abdominal tumours were found. Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis Exposure to large doses of aluminium has been connected with the degenerative brain disease Alzheimer's Disease. 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 [LLO]. Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels. Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity. Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996 Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections. Overexposure to 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. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 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 (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication. Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken Dust inhalation over an extended number of years may produce pneumoconiosis.. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop. Levels above 10 µg/m<sup>3</sup> of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons</p>

<b>Mapei Planiprep SC</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>portland cement</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>blast furnace slag</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >4000 mg/kg <sup>[1]</sup> Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Not Available

## Mapei Planiprep SC

silica amorphous	<b>TOXICITY</b>	<b>IRRITATION</b>
	Dermal (rabbit) LD50: >2000 mg/kg <sup>[1]</sup>	* [Grace]
	Inhalation (rat) LC50: >0.139 mg/l/14h * <sup>[2]</sup>	Eye (rabbit): non-irritating *
	Oral (rat) LD50: >3160 mg/kg <sup>[2]</sup>	Skin (rabbit): non-irritating *
silica crystalline - quartz	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Nil reported
<b>Legend:</b>	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's msds. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

<b>Mapei Planiprep SC</b>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>No significant acute toxicological data identified in literature search.</p> <p>For silica amorphous:</p> <p>When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals.</p> <p>After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification.</p> <p>Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser.</p> <p>Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact.</p> <p>Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure.</p> <p>Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m<sup>3</sup> to 150 mg/m<sup>3</sup>. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m<sup>3</sup>. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m<sup>3</sup>. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL.</p> <p>Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected.</p> <p>In humans, SAS is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin.</p> <p>There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.</p>
<b>PORTLAND CEMENT</b>	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p> <p>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. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>No significant acute toxicological data identified in literature search.</p>
<b>BLAST FURNACE SLAG</b>	<p>No significant acute toxicological data identified in literature search.</p> <p>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. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p> <p>For silica amorphous:</p> <p>When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals.</p>

After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification.

Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitizer.

Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact.

Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure.

Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m<sup>3</sup> to 150 mg/m<sup>3</sup>. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m<sup>3</sup>. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m<sup>3</sup>. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL.

Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected.

In humans, SAS is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin.

There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS.

Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.

**SILICA AMORPHOUS**

For silica amorphous:  
When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals.

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Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected.

In humans, SAS is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin.

There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS.

Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.

The substance is classified by IARC as Group 3:  
**NOT** classifiable as to its carcinogenicity to humans.  
Evidence of carcinogenicity may be inadequate or limited in animal testing.  
Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS]

**SILICA CRYSTALLINE - QUARTZ**

**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. 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.

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 required to make classification available  
 ✗ – Data available but does not fill the criteria for classification  
 ⊘ – Data Not Available to make classification

## Toxicity

Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

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.

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

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

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

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

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

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

For Aluminium and its Compounds and Salts:

Environmental Fate - As an element, aluminium cannot be degraded in the environment, but may undergo various precipitation or ligand exchange reactions. Aluminium in compounds has only one oxidation state (+3), and would not undergo oxidation-reduction reactions under environmental conditions. Aluminium can be complexed by various ligands present in the environment (e.g., fulvic and humic acids). The solubility of aluminium in the environment will depend on the ligands present and the pH.

Atmospheric Fate: Air Quality Standards: none available.

Aquatic Fate: The hydrated aluminium ion undergoes hydrolysis. The speciation of aluminium in water is pH dependent. The hydrated trivalent aluminium ion is the predominant form at pH levels below 4. Between pH 5 and 6, the predominant hydrolysis products are  $Al(OH)_2^+$  and  $Al(OH)_2^+$ , while the solid  $Al(OH)_3$  is most prevalent between pH 5.2 and 8.8. The soluble species  $Al(OH)_4^-$  is the predominant species above pH 9, and is the only species present above pH 10. Polymeric aluminium hydroxides appear between pH 4.7 and 10.5, and increase in size until they are transformed into colloidal particles of amorphous  $Al(OH)_3$ , which crystallize to gibbsite in acid waters. When enough silica is present, aluminium is precipitated as poorly crystallized clay mineral species. Hydroxylaluminium compounds can act as both acids and bases in solution. Because of this property, aluminium hydroxides can act as buffers and resist pH changes within the narrow pH range of 4-5. Polymeric aluminium species react slowly in the environment. Aluminium has a strong attraction to fluoride in an acidic environment. Within the pH range of 5 - 6, aluminium complexes with phosphate and is removed from the solution. This may result in depleted nutrient states in surface water.

Terrestrial Fate: Soil - Clay soils may act as a sink or a source for soluble aluminium depending on the degree of aluminium saturation on the clay surface. Soil Guideline: none available. Plants -

Plant species and cultivars of the same species differ considerably in their ability to take up and translocate aluminium to above-ground parts. Tea leaves may contain very high concentrations of aluminium, >5,000 mg/kg in old leaves. Other plants that may contain high levels of aluminium include clubmosses (also known as ground pines or creeping cedar), a few ferns, Sympllocos (Sympllocaceae), and Orites (Proteaceae). Aluminium is often taken up and concentrated in root tissue. In sub-alpine ecosystems, the large root biomass of the Douglas fir takes up aluminium and immobilizes it, preventing large accumulation in above-ground tissue. It is unclear to what extent aluminium is taken up into root food crops and leafy vegetables.

Ecotoxicity: Aluminium is toxic to many aquatic species thus it is not bioaccumulated to a significant degree in most fish and shellfish; therefore, consumption of contaminated fish does not appear to be a significant aluminium exposure in humans. Bioconcentration of aluminium has also been reported for several aquatic invertebrate species. Aluminium is highly toxic to fish, amphibians and planktonic crustaceans. Aluminium can affect the population growth of algal species with single-celled plants generally more sensitive to aluminium. Fish are generally more sensitive to aluminium than aquatic invertebrates due to gill toxication. The inorganic single unit aluminium species ( $Al(OH)_2^+$ ) is thought to be the most toxic at approximately neutral pH values, the toxicity of aluminium is greatly reduced. The solubility of aluminium is also enhanced under alkaline conditions and acute toxicity of aluminium increases from pH 7 to pH 9. However, the opposite relationship was found in other studies. The uptake and toxicity of aluminium in freshwater organisms generally decreases with increasing water hardness under acidic, neutral and alkaline conditions. Complexing agents such as fluoride, citrate and humic substances reduce the availability of aluminium to organisms, resulting in lower toxicity. Silicon can also reduce aluminium toxicity to fish.

For Amorphous Silica: Amorphous silica is chemically and biologically inert. It is not biodegradable.

Aquatic Fate: Due to its insolubility in water there is a separation at every filtration and sedimentation process. On a global scale, the level of man-made synthetic amorphous silicas (SAS) represents up to 2.4% of the dissolved silica naturally present in the aquatic environment and untreated SAS have a relatively low water solubility and an extremely low vapour pressure.

Biodegradability in sewage treatment plants or in surface water is not applicable to inorganic substances like SAS.

Terrestrial Fate: Crystalline and/or amorphous silicas are common on the earth in soils and sediments, and in living organisms (e.g. diatoms), but only the dissolved form is bioavailable. On the basis of these properties it is expected that SAS released into the environment will be distributed mainly into soil/sediment. Surface treated silica will be wetted then adsorbed onto soils and sediments.

Atmospheric Fate: SAS is not expected to be distributed into the air if released.

Ecotoxicity: SAS is not toxic to environmental organisms (apart from physical desiccation in insects). SAS presents a low risk for adverse effects to the environment.

For Silica:

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

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

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

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

For chromium:

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

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

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

Chromium ranges from slightly toxic to highly toxic in water fleas. Chromium is not expected to biomagnify in the aquatic food chain. Chromium (III) has very low solubility and low mobility in the environment and low toxicity in living organisms. In these forms, chromium is relatively soluble, mobile, and toxic to living organisms. Plants - Bioaccumulation of chromium from soil to above-ground parts of plants is unlikely. There is no indication of biomagnification of chromium along the terrestrial food chain (soil-plant-animal). Chromium concentration in plants may vary with geographic location. Soil - Chromium (VI) may be present in soil as chromate and chromic acid. The fate of chromium in soil is dependent upon the chromium species, which is a function of redox potential and soil pH. Most commonly, soil chromium is in the chromium (III) state. In deeper, anaerobic soils, chromium (VI) will be reduced to chromium (III) by disulfur and ferrous sulfate in soil. The reduction of chromium (VI) to chromium (III) is possible in aerobic soils that contain appropriate organic energy sources. The reduction of chromium (VI) to chromium (III) is facilitated by low pH. Chromium (VI) may exist in the aerobic zone of some natural soil. The oxidation of chromium (III) to chromium (VI) is facilitated by the presence of low oxidisable organic substances, oxygen, manganese dioxide, and moisture. However, when availability of mobile chromium (III) is low, a large portion of chromium in soil will not be oxidized to chromium (VI), even in the presence of magnesium dioxide and favorable pH. Organic forms of chromium (III) are more easily oxidized than insoluble oxides. Factors affecting the microbial reduction of chromium (VI) to chromium (III) include biomass concentration, initial chromium (VI) concentration, temperature, pH, carbon source, oxidation-reduction potential and the presence of both oxyanions and metal cations. Although high levels of chromium (VI) are toxic to most microbes, several resistant bacterial species have been identified which could ultimately be employed in remediation strategies. Most soil chromium is present mainly as insoluble chromium oxide and  $nH_2O$  and is not very mobile. Chromium was not found in leachate from soil, possibly because it formed complexes with organic matter. The leachability of chromium (VI) increases as soil pH increases. A small percentage of total chromium in soil exists as soluble chromium (VI) and chromium (III), which are more mobile in soil.

Sorption depends primarily on the clay content of the soil and, to a lesser extent, on the amount of iron oxide and the organic content. Ecotoxicity: Chromium irreversibly sorbed onto soil will not be bio-available to plants and animals under any condition.

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

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

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
silica amorphous	LOW	LOW

#### Bioaccumulative potential

Ingredient	Bioaccumulation
silica amorphous	LOW (LogKOW = 0.5294)

#### Mobility in soil

Ingredient	Mobility
silica amorphous	LOW (KOC = 23.74)

### 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 MSDS 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> <li>▶ Bury residue in an authorised landfill.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>
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### SECTION 14 TRANSPORT INFORMATION

#### Labels Required

<b>Marine Pollutant</b>	
<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

### SECTION 15 REGULATORY INFORMATION

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

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

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

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

##### BLAST FURNACE SLAG(65996-69-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

##### SILICA AMORPHOUS(7631-86-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards  
Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)  
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

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

Australia Exposure Standards  
Australia Hazardous Substances Information System - Consolidated Lists

Australia Inventory of Chemical Substances (AICS)  
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

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

## SECTION 16 OTHER INFORMATION

### Other information

#### Ingredients with multiple cas numbers

Name	CAS No
silica amorphous	112926-00-8, 112945-52-5, 60676-86-0, 61790-53-2, 67762-90-7, 68611-44-9, 68909-20-6, 69012-64-2, 7631-86-9, 844491-94-7, 91053-39-3
silica crystalline - quartz	122304-48-7, 122304-49-8, 12425-26-2, 1317-79-9, 14808-60-7, 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](http://www.chemwatch.net)

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. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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