

# ACS Floor Maestro Self Levelling Compound

## Applied Concrete Solutions

Chemwatch: 5467-46

Version No: 2.1.5.1

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

Chemwatch Hazard Alert Code: 3

Issue Date: 20/05/2021

Print Date: 20/05/2021

S.GHS.AUS.EN

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

#### Product Identifier

Product name	ACS Floor Maestro Self Levelling Compound
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Construction materials.
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#### Details of the supplier of the safety data sheet

Registered company name	Applied Concrete Solutions
Address	Corner Riverland and Monte-Khoury Drive Loganholme QLD 4129 Australia
Telephone	1800 077 744 (07) 3412 8111
Fax	Not Available
Website	<a href="http://www.appliedconcretesolutions.com.au/">http://www.appliedconcretesolutions.com.au/</a>
Email	acs@riversands.com.au

#### Emergency telephone number

Association / Organisation	Applied Concrete Solutions
Emergency telephone numbers	1800 077 744
Other emergency telephone numbers	Not Available

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

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

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Carcinogenicity Category 1A, Specific target organ toxicity - repeated exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### Label elements

Hazard pictogram(s)	
Signal word	Danger

#### Hazard statement(s)

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H350	May cause cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

#### Supplementary statement(s)

ACS Floor Maestro Self Levelling Compound

Not Applicable

**Precautionary statement(s) Prevention**

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection/hearing protection.
P272	Contaminated work clothing should not be allowed out of the workplace.

**Precautionary statement(s) Response**

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

**Precautionary statement(s) Storage**

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

**Precautionary statement(s) Disposal**

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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**SECTION 3 Composition / information on ingredients**

**Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
14808-60-7	30-60	<u>silica crystalline - quartz</u>
65997-16-2	10-30	<u>calcium aluminate cement</u>
65997-15-1	10-30	<u>portland cement</u>
7778-18-9	1-10	<u>calcium sulfate</u>
Not Available	balance	Ingredients determined not to be hazardous

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

**SECTION 4 First aid measures**

**Description of first aid measures**

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

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

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

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

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

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

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

**SECTION 5 Firefighting measures****Extinguishing media**

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

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

<b>Fire Incompatibility</b>	None known.
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**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles.</li> <li>▶ When heated to extreme temperatures, (&gt;1700 deg.C) amorphous silica can fuse.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of: silicon dioxide (SiO<sub>2</sub>) metal oxides</p> <p>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. May emit poisonous fumes. May emit corrosive fumes.</p>
<b>HAZCHEM</b>	Not Applicable

**SECTION 6 Accidental release measures****Personal precautions, protective equipment and emergency procedures**

See section 8

**Environmental precautions**

See section 12

**Methods and material for containment and cleaning up**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up waste regularly and abnormal spills immediately.</li> <li>▶ Avoid breathing dust and contact with skin and eyes.</li> <li>▶ Wear protective clothing, gloves, safety glasses and dust respirator.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Vacuum up or sweep up. <b>NOTE:</b> Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).</li> <li>▶ Dampen with water to prevent dusting before sweeping.</li> <li>▶ Place in suitable containers for disposal.</li> </ul>
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ACS Floor Maestro Self Levelling Compound

<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by all means available, spillage from entering drains or water courses.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse / absorb vapour.</li> <li>▶ Contain or absorb spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>
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Personal Protective Equipment advice is contained in Section 8 of the SDS.

**SECTION 7 Handling and storage**

**Precautions for safe handling**

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<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 SDS.</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> </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	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	calcium sulfate	Calcium sulphate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

**Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	0.075 mg/m3	33 mg/m3	200 mg/m3

  

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
calcium aluminate cement	Not Available	Not Available

## ACS Floor Maestro Self Levelling Compound

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m <sup>3</sup>	Not Available
calcium sulfate	Not Available	Not Available

## Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium aluminate cement	E	≤ 0.01 mg/m <sup>3</sup>

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

## Exposure controls

<p><b>Appropriate engineering controls</b></p>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. 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> <ul style="list-style-type: none"> <li>▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.</li> <li>▶ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.</li> <li>▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.</li> <li>▶ Open-vessel systems are prohibited.</li> <li>▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.</li> <li>▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</li> <li>▶ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas).</li> <li>▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air.</li> <li>▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.</li> </ul>
<p><b>Personal protection</b></p>	
<p><b>Eye and face protection</b></p>	<ul style="list-style-type: none"> <li>▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> <li>▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.</li> <li>▶ Alternatively a gas mask may replace splash goggles and face shields.</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>
<p><b>Skin protection</b></p>	<p>See Hand protection below</p>
<p><b>Hands/feet protection</b></p>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term</li> </ul>

## ACS Floor Maestro Self Levelling Compound

	<p>use.</p> <ul style="list-style-type: none"> <li>Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>Excellent when breakthrough time &gt; 480 min</li> <li>Good when breakthrough time &gt; 20 min</li> <li>Fair when breakthrough time &lt; 20 min</li> <li>Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>polychloroprene.</li> <li>nitrile rubber.</li> <li>butyl rubber.</li> <li>fluorocautchouc.</li> <li>polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.</li> <li>Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>Overalls.</li> <li>P.V.C apron.</li> <li>Barrier cream.</li> <li>Skin cleansing cream.</li> <li>Eye wash unit.</li> </ul>

**Respiratory protection**

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

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

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

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

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required. Class P3 particulate filters are used for protection against highly toxic or highly irritant inorganic particulates.

Continued...

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Grey powder with no odour; insoluble in water.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	2.7
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Applicable
<b>Initial boiling point and boiling range (°C)</b>	Not Applicable	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Applicable	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 Stability and reactivity

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

## SECTION 11 Toxicological information

### Information on toxicological effects

<b>Inhaled</b>	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Levels above 10 micrograms per cubic metre of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible people.</p> <p>Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be damaging to the health of the individual. Chromate salts are corrosive and produce cellular damage to tissue. Ingestion may produce inflammation of the digestive tract, nausea, vomiting and abdominal pain.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
<b>Skin Contact</b>	<p>This material can cause inflammation of the skin on contact in some persons.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation.</p> <p>Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin</p>



## ACS Floor Maestro Self Levelling Compound

	<p>cancer are significantly related.</p> <p>Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>								
<b>Eye</b>	If applied to the eyes, this material causes severe eye damage.								
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. There is ample evidence that this material can be regarded as being able to cause cancer in humans based on experiments and other information.</p> <p>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.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm.</p> <p>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.</p> <p>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)</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement.</p> <p>Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].</p> <p>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.</p> <p>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.</p> <p>Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996</p> <p>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.</p> <p>Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).</p> <p>Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.</p> <p>Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.</p> <p>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.</p> <p>Chromium (III) is an essential trace mineral. Chronic exposure to chromium (III) irritates the airways, malnourishes the liver and kidneys, causes fluid in the lungs, and adverse effects on white blood cells, and also increases the risk of developing lung cancer.</p> <p>Harmful: danger of serious damage to health by prolonged exposure through inhalation.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p>								
<b>ACS Floor Maestro Self Levelling Compound</b>	<table border="1"> <thead> <tr> <th>TOXICITY</th> <th>IRRITATION</th> </tr> </thead> <tbody> <tr> <td>Not Available</td> <td>Not Available</td> </tr> </tbody> </table>	TOXICITY	IRRITATION	Not Available	Not Available				
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TOXICITY	IRRITATION								
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TOXICITY	IRRITATION								
Not Available	Not Available								



ACS Floor Maestro Self Levelling Compound

calcium sulfate	<b>TOXICITY</b>	<b>IRRITATION</b>
	Inhalation(Rat) LC50; >3.26 mg/4h <sup>[1]</sup> Oral(Rat) LD50; >1581 mg/kg <sup>[1]</sup>	Not Available

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

<b>SILICA CRYSTALLINE - QUARTZ</b>	<p><b>WARNING:</b> For inhalation exposure <u>ONLY</u>: This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b></p> <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (&lt;5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.</p> <p>* Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.</p>
<b>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>
<b>CALCIUM SULFATE</b>	<p>Gypsum (calcium sulfate dehydrate) irritates the skin, eye, mucous membranes, and airways. A series of studies involving Gypsum industry workers in Poland reported chronic, non-specific airways diseases. Repeat dose toxicity: Examination of workers at a gypsum manufacturing plant found restrictive defects on long-function tests in those who were chronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to be protective on quartz toxicity in animal testing. On the other hand, it tended to aggravate tuberculosis in animals. Cytotoxicity: Tests results regarding cytotoxicity have been negative. Cancer-causing potential: Tests involving animals produced mixed results; no causal relationship between gypsum and tumour formation was found. Genetic toxicity: Test on bacterial cells have shown negative results. Developmental toxicity: In animal testing, developmental toxicity was not seen.</p>
<b>CALCIUM ALUMINATE CEMENT &amp; PORTLAND CEMENT &amp; CALCIUM SULFATE</b>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p>
<b>CALCIUM ALUMINATE CEMENT &amp; PORTLAND CEMENT</b>	<p>No significant acute toxicological data identified in literature search.</p>

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

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

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
ACS Floor Maestro Self Levelling Compound	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available
calcium aluminate cement	NOEC(ECx)	72h	Algae or other aquatic plants	2.6mg/l	2
	EC50	72h	Algae or other aquatic plants	3.6mg/l	2
	LC50	96h	Fish	>100mg/l	2

ACS Floor Maestro Self Levelling Compound

	EC50	48h	Crustacea	5.4mg/l	2
portland cement	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
calcium sulfate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	0.25h	Fish	75mg/l	4
	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2

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

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

**Persistence and degradability**

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

**Bioaccumulative potential**

Ingredient	Bioaccumulation
calcium sulfate	LOW (LogKOW = -2.2002)

**Mobility in soil**

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)

**SECTION 13 Disposal considerations**

**Waste treatment methods**

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT</b> allow wash water from cleaning or process equipment to enter drains.</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>	NO
<b>HAZCHEM</b>	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
silica crystalline - quartz	Not Available
calcium aluminate cement	Not Available
portland cement	Not Available
calcium sulfate	Not Available

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

Product name	Ship Type
silica crystalline - quartz	Not Available
calcium aluminate cement	Not Available
portland cement	Not Available
calcium sulfate	Not Available

## SECTION 15 Regulatory information

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

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

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

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

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

#### calcium aluminate cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

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

Australian Inventory of Industrial Chemicals (AIIC)

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

Australian Inventory of Industrial Chemicals (AIIC)

### National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica crystalline - quartz; calcium aluminate cement; portland cement; calcium sulfate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (calcium aluminate cement; portland cement)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (calcium aluminate cement)
Vietnam - NCI	Yes
Russia - FBEPH	No (calcium aluminate cement)
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

## SECTION 16 Other information

<b>Revision Date</b>	20/05/2021
<b>Initial Date</b>	20/05/2021

### SDS Version Summary

Version	Date of Update	Sections Updated
2.1.2.1	26/04/2021	Regulation Change
2.1.3.1	03/05/2021	Regulation Change
2.1.4.1	06/05/2021	Regulation Change
2.1.5.1	10/05/2021	Regulation Change
2.1.5.1	20/05/2021	Classification

### Other information

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

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

### Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average  
PC—STEL: Permissible Concentration-Short Term Exposure Limit  
IARC: International Agency for Research on Cancer  
ACGIH: American Conference of Governmental Industrial Hygienists  
STEL: Short Term Exposure Limit  
TEEL: Temporary Emergency Exposure Limit  
IDLH: Immediately Dangerous to Life or Health Concentrations  
ES: Exposure Standard  
OSF: Odour Safety Factor  
NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

AiIC: Australian Inventory of Industrial Chemicals

DSL: Domestic Substances List

NDSL: Non-Domestic Substances List

IECSC: Inventory of Existing Chemical Substance in China

EINECS: European INventory of Existing Commercial chemical Substances

ELINCS: European List of Notified Chemical Substances

NLP: No-Longer Polymers

ENCS: Existing and New Chemical Substances Inventory

KECI: Korea Existing Chemicals Inventory

NZIoC: New Zealand Inventory of Chemicals

PICCS: Philippine Inventory of Chemicals and Chemical Substances

TSCA: Toxic Substances Control Act

TCSI: Taiwan Chemical Substance Inventory

INSQ: Inventario Nacional de Sustancias Químicas

NCI: National Chemical Inventory

FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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