

Dunlop Floor Repairer Rapid Patch Ardex (Ardex Australia)

Chemwatch: **40-9733** Version No: **5.1.10.8** Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements Issue Date: 22/02/2021

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

Product Identifier

Product name	Dunlop Floor Repairer Rapid Patch
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 Rapid drying repair mortar for internal use.

Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)
Address	20 Powers Road Seven Hills NSW 2147 Australia
Telephone	1800 224 070
Fax	1300 780 102
Website	www.ardexaustralia.com
Email	technicalservices@ardexaustralia.com

Emergency telephone number

Association / Organisation	Ardex (Ardex Australia)	
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)	
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.

ChemWatch Hazard Ratings

	Min	Max	
Flammability	0		
Toxicity	0		0 = Minimum
Body Contact	3		1 = Low
Reactivity	0		2 = Moderate
Chronic	2	1	3 = High 4 = Extreme

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



Signal word Dange

Hazard statement(s)

H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H341	Suspected of causing genetic defects.
H315	Causes skin irritation.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing dust/fumes.

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.	

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

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

SECTION 3 Composition / information on ingredients

P501

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7.	<60	graded sand
65997-16-2	<60	calcium aluminate cement
65997-15-1	<10	portland cement
471-34-1	<10	calcium carbonate
7778-18-9	<30	calcium sulfate
Legend:	1. Classified by Chernwatch; 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

Eye Contact	 If this product comes in contact with the eyes: Immediately hold eyelids apart and flush the eye continuously with running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	 If skin or hair contact occurs: Immediately flush body and clothes with large amounts of water, using safety shower if available. Quickly remove all contaminated clothing, including footwear. Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. Transport to hospital, or doctor.
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained.

	Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay.
Ingestion	 Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK. At least 3 tablespoons in a glass of water should be given. Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded due to the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor. NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear protective gloves when inducing vomiting. REFER FOR MEDICAL ATTENTION WITHOUT DELAY. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. (ICSC20305/20307)

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 that 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	 Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. Decomposition may produce toxic fumes of: sulfur oxides (SOx)

Fire/Explosion nazaru	May emit corrosive fumes.
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	 Clean up all spills immediately. Avoid breathing dust and contact with skin and eyes. Wear protective clothing, gloves, safety glasses and dust respirator. Use dry clean up procedures and avoid generating dust.
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.

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

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Dunlop Floor Repairer Rapid Patch

Precautions for safe handling

l extremes. containers.

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Suitable container	 Polyethylene or polypropylene container. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	 Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. Avoid contact with copper, aluminium and their alloys.

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	graded sand	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 carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	calcium sulfate	Calcium sulphate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

Emergency Limits					
Ingredient	TEEL-1	TEEL-1 TEEL-2		TEEL-3	
graded sand	0.075 mg/m3	0.075 mg/m3 33 mg/m3		200 mg/m3	
calcium carbonate	45 mg/m3	210 mg/m3		1,300 mg/m3	
Ingredient	Original IDLH	Original IDLH		Revised IDLH	
graded sand	25 mg/m3 / 50 mg/m3		Not Avai	Not Available	
calcium aluminate cement	Not Available		Not Available		
portland cement	5,000 mg/m3	5,000 mg/m3		Not Available	
calcium carbonate	Not Available		Not Available		
calcium sulfate	Not Available		Not Avai	lable	

Occupational Exposure Banding				
Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit		
calcium aluminate cement	E	≤ 0.01 mg/m³		
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

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.
Personal protection	
Eye and face protection	 Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. Chemical goggles.whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. Alternatively a gas mask may replace splash goggles and face shields.
Skin protection	See Hand protection below

Hands/feet protection	 Elbow length PVC gloves NOTE: The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice. Personal hygiene is a key element of effective hand care. Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. polychloroprene. hittile rubber. butyl rubber.
Body protection	See Other protection below
Other protection	 Overalls. P.V.C apron. Barrier cream. Skin cleansing cream.

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(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).

Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.

Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.

• Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)

• Use approved positive flow mask if significant quantities of dust becomes airborne.

• Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Dark grey powder; insoluble 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 Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	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 Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Applicable

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
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

Note nearrow is a biace do to non-vector lands in a land of protoct Note nearrow is a land of does to support the land and the land of	-			
Image:	Inhaled	There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack co-ordination, and vertigo. Inhalation of dusts, generated by the material during the course of normal handling, may produce severe damage to the health of the individual Relatively small amounts absorbed from the lungs may prove fatal. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disab if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result		
There is strong evidence to suggest that this material; on a single contact with skin, can cause very serious, inverselble damage of organs. The material may accentuate any pro-existing demantilis condition. Skin contact may result in severe infisition particularly to broken skin. Ulceration known as "chome ulcers" may develop. Chome ulcers and skin cancer are significantly related. Handling wet cement can cause demantilis. Cement whe wet is quite akaline and this akkii acit on on the skin contributes strongly to cement contact demantiatis tione it may cause driving and delating of the skin which is followed by hardening, cracking, lesions developing, possible infections of beions and penetration by soluble salts. Solution of material in moisture on the skin, or perspiration, may increase infant dfects Ervin to the biod stream, fincong, for example, cut, scharsions or folsens, may produes systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any extend damage is suitably protected. I appleted to the oyse, this material causes serve oye damage. Long-tem exposure to respiratory infants may result in always disease, involving difficulty breathing and related whole-body problems. Storg evidence exclusing in the material is more care in the material is more care in the solution in some persons containing a single exposure. Substance accumutation, in the furnam body, may occur and may cause some concern lolowing repeated to indip term occupational exposure. Substance accumutation, in the interna body may cause a sensitistion material in units of the outh not into show the solution exposure to target intervolution in another and the coston in another. Both studees showed the substance may cause inversable and ung cancer in another. Both studees showed the substance is an evidence to the intervolution materials from all cuteros. Substance accumutation, in the human body, may occur and may cause some content indowing repeated in co	Ingestion	Not normally a hazard due to the physical form of product.	The material is a physical irritant to the gastro-intestinal tract	
Chronic Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure. Skin contact with the material is more likely to cause a semesitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. 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 mortalily study of workers in a wollastorite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium innositicate mineral (CaSO). Cement contact dematitis (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 products. Soluble chromates (chromate compounds) present in trace amounts in some cement products. Soluble chromates (chromate compounds) present in trace amounts in some cements products. Soluble chromates (chromate compounds) present in trace amounts in some cement products. Soluble chromates (chromate compounds) present in may cause localised necrosis. Pure calcium carbonate does not cause the disease pneumoconicis probably due to its rapid elimination from the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation. High blood concentrations of calcium in may give rise to diation of blood vessels and depress heart function, leading to low blood pressure and fainting (syncope). Calcium ions enhan	Skin Contact	There is strong evidence to suggest that this material, on a The material may accentuate any pre-existing dermatitis c Skin contact may result in severe irritation particularly to b cancer are significantly related. Handling wet cement can cause dermatitis. Cement when contact dermatitis since it may cause drying and defatting infections of lesions and penetration by soluble salts. Open cuts, abraded or irritated skin should not be exposed Solution of material in moisture on the skin, or perspiration Entry into the blood-stream, through, for example, cuts, abra	a single contact with skin, can cause very serious, irreversible damage of organs. ondition roken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin wet is quite alkaline and this alkali action on the skin contributes strongly to cement of the skin which is followed by hardening, cracking, lesions developing, possible d to this material n, may increase irritant effects rrasions or lesions, may produce systemic injury with harmful effects. Examine the skin	
Strong evidence exists that this substance may cause inverse/sible mutations (though not lethal) even following a single exposure. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. 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 itanium dioxide but less toxic than asbestos. Ceremet contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to to solide chromates (chromate compounds) present in trace amounts in some cerents and ceremet products. Soluble chromates (chromate ore cytotoxic than ittrace amounts). Some ceremets and ceremet products. Soluble chromates (chromate ore cytotaxic than ittrace amounts in some cerents and ceremet products. Soluble chromates compounds) present in trace amounts in some cerents and ceremet products. Soluble chromates compounds) present in trace amounts in some cerents and ceremet products. Soluble contact set (chromate oregonic) in any give response, which may progress to sensitisation. Sensitisation and give response to solubally due to its rapid elimination from the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation. Purce calcium carbonate does not cause the disease pneumoconiosis probably due to its rapid elimination. Form the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation. Intervention is and element of any inflammation. Purce calcium carbonate does not cause the disease pneumoconiosis probably due	Eye	If applied to the eyes, this material causes severe eye dan	nage.	
During Frider Reparts Not Available Not Available Patch TOXICITY IRRITATION Oral(Rat) LD50; 500 mg/kg ^[2] Not Available TOXICITY IRRITATION IRRITATION IRRITATION	Chronic	Strong evidence exists that this substance may cause irre- Skin contact with the material is more likely to cause a ser Substance accumulation, in the human body, may occur a Red blood cells and rabbit alveolar macrophages exposed in another. Both studies showed the substance to be more In a small cohort mortality study of workers in a wollastonit were lower than expected. Wollastonite is a calcium inosili Cement contact dernatitis (CCD) may occur when contact to soluble chromates (chromate compounds) present in tra penetrate intact skin. Cement dermatitis can be characteri- highly alkaline mixtures may cause localised necrosis. Pure calcium carbonate does not cause the disease pneuu particulates can infect the lung and airway to cause inflam High blood concentrations of calcium ion may give rise to i fainting (syncope). Calcium ions enhance the effects of dig the absorption of tetracyclines. In newborns, giving calciur Overexposure to the breathable dust may cause coughing include decreased vital lung capacity and chest infections. a condition known as pneumoconiosis, which is the lodger when a significant number of particles less than 0.5 micror Levels above 10 micrograms per cubic metre of suspende	versible mutations (though not lethal) even following a single exposure. isitisation reaction in some persons compared to the general population. Ind may cause some concern following repeated or long-term occupational exposure. It o calcium silicate insulation materials in vitro showed haemolysis in one study but not e cytotxic than titanium dioxide but less toxic than asbestos. It quary, the observed number of deaths from all cancers combined and lung cancer cate mineral (CaSiO3). It shows an allergic response, which may progress to sensitisation. Sensitisation is due ace amounts in some cements and cement products. Soluble chromates readily sed by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with moconiosis probably due to its rapid elimination from the body. However, its unsterilised mation. dilation of blood vessels and depress heart function, leading to low blood pressure and gitalis on the heart, and may precipitate digitalis poisoning. Calcium salts also reduce n during treatment has resulted in calcification of soft tissue. , wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may Repeated exposures in the workplace to high levels of fine-divided dusts may produce nent of any inhaled dusts in the lung, irrespective of the effect. This is particularly true to (1/50000 inch) are present.	
Image: stand line TOXICITY IRRITATION Oral(Rat) LD50; 500 mg/kg ^[2] Not Available TOXICITY IRRITATION	Dunlop Floor Repairer Rapid	ΤΟΧΙΟΙΤΥ	IRRITATION	
graded sand Oral(Rat) LD50; 500 mg/kg ^[2] Not Available TOXICITY IRRITATION		Not Available	Not Available	
Oral(Rat) LD50; 500 mg/kg ^[2] Not Available TOXICITY IRRITATION		ΤΟΧΙΟΙΤΥ	IRRITATION	
	graded sand	Oral(Rat) LD50; 500 mg/kg ^[2]	Not Available	
calcium aluminate cement dermal (rat) LD50: >2000 mg/kg ^[1] Not Available		ΤΟΧΙΟΙΤΥ	IRRITATION	
	calcium aluminate cement	dermal (rat) LD50: >2000 mg/kg ^[1]	Not Available	

	Inhalation(Rat) LC50; 1.9 mg/l4h ^[1]	
	Oral(Rat) LD50; >2000 mg/kg ^[1]	
	ΤΟΧΙΟΙΤΥ	IRRITATION
portland cement	Not Available	Not Available
	ΤΟΧΙΟΙΤΥ	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
calcium carbonate	Inhalation(Rat) LC50; >3 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating) ^[1]
	ΤΟΧΙΟΙΤΥ	IRRITATION
calcium sulfate	Inhalation(Rat) LC50; >3.26 mg/l4h ^[1]	Not Available
	Oral(Rat) LD50; >1581 mg/kg ^[1]	
Legend:	1. Value obtained from Europe ECHA Registered Substant specified data extracted from RTECS - Register of Toxic E	ces - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise ffect of chemical Substances

PORTLAND CEMENT	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important.			
CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.			
CALCIUM SULFATE	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.			
GRADED SAND & CALCIUM ALUMINATE CEMENT & PORTLAND CEMENT	No significant acute toxicological data identified in literature search.			
CALCIUM ALUMINATE CEMENT & PORTLAND CEMENT & CALCIUM CARBONATE & CALCIUM SULFATE	Asthma-like symptoms may continue for months or ex known as reactive airways dysfunction syndrome (RA criteria for diagnosing RADS include the absence of p asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sev lymphocytic inflammation, without eosinophilia.	ADS) which can occur after exposure to previous airways disease in a non-atop pocumented exposure to the irritant. Oth	b high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible	
Acute Toxicity	×	Carcinogenicity	×	
Skin Irritation/Corrosion	×	Reproductivity	×	
Serious Eye Damage/Irritation	×	STOT - Single Exposure	×	
Respiratory or Skin sensitisation	*	STOT - Repeated Exposure	×	
Selisitisation				

Data either not available or does not fill the criteri
 Data available to make classification

SECTION 12 Ecological information

	Endpoint	Test Duration (hr)	Species	Value	Source
Dunlop Floor Repairer Rapid Patch	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
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
	EC50	48h	Crustacea	5.4mg/l	2

	Endpoint	Test Duration (hr)	Species	Value	Source
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	6h	Fish	4-320mg/l	4
calcium carbonate	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	0.25h	Fish	75mg/l	4
calcium sulfate	EC50	72h	Algae or other aquatic plants >79mg/		2
	LC50	96h	Fish	>79mg/l	2
Legend:	V3.12 (QSAR)	1. IUCLID Toxicity Data 2. Europe ECHA Registe - Aquatic Toxicity Data (Estimated) 4. US EPA, E lapan) - Bioconcentration Data 7. METI (Japan) -	cotox database - Aquatic Toxicity Data 5. EC		

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	
Product / Packaging disposal	 Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. 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. A Hierarchy of Controls seems to be common - the user should investigate: Reduction Reuse Recycling Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. DO NOT allow wash water from cleaning or process equipment to enter drains. It may be necessary to collect all wash water for treatment before disposal. Where in doubt contact the responsible authority. Recycle wherever possible or consult manufacturer for recycling options. Consult State Land Waste Management Authority for disposal. Bury residue in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	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

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

Group
Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
graded sand	Not Available
calcium aluminate cement	Not Available
portland cement	Not Available
calcium carbonate	Not Available
calcium sulfate	Not Available

SECTION 15 Regulatory information

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

graded sand 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)

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 carbonate 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 (graded sand; 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)	
Legend:	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

Revision Date	22/02/2021
Initial Date	17/01/2014

SDS Version Summary

Version	Date of Update	Sections Updated
4.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

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

Version	Date of Update	Sections Updated
5.1.1.1	22/02/2021	Disposal
5.1.2.1	26/04/2021	Regulation Change
5.1.3.1	03/05/2021	Regulation Change
5.1.4.1	06/05/2021	Regulation Change
5.1.5.1	10/05/2021	Regulation Change
5.1.5.2	30/05/2021	Template Change
5.1.5.3	04/06/2021	Template Change
5.1.5.4	05/06/2021	Template Change
5.1.6.4	07/06/2021	Regulation Change
5.1.6.5	09/06/2021	Template Change
5.1.6.6	11/06/2021	Template Change
5.1.6.7	15/06/2021	Template Change
5.1.7.7	17/06/2021	Regulation Change
5.1.8.7	21/06/2021	Regulation Change
5.1.8.8	05/07/2021	Template Change
5.1.9.8	14/07/2021	Regulation Change
5.1.10.8	19/07/2021	Regulation Change

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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end of SDS