



Dunlop Tile Pointing Ardex (Ardex Australia)

Chemwatch Hazard Alert Code: 3

Chemwatch: 5419-66

Version No: 4.1

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

Issue Date: 23/12/2022

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

Product Identifier

Product name	Dunlop Tile Pointing
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	Water based flexible pointing compound with excellent adhesion to glazed roof tiles.
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Details of the manufacturer or 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	1	1	
Toxicity	0	0	0 = Minimum
Body Contact	0	0	1 = Low
Reactivity	1	1	2 = Moderate
Chronic	3	3	3 = High
			4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Sensitisation (Skin) Category 1A, Serious Eye Damage/Eye Irritation Category 2A, Carcinogenicity Category 1A, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Dunlop Tile Pointing

Hazard pictogram(s)	
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Signal word	Danger
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Hazard statement(s)

H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H350	May cause cancer.
H412	Harmful to aquatic life with long lasting effects.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing mist/vapours/spray.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

P405	Store locked up.
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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.	>60	<u>graded sand</u>
14808-60-7	0-5	<u>silica crystalline - quartz</u>
330-54-1	<1	<u>diuron</u>
10605-21-7	<1	<u>carbendazim</u>
2682-20-4	<1	<u>2-methyl-4-isothiazolin-3-one</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

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ 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.

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Inhalation	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. ▶ For advice, contact a Poisons Information Centre or a doctor. ▶ Urgent hospital treatment is likely to be needed. ▶ 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. <p>Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:</p> <ul style="list-style-type: none"> ▶ INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. <p>NOTE: Wear a protective glove when inducing vomiting by mechanical means.</p>

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use water delivered as a fine spray to control fire and cool adjacent area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ If safe to do so, remove containers from path of fire. ▶ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Combustible. ▶ Slight fire hazard when exposed to heat or flame. ▶ Heating may cause expansion or decomposition leading to violent rupture of containers. ▶ On combustion, may emit toxic fumes of carbon monoxide (CO). ▶ May emit acrid smoke. ▶ Mists containing combustible materials may be explosive. <p>Combustion products include: carbon dioxide (CO₂) nitrogen oxides (NO_x) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid contact with skin and eyes. ▶ Wear impervious gloves and safety goggles. ▶ Trowel up/scrape up. ▶ Place spilled material in clean, dry, sealed container. ▶ Flush spill area with water.
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Major Spills	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all means available, spillage from entering drains or water courses. ▶ Consider evacuation (or protect in place). ▶ No smoking, naked lights or ignition sources. ▶ Increase ventilation. ▶ Stop leak if safe to do so. ▶ Water spray or fog may be used to disperse / absorb vapour. ▶ Contain or absorb spill with sand, earth or vermiculite. ▶ Collect recoverable product into labelled containers for recycling. ▶ Collect solid residues and seal in labelled drums for disposal. ▶ Wash area and prevent runoff into drains. ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. ▶ If contamination of drains or waterways occurs, advise emergency services.
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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

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

Conditions for safe storage, including any incompatibilities

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

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	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	diuron	Diuron	10 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

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

Ingredient	Original IDLH	Revised IDLH
graded sand	25 mg/m3 / 50 mg/m3	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
diuron	Not Available	Not Available
carbendazim	Not Available	Not Available
2-methyl-4-isothiazolin-3-one	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
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Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
carbendazim	E	≤ 0.01 mg/m ³
2-methyl-4-isothiazolin-3-one	D	> 0.01 to ≤ 0.1 mg/m ³
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.	

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<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"> ▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area. ▶ 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. ▶ 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. ▶ Open-vessel systems are prohibited. ▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation. ▶ 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. ▶ 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. ▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas). ▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air. ▶ 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.
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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. [AS/NZS 1337.1, EN166 or national equivalent] ▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. ▶ Alternatively a gas mask may replace splash goggles and face shields. ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].
Skin protection	See Hand protection below
Hands/feet protection	▶ Elbow length PVC gloves
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ 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] ▶ 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] ▶ 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. ▶ 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. ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. <ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Recommended material(s)

GLOVE SELECTION INDEX

Respiratory protection

Type BKAX-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 &

Continued...

Dunlop Tile Pointing

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

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Material	CPI
BUTYL	A
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NEOPRENE	C
NEOPRENE/NATURAL	C
NITRILE	C
PE	C
PE/EVAL/PE	C
PVA	C
PVC	C
TEFLON	C
VITON	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

149:2001, ANSI Z88 or national equivalent)

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

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	BKAX-AUS P2	-	BKAX-PAPR-AUS / Class 1 P2
up to 50 x ES	-	BKAX-AUS / Class 1 P2	-
up to 100 x ES	-	BKAX-2 P2	BKAX-PAPR-2 P2 ^

^ - Full-face

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

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

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

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ Unstable in the presence of incompatible materials. ▶ Product is considered stable. ▶ Hazardous polymerisation will not occur.

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Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.
Skin Contact	Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).
Chronic	On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive. Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cause occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

Dunlop Tile Pointing	TOXICITY	IRRITATION
	Not Available	Not Available
graded sand	TOXICITY	IRRITATION
	Oral (Rat) LD50: 500 mg/kg ^[2]	Not Available
silica crystalline - quartz	TOXICITY	IRRITATION
	Oral (Rat) LD50: 500 mg/kg ^[2]	Not Available
diuron	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Inhalation(Rat) LC50: >5.05 mg/4h ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
carbendazim	TOXICITY	IRRITATION
	dermal (rat) LD50: 2000 mg/kg ^[2]	Eye (rabbit): non-irritating *
	Oral (Dog) LD50; >2500 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1] Skin (rabbit): non-irritating * Skin: no adverse effect observed (not irritating) ^[1]
2-methyl-4-isothiazolin-3-one	TOXICITY	IRRITATION
	dermal (rat) LD50: 242 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
	Inhalation(Rat) LC50: 0.1 mg/4h ^[1]	Skin: adverse effect observed (corrosive) ^[1]
2-methyl-4-isothiazolin-3-one	TOXICITY	IRRITATION
	Oral (Rat) LD50: 120 mg/kg ^[1]	

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

<p>SILICA CRYSTALLINE - QUARTZ</p>	<p>WARNING: For inhalation exposure <u>ONLY</u>: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS</p> <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.</p> <p>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).</p> <p>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>
<p>DIURON</p>	<p>Note: Equivocal animal tumorigenic agent by RTECS criteria. NOTE: This substance may contain impurities (tetrachloroazobenzene and tetrachloroazoxybenzene). Maximum impurity levels are proscribed under various jurisdictions ADI: 0.006 mg/kg/day NOEL: 0.625 mg/kg/day Diuron is absorbed readily through the gut and lungs while uptake through the skin is more limited. It is slightly toxic to mammals but juveniles are more susceptible than adults(18). The oral LD50 in rats is 3-4 g/kg and the dermal LD50 is > 2 g/kg(19). An early study indicated that animals fed protein-deficient diets were considerably more vulnerable to diuron toxicity; rats fed a diet of 3% protein were five times more sensitive to diuron. Exposure to sub-lethal doses of diuron causes formation of methaemoglobin, an abnormal form of the protein haemoglobin which carries oxygen in the blood. Diuron can decrease the number of red blood cells (RBCs), increase the number of abnormally shaped RBCs, and increase the number of white blood cells. Diuron may cause the spleen to become congested due to the increased demand to remove damaged RBCs. Increases in liver size are also observed and are indicative of the extra load placed on this organ, the body's major site of detoxification. Diuron can also cause eye and skin irritation.</p> <p>Diuron contains two significant impurities from the manufacturing process 3,3',4,4'-tetrachloroazobenzene (TCAB) and 3,3',4,4'-tetrachloroazoxybenzene (TCAOB), both potent 'dioxin-like' substances. TCAB levels between 0.15 and 28 ppm have been found in diuron samples tested. TCAOB is present at lower levels. Both TCAB and TCAOB cause chloracne a serious skin disease</p> <p>Carcinogenicity: The US Environmental Protection Agency (EPA) has classified diuron as a 'known/likely' carcinogen since 1997 based on the results of two studies. One study on rats indicated that both males and females fed diuron had a higher incidence of bladder cancer than control animals. The male rats in this study also had a higher incidence of kidney cancer than the control animals. In a study of mice animals with higher exposures had more breast cancer</p> <p>Mutagenicity: There is conflicting evidence on whether diuron can cause mutations</p> <p>Developmental Toxicity: Rats fed relatively high levels (125 mg/kg/day) of diuron produced offspring with delayed bone formation(26) and other studies indicate that similar levels of diuron reduce birth weight. The US Toxics Release Inventory list diuron as a developmental toxin In mammals, metabolism principally occurs through hydroxylation and dealkylation.</p> <p>Metabolites. Breakdown of this compound is similar in animals, plants and soil. The first step is N-demethylation followed by ring cleavage. The main breakdown product of diuron is 3,4-dichloroaniline(3,4-DCA). The oral LD50 of 3,4-DCA in rats is around 60 mg/kg and by the inhalation route the LC50 ranges from 2.8 to 4.7 mg/l/4hrs indicating that 3,4-DCA is considerably more toxic than diuron itself. Dermal and inhalation absorption is rapid leading to formation of methaemoglobin. A marked species difference is dermal toxicity is noted with rabbit considerably more sensitive than rats. No human data is available but by extrapolating from other aromatic amines humans could be considerably more sensitive to methaemoglobin formation than rats. 3,4-DCA should be regarded as a potential respiratory sensitiser. The carcinogenic potential of 3,4-DCA remains uncertain.</p>
<p>CARBENDAZIM</p>	<p>Intraperitoneal (Rat, adult male) LD50: 7320 mg/kg * Intraperitoneal (Rat, adult female) LD50: 15000 mg/kg * Inhalation LC50 (4 h) for rats, rabbits, guinea pigs or cats no effect with suspension (10 g/l water). * NOEL (2 y) for dogs 300 mg/kg diet, corresponding to 6-7 mg/kg b.w. ADI 0.01 mg/kg b.w. * Toxicity Class WHO III;EPA IV</p> <p>Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells <i>in vivo</i>. Such findings are often supported by positive results from <i>in vitro</i> mutagenicity studies.</p> <p>for carbendazim:</p> <p>Benomyl (a precursor to carbendazim) causes dermal sensitization in humans. Benomyl and carbendazim represent a very low risk for acute poisoning in humans.</p> <p>In animal systems, carbendazim is metabolized to (5-hydroxy- 1H-benzimidazol-2-yl)-carbamate (5-HBC) and other polar metabolites, which are rapidly excreted. Carbendazim has not been observed to accumulate in any biological system.</p> <p>Carbendazim has low acute toxicity. The LD50 values range from > 2000 to 15 000 mg/kg in a wide variety of test animals and routes of administration. However, significant adverse reproductive effects have been noted following a single exposure</p> <p>Carbendazim is well absorbed (80-85%) after oral exposure but much less so by dermal exposure. Absorbed carbendazim is metabolised into many compounds within the organism. The main metabolites are 5-HBC and 5,6-HOBC-N-oxides. The tissue distribution of carbendazim showed no bioconcentration. In the rat, the highest concentration after oral carbendazim administration (< 1% of the dose) occurred in the liver. It was distributed as carbendazim in the mitochondria, 5-HBC in the cytosol, and 2-aminobenzimidazole (2-AB) in the microsomes. Carbendazim is excreted in the urine and faeces within 72 h after oral dosing in rats. In rats and mice, high doses of carbendazim, both in the diet and by gavage, affect certain liver microsomal enzymes.</p> <p>Short-term exposure Dietary administration of carbendazim for up to 90 days produced slight effects on liver weight in female rats exposed to 360 mg/kg body weight per day. In a 90-day gavage study in the rat, the NOEL was 16 mg/kg per day based on hepatotoxicity. Short-term feeding studies on dogs were not adequate for establishing a NOEL. A 10-day dermal study in the rabbit revealed no systemic toxicity at the only dose tested (200 mg/kg).</p> <p>Long-term exposure Male and female rats fed 2500 mg/kg diet showed reduced erythrocyte count and haemoglobin and haematocrit values. No liver-related toxicity was noted. Male rats fed 2500 mg/kg diet or more presented a marginal increase in diffuse testicular atrophy and prostatitis. The NOEL in the rat is 500 mg/kg diet.</p> <p>Male and female mice fed 5000 mg/kg diet showed increased absolute liver weight. There was also significant centrilobular hypertrophy, necrosis and swelling of the liver in male mice fed 1500 mg/kg diet.</p> <p>Reproduction, embryotoxicity and teratogenicity Carbendazim was without adverse effects on reproduction when it was fed to rats in a three-generation reproduction study at levels up to and including 500 mg/kg diet. Male fertility was depressed in rats when carbendazim (200 mg/kg per day) was administered by gavage for 85 days. A dose of 50 mg/kg body weight per day in this study caused a significant decrease in epididymal sperm count.</p> <p>Following a single oral dose to rats, histological examination revealed early (0-2 days) disruption of spermatogenesis with occlusion of efferent ducts and increased testicular weights at 100 mg/kg body weight. No effect was observed at 50 mg/kg in this single dose study. These effects persisted until day 70 in rats treated with 400 mg/kg.</p> <p>Carbendazim caused an increase in malformations and anomalies in rats when administered at daily dose levels greater than 10 mg/kg on days 7-16 of gestation. There was a slightly decreased rate of implantation in rabbits administered 20 and 125 mg/kg per day on days 7-19 of gestation and an increased incidence of resorption at 125 mg/kg per day. Maternal toxicity was observed at 20 mg/kg per day and 125 mg/kg per day in the rat and rabbit, respectively.</p> <p>In rats there was a significant increase in foetal malformations at 90 mg/kg per day. These consisted primarily of hydrocephaly, microphthalmia, anophthalmia, malformed scapulae and axial skeletal malformations (vertebral, rib and sternebral fusions, exencephaly, hemivertebrae and rib hyperplasia). However, in the rabbit there were no significant malformations.</p> <p>Mutagenicity and related end-points Assays in mammalian and non-mammalian systems <i>in vitro</i> and <i>in vivo</i> and in somatic cells as well as in</p>

germ cells show that carbendazim does not interact with DNA, induce point mutation or cause germ cell mutation. Carbendazim does, however, cause numerical chromosome aberrations (aneuploidy and/or polyploidy) in experimental systems, both *in vitro* and *in vivo*.

Carcinogenicity: Benomyl and its decomposition product carbendazim feeding resulted in an increase in the incidence of hepatocellular tumours in CD-1 and SPF Swiss mice. A carcinogenicity study of carbendazim using CD-1 mice showed a statistically significant dose-related increase in the incidence of hepatocellular neoplasia in females. There was also a statistically significant increase in the mid-dose (1500 mg/kg diet) males, but not in the high-dose males because of a high mortality rate. A carcinogenicity study of carbendazim in a genetically related mouse strain, SPF mice (Swiss random strain) at doses of 0, 150, 300 and 1000 mg/kg diet (increased to 5000 mg/kg during the study) showed an increase in the incidence of combined hepatocellular adenomas and carcinomas.

Carcinogenicity studies of both benomyl and carbendazim in rats were negative.

Mechanism of toxicity - mode of action The biological effects of benomyl and carbendazim result from their interaction with cell microtubules. These structures are involved in vital functions such as cell division, which is inhibited by benomyl and carbendazim. Benomyl and carbendazim toxicities in mammals are linked to microtubular dysfunction. Benomyl and carbendazim, as well as other benzimidazole compounds, display species-selective toxicity. This selectivity is, at least in part, explained by the different binding of benomyl and carbendazim to tubulins of target and non-target species

[* *The Pesticides Manual, Incorporating The Agrochemicals Handbook, 10th Edition, Editor Clive Tomlin, 1994, British Crop Protection Council*]

The following information refers to contact allergens as a group and may not be specific to this product.

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Asthma-like symptoms may continue for months or even years after exposure to the material 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.

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

In light of potential adverse effects, and to ensure a harmonised risk assessment and management, the EU regulatory framework for biocides has been established with the objective of ensuring a high level of protection of human and animal health and the environment. To this aim, it is required that risk assessment of biocidal products is carried out before they can be placed on the market. A central element in the risk assessment of the biocidal products are the utilization instructions that defines the dosage, application method and amount of applications and thus the exposure of humans and the environment to the biocidal substance.

Humans may be exposed to biocidal products in different ways in both occupational and domestic settings. Many biocidal products are intended for industrial sectors or professional uses only, whereas other biocidal products are commonly available for private use by non-professional users. In addition, potential exposure of non-users of biocidal products (i.e. the general public) may occur indirectly via the environment, for example through drinking water, the food chain, as well as through atmospheric and residential exposure. Particular attention should be paid to the exposure of vulnerable sub-populations, such as the elderly, pregnant women, and children. Also pets and other domestic animals can be exposed indirectly following the application of biocidal products. Furthermore, exposure to biocides may vary in terms of route (inhalation, dermal contact, and ingestion) and pathway (food, drinking water, residential, occupational) of exposure, level, frequency and duration.

The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

The European Union has reclassified several formaldehyde-releasing agents (FRAs) such as methylenedimorpholine (MBM), oxazolidine (MBO) and hydroxypropylamine (HPT) as category 1B carcinogens. Previously, formaldehyde itself was classed as a carcinogen – but formaldehyde-releasing agents were not. This is no longer the case. Based on this regulation, formulations for which the maximum theoretical concentration of releasable formaldehyde is more than > 1000 ppm (>0.1%), have to be labelled as carcinogenic.

Water mix metalworking fluids are subject to contamination by bacteria and fungi, and the control of this is an essential part of good fluid maintenance. The use of preservatives both within the formulation and tank-side treatment plays a significant contribution in the protection of potentially harmful microbes that could cause health problems for workers.

A large proportion of bactericides on the market today are classed as formaldehyde releasing biocides which means that under specific conditions they release small amounts of formaldehyde – this is their mode of action in the presence of bacteria. Although they are effective as a biocide their use may become restricted or unfavourable due to potential changes in legislation.

A decision by the ECHA (European Chemicals Agency) was made to re-classify formaldehyde as a category 1b H350 carcinogen and category 2 mutagen in June 2015.

It has also been proposed by the ECHA Risk Assessment Committee (RAC) that formaldehyde release biocides should be classified the same as formaldehyde because formaldehyde is released when these substances come into contact under favorable conditions (i.e. interaction with microorganisms).

Formaldehyde generators (releasers) are often used as preservatives (antimicrobials, biocides, microbiocides). Formaldehyde may be generated following hydrolysis. The most widely used antimicrobial compounds function by releasing formaldehyde once inside the microbe cell. Some release detectable levels of formaldehyde into the air space, above working solutions, especially when pH has dropped.

Many countries are placing regulatory pressure on suppliers and users to replace formaldehyde generators.

Formaldehyde generators are a diverse group of chemicals that can be recognised by a small, easily detachable formaldehyde moiety, prepared by reacting an amino alcohol with formaldehyde ("formaldehyde-condensates").

There is concern that when formaldehyde-releasing preservatives are present in a formulation that also includes amines, such as triethanolamine (TEA), diethanolamine (DEA), or monoethanolamine (MEA), nitrosamines can be formed.; nitrosamines are carcinogenic substances that can potentially penetrate skin.

One widely-discussed hypothesis states that formaldehyde-condensate biocides, such as triazines and oxazolidines, may cause an imbalance in the microbial flora of in-use metalworking fluids (MWFs). The hypothesis further asserts that this putative microbial imbalance favours the proliferation of certain nontuberculosis mycobacteria (NTM) in MWFs and that the subsequent inhalation of NTM-containing aerosols can cause hypersensitivity pneumonitis (HP), also known as extrinsic allergic alveolitis, in a small percentage of susceptible workers. Symptoms of HP include flu-like illness accompanied by chronic dyspnea, i.e., difficult or laboured respiration

According to Annex VI of the Cosmetic Directive 76/768/EC, the maximum authorised concentration of free formaldehyde is 0.2% (2000 ppm). In addition, the provisions of Annex VI state that,

All finished products containing formaldehyde or substances in this Annex and which release formaldehyde must be labelled with the warning "contains formaldehyde" where the concentration of formaldehyde in the finished product exceeds 0.05%.

Formaldehyde-releasing preservatives have the ability to release formaldehyde in very small amounts over time. The use of formaldehyde-releasing preservatives ensures that the actual level of free formaldehyde in the products is always very low but at the same time sufficient to

2-METHYL-
4-ISOTHIAZOLIN-3-ONE

	ensure absence of microbial growth. The formaldehyde reacts most rapidly with organic and inorganic anions, amino and sulfide groups and electron-rich groups to disrupt metabolic processes, eventually causing death of the organism. NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA. Considered to be a minor sensitiser in Kathon CG (1) (1). Bruze etal - Contact Dermatitis 20: 219-39, 1989
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GRADED SAND & DIURON & 2-METHYL-4-ISOTHIAZOLIN-3-ONE	No significant acute toxicological data identified in literature search.
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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
Dunlop Tile Pointing	Not Available	Not Available	Not Available	Not Available	Not Available
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available
diuron	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<2.9-14	7
	EC50	72h	Algae or other aquatic plants	0.00055mg/l	4
	EC50	48h	Crustacea	>0.677mg/l	4
	EC50	96h	Algae or other aquatic plants	0.001mg/l	4
	LC50	96h	Fish	0.5mg/l	4
carbendazim	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	19.056mg/l	4
	BCF	1008h	Fish	0.6-1.1	7
	EC50	72h	Algae or other aquatic plants	1.3mg/l	2
	EC50	48h	Crustacea	0.02mg/l	4
	LC50	96h	Fish	0.006-0.009mg/l	4
2-methyl-4-isothiazolin-3-one	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.057mg/L	2
	EC50	48h	Crustacea	0.189-0.257mg/L	4
	EC50	96h	Algae or other aquatic plants	0.061mg/L	2
	LC50	96h	Fish	0.081-0.122mg/L	4
	NOEC(ECx)	96h	Algae or other aquatic plants	0.01mg/l	2

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

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
diuron	HIGH	HIGH
carbendazim	HIGH	HIGH
2-methyl-4-isothiazolin-3-one	HIGH	HIGH

Continued...

Bioaccumulative potential

Ingredient	Bioaccumulation
diuron	LOW (BCF = 14)
carbendazim	LOW (BCF = 3.5)
2-methyl-4-isothiazolin-3-one	LOW (LogKOW = -0.8767)

Mobility in soil

Ingredient	Mobility
diuron	LOW (KOC = 136)
carbendazim	LOW (KOC = 175.8)
2-methyl-4-isothiazolin-3-one	LOW (KOC = 27.88)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of 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

Not Applicable

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

Product name	Group
graded sand	Not Available
silica crystalline - quartz	Not Available
diuron	Not Available
carbendazim	Not Available
2-methyl-4-isothiazolin-3-one	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
graded sand	Not Available
silica crystalline - quartz	Not Available
diuron	Not Available
carbendazim	Not Available
2-methyl-4-isothiazolin-3-one	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)

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

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

diuron is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List
 International WHO List of Proposed Occupational Exposure Limit (OEL) Values for
 Manufactured Nanomaterials (MNMS)

carbendazim is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) -
 Schedule 7

Australian Inventory of Industrial Chemicals (AIIC)
 Chemical Footprint Project - Chemicals of High Concern List

2-methyl-4-isothiazolin-3-one is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) -
 Schedule 6

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; silica crystalline - quartz; diuron; carbendazim; 2-methyl-4-isothiazolin-3-one)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	23/12/2022
Initial Date	19/08/2020

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	03/09/2020	Classification change due to full database hazard calculation/update.
4.1	23/12/2022	Classification review due to GHS Revision 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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