

Dunlop Floorfix Ardex (Ardex Australia)

Chemwatch: 4639-23 Version No: 6.1.13.9 Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements Issue Date: 01/11/2019

Print Date: 09/08/2021 S.GHS.AUS.EN

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

Product Identifier

Product name	Dunlop Floorfix
Chemical Name	Not Applicable
Synonyms	cement based adhesive
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 Adhesive suitable for fixing ceramic tiles including mosaics and marble, to rendered walls and concrete walls and floors.

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	1		0 = Minimum
Body Contact	3		1 = Low
Reactivity	0		2 = Moderate
Chronic	2	1	3 = High 4 = Extreme

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

Dunlop	Floorfix
DUIIIOD	FIOULIX

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Signal word Danger

Hazard statement(s)

H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H335	May cause respiratory irritation.
H315	Causes skin irritation.

Precautionary statement(s) Prevention

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.	
P264	Wash all exposed external body areas thoroughly after handling.	

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.	
P310	Immediately call a POISON CENTER/doctor/physician/first aider.	
P302+P352	IF ON SKIN: Wash with plenty of water and soap.	
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.	

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
65997-15-1	10-60	portland cement
14808-60-7.	10-60	graded sand
Not Available	0-1 cellulosic thickener	
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 measur	es
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 contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
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	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully.

Dunlop Floorfix

- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice 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.
 - ۶ 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]

For acute or short term repeated exposures to dichromates and chromates:

- Absorption occurs from the alimentary tract and lungs
- The kidney excretes about 60% of absorbed chromate within 8 hours of ingestion. Urinary excretion may take up to 14 days.
- Establish airway, breathing and circulation. Assist ventilation
- Induce emesis with Ipecac Syrup if patient is not convulsing, in coma or obtunded and if the gag reflex is present.
- Otherwise use gastric lavage with endotracheal intubation.
- Fluid balance is critical. Peritoneal dialysis, haemodialysis or exchange transfusion may be effective although available data is limited.
- British Anti-Lewisite, ascorbic acid, folic acid and EDTA are probably not effective.
- There are no antidotes.
- Primary irritation, including chrome ulceration, may be treated with ointments comprising calcium-sodium-EDTA. This, together with the use of frequently renewed dressings, will ensure rapid healing of any ulcer which may develop.

The mechanism of action involves the reduction of Cr (VI) to Cr(III) and subsequent chelation; the irritant effect of Cr(III)/ protein complexes is thus avoided. [ILO Encyclopedia]

[Ellenhorn and Barceloux: Medical Toxicology]

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

Respiratory stress is uncommon but present occasionally because of soft tissue edema.

Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary

- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

Alkalis continue to cause damage after exposure.

INGESTION:

- Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.
- * Catharsis and emesis are absolutely contra-indicated.
- * Activated charcoal does not absorb alkali.
- * Gastric lavage should not be used.
- Supportive care involves the following: Withhold oral feedings initially.
- ▶ If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

Injury should be irrigated for 20-30 minutes.

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

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
r ne meompationity	NONC 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	Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite. Nearly all metals will burn in air under certain conditions. Some are oxidised rapidly in the presence of air or moisture, generating sufficient heat to reach their ignition temperatures. Decomposition may produce toxic fumes of: silicon dioxide (SiO2) metal oxides When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. May emit poisonous fumes.

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	 Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment.
Major Spills	Moderate hazard. CAUTION: Advise personnel in area. Alert Emergency Services and tell them location and nature of hazard. Control personal contact by wearing protective clothing.

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

SECTION 7 Handling and storage

Precautions for safe handling Safe handling Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. Use in a well-ventilated area. Prevent concentration in hollows and sumps. Store in original containers. Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes. Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	 Polyethylene or polypropylene container. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Derivative of electropositive metal. For aluminas (aluminium oxide): Incompatible with hot chlorinated rubber. In the presence of chlorine trifluoride may react violently and ignite. In the presence of chlorine trifluoride may react violently and ignite. Produces exothermic reaction above 200°C with halocarbons and an exothermic reaction at ambient temperatures with halocarbons in the presence of other metals. Calcium oxide: Preacts violently with water, evolving high quantities of heat Preacts violently with oxispible ignition or explosion, with acids, anilinium perchlorate, bromine pentafluoride, chlorine trifluoride, fluorine, hydrogen fluoride, hydrazine, hydrogen sulfide, hydrogen trisulfide, isopropyl isocyanide dichloride, light metals, lithium, magnesium, powdered aluminium, phosphorus, potassium, suffur troxide increases the explosive essensitivity of acides, nitroalkanes (e.g. nitroethane, nitromethane, 1-nitropropane etc.) is incompatible with boric acid, boron trifluoride, carbon dioxide, ethanol, halogens (such as fluorine, hydrazine, hydrazine) perchlorate, hydrogen peroxide, finely divided aluminium or magnesium, peroxyfurcic acid, red phosphorus, sodium acetylide sensitises most organic azides which are unstable shock- and heat- sensitive explosives is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride is hygroscopic; reacts with aluminium, calcium hypochlorite and ethylene oxide. Provide (firric oxide): Avoid storage with aluminium, calcium hypochlorite and ethylene oxide, ethylene oxide (polymerises), carbon monoxide, magnesium and perchlorates. Protoxide (firric oxide): Avoid storage with aluminium, usually ignited by magnesium ribbon, reacts with an intense exotherm to produce molten iron in the commercial "htma-ale gases or vapours occurs following reaction with acroides, for example caesium carbide, (produces head), hydroge

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA						
Source	Ingredient	Material name	TWA	STEL	Peak	Notes
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	graded sand	Silica - Crystalline: Quartz (respirable dust)	0.05 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
Ingredient	Original IDLH	1	Revised ID	LH
portland cement	5,000 mg/m3		Not Availab	le
graded sand	25 mg/m3 / 50 mg/m3		Not Availab	le

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 side shields. Chemical goggles. Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.
Skin protection	See Hand protection below
Hands/feet protection	 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. Neoprene rubber gloves Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. polychloroprene. nitrile rubber. butyl rubber.
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 $\ ^{\star\star}$ - 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)

 \cdot 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	Fine grey powder; insoluble in water. Bulk density: 1.6 kg/dm3 (approximately).			
Physical state	Divided Solid	Relative density (Water = 1)	1.6 (bulk)	
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 (%)	11 (paste form)	
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available	

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

-	
Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual. Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition 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. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation. Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances. Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible

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	infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skir cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.			
Eye				
Chronic	Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO3). Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0			
Dunlop Floorfix		IRRITATION		
	Not Available	Not Available		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
portland cement	Not Available	Not Available		
	ΤΟΧΙΟΙΤΥ	IRRITATION		
graded sand	Oral(Rat) LD50; 500 mg/kg ^[2]	Oral(Rat) LD50; 500 mg/kg ^[2] Not Available		
Legend:	 Value obtained from Europe ECHA Registered Sub specified data extracted from RTECS - Register of To 	-	ained from manufacturer's SDS. Unless otherwise	
PORTLAND CEMENT	The following information refers to contact allergens a Contact allergies quickly manifest themselves as cont eczema involves a cell-mediated (T lymphocytes) imm involve antibody-mediated immune reactions. The sig distribution of the substance and the opportunities for 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 dc airflow pattern on lung function tests, moderate to sev lymphocytic inflammation, without eosinophilia.	tact eczema, more rarely as urticaria of nune reaction of the delayed type. Oth inificance of the contact allergen is no contact with it are equally important. ven years after exposure to the materi DS) which can occur after exposure to previous airways disease in a non-atop ocumented exposure to the irritant. Ot	or Quincke's oedema. The pathogenesis of contact her allergic skin reactions, e.g. contact urticaria, it simply determined by its sensitisation potential: the ial ends. This may be due to a non-allergic condition to high levels of highly irritating compound. Main pic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversibl	
PORTLAND CEMENT & GRADED SAND	No significant acute toxicological data identified in lite	rature search.		
Acute Toxicity	×	Carcinogenicity	×	
Skin Irritation/Corrosion	✓	Reproductivity	×	
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓	
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	×	
Mutagenicity	×	Aspiration Hazard	×	
			not available or does not fill the criteria for classification ole to make classification	
CTION 12 Ecological info	ormation			
<u> </u>				

	Endpoint	Test Duration (hr)	Species	Value	Source
Dunlop Floorfix	Not Available	Not Available	Not Available	Not Available	Not Available
					-
	Endpoint	Test Duration (hr)	Species	Value	Source

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Dunlor	o Floorfix

	Endpoint	Test Duration (hr)	Species	Value	Source
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (OSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air		
	No Data available for all ingredients	No Data available for all ingredients No Data available for all ingredients		
Bioaccumulative potential				
Ingredient	Bioaccumulation			
	No Data available for all ingredients	No Data available for all ingredients		
Mobility in soil				
Ingredient	Mobility			
	No Data available for all ingredients			

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 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. bO 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. Mere 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 Require	Labels Required		
I	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
portland cement	Not Available
graded sand	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
portland cement	Not Available
graded sand	Not Available

SECTION 15 Regulatory information

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

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

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

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (portland cement; graded sand)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement)
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	01/11/2019
Initial Date	03/06/2005

SDS Version Summary

Version	Date of Update	Sections Updated
5.1.1.1	12/04/2016	Acute Health (eye), Acute Health (inhaled), Acute Health (skin), Acute Health (swallowed), Advice to Doctor, Chronic Health, Classification, Disposal, Exposure Standard, Fire Fighter (fire/explosion hazard), First Aid (inhaled), First Aid (skin), First Aid (swallowed), Personal Protection (Respirator), Personal Protection (eye), Personal Protection (hands/feet), Storage (storage incompatibility)
6.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
6.1.2.1	26/04/2021	Regulation Change
6.1.3.1	03/05/2021	Regulation Change
6.1.4.1	06/05/2021	Regulation Change
6.1.5.1	10/05/2021	Regulation Change
6.1.5.2	30/05/2021	Template Change
6.1.5.3	04/06/2021	Template Change
6.1.5.4	05/06/2021	Template Change
6.1.6.4	07/06/2021	Regulation Change
6.1.6.5	09/06/2021	Template Change
6.1.6.6	11/06/2021	Template Change
6.1.6.7	15/06/2021	Template Change
6.1.7.7	17/06/2021	Regulation Change
6.1.8.7	21/06/2021	Regulation Change
6.1.8.8	05/07/2021	Template Change
6.1.9.8	14/07/2021	Regulation Change
6.1.10.8	19/07/2021	Regulation Change
6.1.10.9	01/08/2021	Template Change
6.1.11.9	02/08/2021	Regulation Change

Version	Date of Update	Sections Updated
6.1.12.9	05/08/2021	Regulation Change
6.1.13.9	09/08/2021	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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