



# DURAM CRYSTOSEAL

Duram Pty Ltd

Chemwatch: 5240-74

Version No: 3.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 01/11/2019

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

### Product Identifier

Product name	DURAM CRYSTOSEAL
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Waterproofing of concrete or cementitious substrates.
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### Details of the supplier of the safety data sheet

Registered company name	Duram Pty Ltd
Address	51 Prince William Drive Seven Hills NSW 2147 Australia
Telephone	+61 2 9624 4007
Fax	+61 2 9624 4079
Website	www.duram.com.au
Email	mail@duram.com.au

### Emergency telephone number

Association / Organisation	CHEMTREC Australia (Sydney)
Emergency telephone numbers	+612 9037 2994 24 hours / 7 days
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	1		2 = Moderate
Chronic	2		3 = High
			4 = Extreme

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

### Label elements

Hazard pictogram(s)	
SIGNAL WORD	<b>DANGER</b>
Hazard statement(s)	
H315	Causes skin irritation.

**DURAM CRYSTOSEAL**

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

**Precautionary statement(s) Prevention**

<b>P201</b>	Obtain special instructions before use.
<b>P271</b>	Use only outdoors or in a well-ventilated area.
<b>P280</b>	Wear protective gloves/protective clothing/eye protection/face protection.
<b>P281</b>	Use personal protective equipment as required.
<b>P261</b>	Avoid breathing dust/fumes.
<b>P272</b>	Contaminated work clothing should not be allowed out of the workplace.

**Precautionary statement(s) Response**

<b>P305+P351+P338</b>	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
<b>P308+P313</b>	IF exposed or concerned: Get medical advice/attention.
<b>P310</b>	Immediately call a POISON CENTER or doctor/physician.
<b>P321</b>	Specific treatment (see advice on this label).
<b>P362</b>	Take off contaminated clothing and wash before reuse.
<b>P302+P352</b>	IF ON SKIN: Wash with plenty of water.
<b>P333+P313</b>	If skin irritation or rash occurs: Get medical advice/attention.
<b>P304+P340</b>	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

**Precautionary statement(s) Storage**

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

**Precautionary statement(s) Disposal**

<b>P501</b>	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
65997-15-1	30-60	<u>portland cement</u>
14808-60-7	30-60	<u>silica crystalline - quartz</u>
61790-53-2	<10	<u>silica amorphous, diatomaceous earth</u>
65997-16-2	<10	<u>calcium aluminate cement</u>
557-05-1	<5	<u>zinc stearate</u>
68131-74-8.	<1	<u>fly ash - low quartz</u>
65996-69-2	<1	<u>blast furnace slag</u>
1305-78-8	<1	<u>calcium oxide</u>
Not Available	balance	Ingredients determined not to be hazardous

**SECTION 4 FIRST AID MEASURES**

**Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained.</li> </ul>

	<ul style="list-style-type: none"> <li>Perform CPR if necessary.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Seek medical advice.</li> </ul>

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

Treat symptomatically.

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]

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

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.
- ▶ Neutralising agents should never be given since exothermic heat reaction may compound injury.

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

## SECTION 5 FIREFIGHTING MEASURES

### Extinguishing media

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

### Special hazards arising from the substrate or mixture

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

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

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Remove all ignition sources.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ <b>CAUTION:</b> Advise personnel in area.</li> <li>▶ Alert Emergency Services and tell them location and nature of hazard.</li> <li>▶ Control personal contact by wearing protective clothing.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Recover product wherever possible.</li> <li>▶ <b>IF DRY:</b> Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. <b>IF WET:</b> Vacuum/shovel up and place in labelled containers for disposal.</li> <li>▶ <b>ALWAYS:</b> Wash area down with large amounts of water and prevent runoff into drains.</li> <li>▶ If contamination of drains or waterways occurs, advise Emergency Services.</li> </ul>

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

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

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<p>Consider storage under inert gas.</p> <ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry area protected from environmental extremes.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul> <p>For major quantities:</p> <ul style="list-style-type: none"> <li>▶ Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).</li> <li>▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.</li> </ul>

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>▶ Avoid contact with copper, aluminium and their alloys.</li> <li>▶ Keep dry</li> <li>▶ <b>NOTE:</b> May develop pressure in containers; open carefully. Vent periodically.</li> </ul>

**SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION****Control parameters****OCCUPATIONAL EXPOSURE LIMITS (OEL)****INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
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Continued...

## DURAM CRYSTOSEAL

Australia Exposure Standards	portland cement	Portland cement	10 mg/m <sup>3</sup>	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous, diatomaceous earth	Silica - Amorphous: Diatomaceous earth (uncalcined)	10 mg/m <sup>3</sup>	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	zinc stearate	Stearates	10 mg/m <sup>3</sup>	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	calcium oxide	Calcium oxide	2 mg/m <sup>3</sup>	Not Available	Not Available	Not Available

## EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m <sup>3</sup>	33 mg/m <sup>3</sup>	200 mg/m <sup>3</sup>
zinc stearate	Zinc stearate	30 mg/m <sup>3</sup>	330 mg/m <sup>3</sup>	2,000 mg/m <sup>3</sup>
calcium oxide	Calcium oxide	6 mg/m <sup>3</sup>	110 mg/m <sup>3</sup>	660 mg/m <sup>3</sup>

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m <sup>3</sup>	Not Available
silica crystalline - quartz	25 mg/m <sup>3</sup> / 50 mg/m <sup>3</sup>	Not Available
silica amorphous, diatomaceous earth	Not Available	Not Available
calcium aluminate cement	Not Available	Not Available
zinc stearate	Not Available	Not Available
fly ash - low quartz	Not Available	Not Available
blast furnace slag	Not Available	Not Available
calcium oxide	25 mg/m <sup>3</sup>	Not Available

## OCCUPATIONAL EXPOSURE BANDING

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium aluminate cement	E	≤ 0.01 mg/m <sup>3</sup>
blast furnace slag	C	> 0.1 to ≤ milligrams per cubic meter of air (mg/m <sup>3</sup> )

## Notes:


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

## 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> <p>Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations.</p> <p>Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.</p>										
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	<p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles.</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>- frequency and duration of contact,</li> <li>- chemical resistance of glove material,</li> <li>- glove thickness and</li> <li>- dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>- Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>- Excellent when breakthrough time &gt; 480 min</li> <li>- Good when breakthrough time &gt; 20 min</li> <li>- Fair when breakthrough time &lt; 20 min</li> <li>- Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <ul style="list-style-type: none"> <li>▶ Neoprene rubber gloves</li> </ul> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▶ polychloroprene.</li> <li>▶ nitrile rubber.</li> <li>▶ butyl rubber.</li> <li>▶ fluorocautchouc.</li> <li>▶ polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C. apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> <li>▶ Eye wash unit.</li> </ul>

**Respiratory protection**

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

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
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Continued...

## DURAM CRYSTOSEAL

up to 10 x ES	P1 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

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

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

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- ▶ The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- ▶ Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- ▶ Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

## Information on basic physical and chemical properties

<b>Appearance</b>	Neutral coloured solid; partially mixes with water. React with water and hardeners.		
<b>Physical state</b>	Solid	<b>Relative density (Water = 1)</b>	1.94
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Reacts	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 STABILITY AND REACTIVITY

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

## SECTION 11 TOXICOLOGICAL INFORMATION

## Information on toxicological effects

<b>Inhaled</b>	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.</p>
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<b>Ingestion</b>	Accidental ingestion of the material may be damaging to the health of the individual.
<b>Skin Contact</b>	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.</p> <p>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles.</p> <p>Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.</p> <p>Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, 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.</p>
<b>Eye</b>	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p> <p>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.</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 in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.</p> <p>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.</p> <p>Very fine Al<sub>2</sub>O<sub>3</sub> powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.</p> <p>When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.</p> <p>The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis (aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.</p> <p>Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.</p> <p>There is general agreement that particle size determines that the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles small enough to enter the alveoli (sub 5 um) are able to produce pathogenic effects in the lungs.</p> <p>Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos.</p> <p>In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO<sub>3</sub>). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (e.g., rhodonite)</p> <p>In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 um and a diameter of less than 3 um was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 um in length and less than 0.5 um in diameter.</p> <p>In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 um and 5.6 um respectively, no intra-abdominal tumours were found.</p> <p>Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis</p> <p>Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis.</p> <p>Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement.</p> <p>Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].</p> <p>Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.</p> <p>Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.</p> <p>Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996</p> <p>On the basis of limited epidemiological or animal data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may increase the risk of cancer in humans.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p>



	<p>Chronic excessive iron exposure has been associated with haemosiderosis and consequent possible damage to the liver and pancreas. Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.</p> <p>Such exposure may also produce conjunctivitis, choroiditis, retinitis (both inflammatory conditions involving the eye) and siderosis of tissues if iron remains in these tissues. Siderosis is a form of pneumoconiosis produced by iron dusts. Siderosis also includes discoloration of organs, excess circulating iron and degeneration of the retina, lens and uvea as a result of the deposition of intraocular iron. Siderosis might also involve the lungs - involvement rarely develops before ten years of regular exposure. Often there is an accompanying inflammatory reaction of the bronchi. Permanent scarring of the lungs does not normally occur.</p> <p>High levels of iron may raise the risk of cancer. This concern stems from the theory that iron causes oxidative damage to tissues and organs by generating highly reactive chemicals, called free radicals, which subsequently react with DNA. Cells may be disrupted and may become cancerous. People whose genetic disposition prevents them from keeping tight control over iron (e.g. those with the inherited disorder, haemochromatosis) may be at increased risk.</p> <p>Iron overload in men may lead to diabetes, arthritis, liver cancer, heart irregularities and problems with other organs as iron builds up. [K. Schmidt, New Scientist, No. 1919 pp.11-12, 2nd April, 1994]</p>
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	TOXICITY	IRRITATION
DURAM CRYSTOSEAL	Not Available	Not Available
portland cement	Not Available	Not Available
silica crystalline - quartz	Oral (rat) LD50: =500 mg/kg <sup>[2]</sup>	Not Available
silica amorphous, diatomaceous earth	Not Available	Not Available
calcium aluminate cement	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup> Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Not Available
zinc stearate	Oral (rat) LD50: >5000 mg/kg <sup>[2]</sup>	Not Available
fly ash - low quartz	Not Available	Not Available
blast furnace slag	dermal (rat) LD50: >4000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup> Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
calcium oxide	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup> Oral (rat) LD50: ~500-2000 mg/kg <sup>[2]</sup>	Eye: adverse effect observed (irreversible damage) <sup>[1]</sup> Skin: adverse effect observed (irritating) <sup>[1]</sup>
<b>Legend:</b>	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	

PORTLAND CEMENT	<p>The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p>
SILICA CRYSTALLINE - QUARTZ	<p><b>WARNING:</b> For inhalation exposure <u>ONLY</u>: This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b></p> <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (&lt;5 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). 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>
ZINC STEARATE	<p>For aliphatic fatty acids (and salts) Acute oral (gavage) toxicity: The acute oral LD50 values in rats for both were greater than &gt;2000 mg/kg bw Clinical signs were generally associated with poor condition following administration of high doses (salivation, diarrhoea, staining, piloerection and lethargy). There were no adverse effects on body weight in any study In some studies, excess test substance and/or irritation in the gastrointestinal tract was observed at necropsy.</p>

## DURAM CRYSTOSEAL

Skin and eye irritation potential, with a few stated exceptions, is chain length dependent and decreases with increasing chain length. According to several OECD test regimes the animal skin irritation studies indicate that the C6-10 aliphatic acids are severely irritating or corrosive, while the C12 aliphatic acid is irritating, and the C14-22 aliphatic acids generally are not irritating or mildly irritating. Human skin irritation studies using more realistic exposures (30-minute, 1-hour or 24-hours) indicate that the aliphatic acids have sufficient, good or very good skin compatibility.

Animal eye irritation studies indicate that among the aliphatic acids, the C8-12 aliphatic acids are irritating to the eye while the C14-22 aliphatic acids are not irritating.

Eye irritation potential of the ammonium salts does not follow chain length dependence; the C18 ammonium salts are corrosive to the eyes.

Dermal absorption:  
The in vitro penetration of C10, C12, C14, C16 and C18 fatty acids (as sodium salt solutions) through rat skin decreases with increasing chain length. At 86.73 ug C16/cm<sup>2</sup> and 91.84 ug C18/cm<sup>2</sup>, about 0.23% and less than 0.1% of the C16 and C18 soap solutions is absorbed after 24 h exposure, respectively.

Sensitisation:  
No sensitisation data were located.

Repeat dose toxicity:  
Repeated dose oral (gavage or diet) exposure to aliphatic acids did not result in systemic toxicity with NOAELs greater than the limit dose of 1000 mg/kg bw.

Mutagenicity  
Aliphatic acids do not appear to be mutagenic or clastogenic in vitro or in vivo

Carcinogenicity  
No data were located for carcinogenicity of aliphatic fatty acids.

Reproductive toxicity  
No effects on fertility or on reproductive organs, or developmental effects were observed in studies on aliphatic acids and the NOAELs correspond to the maximum dose tested. The weight of evidence supports the lack of reproductive and developmental toxicity potential of the aliphatic acids category.

Given the large number of substances in this category, their closely related chemical structure, expected trends in physical chemical properties, and similarity of toxicokinetic properties, both mammalian and aquatic endpoints were filled using read-across to the closest structural analogue, and selecting the most conservative supporting substance effect level.

Structure-activity relationships are not evident for the mammalian toxicity endpoints. That is, the low mammalian toxicity of this category of substances limits the ability to discern structural effects on biological activity. Regardless, the closest structural analogue with the most conservative effect value was selected for read across. Irritation is observed for chain lengths up to a cut-off at or near 12 carbons).

## Metabolism:

The aliphatic acids share a common degradation pathway in which they are metabolized to acetyl-CoA or other key metabolites in all living systems. Common biological pathways result in structurally similar breakdown products, and are, together with the physico-chemical properties, responsible for similar environmental behavior and essentially identical hazard profiles with regard to human health.

Differences in metabolism or biodegradability of even and odd numbered carbon chain compounds or saturated/unsaturated compounds are not expected; even- and odd-numbered carbon chain compounds, and the saturated and unsaturated compounds are naturally occurring and are expected to be metabolized and biodegraded in the same manner.

The acid and alkali salt forms of the homologous aliphatic acid are expected to have many similar physicochemical and toxicological properties when they become bioavailable; therefore, data read across is used for those instances where data are available for the acid form but not the salt, and vice versa. In the gastrointestinal tract, acids and bases are absorbed in the undissociated (non-ionised) form by simple diffusion or by facilitated diffusion. It is expected that both the acids and the salts will be present in (or converted to) the acid form in the stomach. This means that for both aliphatic acid or aliphatic acid salt, the same compounds eventually enter the small intestine, where equilibrium, as a result of increased pH, will shift towards dissociation (ionised form).

Hence, the situation will be similar for compounds originating from acids and therefore no differences in uptake are anticipated

Note that the saturation or unsaturation level is not a factor in the toxicity of these substances and is not a critical component of the read across process.

## Toxicokinetics:

The turnover of the [<sup>14</sup>C] surfactants in the rat showed that there was no significant difference in the rate or route of excretion of <sup>14</sup>C given by intraperitoneal or subcutaneous administration. The main route of excretion was as <sup>14</sup>CO<sub>2</sub> in the expired air at 6 h after administration. The remaining material was incorporated in the body. Longer fatty acid chains are more readily incorporated than shorter chains. At ca. 1.55 and 1.64 mg/kg bw, 71% of the C16:0 and 56% of the C18:0 was incorporated and 21% and 38% was excreted as <sup>14</sup>CO<sub>2</sub>, respectively.

Glycidyl fatty acid esters (GEs), one of the main contaminants in processed oils, are mainly formed during the deodorisation step in the refining process of edible oils and therefore occur in almost all refined edible oils. GEs are potential carcinogens, due to the fact that they readily hydrolyze into the free form glycidol in the gastrointestinal tract, which has been found to induce tumours in various rat tissues. Therefore, significant effort has been devoted to inhibit and eliminate the formation of GEs

GEs contain a common terminal epoxide group but exhibit different fatty acid compositions. This class of compounds has been reported in edible oils after overestimation of 3-monochloropropane-1,2-diol (3-MCPD) fatty acid esters analysed by an indirect method, 3-MCPD esters have been studied as food processing contaminants and are found in various food types and food ingredients, particularly in refined edible oils.

3-Monochloropropane-1,2-diol (3-MCPD) and 2-monochloropropane-1,3-diol (2-MCPD) are chlorinated derivatives of glycerol (1,2,3-propanetriol). 3- and 2-MCPD and their fatty acid esters are among non-volatile chloropropanols, Glycidol is associated with the formation and decomposition of 3- and 2-MCPD. It forms monoesters with fatty acids (GE) during the refining of vegetable oils. Chloropropanols are formed in HVP during the hydrochloric acid-mediated hydrolysis step of the manufacturing process. In food production, chloropropanols form from the reaction of endogenous or added chloride with glycerol or acylglycerol.

Although harmful effects on humans and animals have not been demonstrated, the corresponding hydrolysates, 3-MCPD and glycidol, have been identified as rodent genotoxic carcinogens, ultimately resulting in the formation of kidney tumours (3-MCPD) and tumours at other tissue sites (glycidol). Therefore, 3-MCPD and glycidol have been categorised as "possible human carcinogens" (group 2B) and "probably carcinogenic to humans" (group 2A), respectively, by the International Agency for Research on Cancer (IARC).

Diacylglyceride (DAG) based oils produced by one company were banned from the global market due to "high levels" of GEs.

Several reports have also suggested that a bidirectional transformation process may occur not only between glycidol and 3-MCPD but also their esterified forms in the presence of chloride ions. The transformation rate of glycidol to 3-MCPD was higher than that of 3-MCPD to glycidol under acidic conditions in the presence of chloride ion.

Precursors of GEs in refined oils have been identified as partial acylglycerols, that is, DAGs and monoacylglycerides (MAGs); however, whether they also originate from triacylglycerides (TAGs) is still a topic of controversial debates. Several authors noted that pure TAGs were stable during heat treatment (such as 235 deg C) for 3 h and were therefore not involved in the formation of GEs. However, experimental results have shown that small amounts of GEs are present in a heat-treated oil model consisting of almost 100% TAGs. The formation of GEs from TAGs can be attributed to the pyrolysis of TAGs to DAGs and MAGs. In contrast, 3-MCPD esters in refined oils can be obtained from TAG. Presently, the mechanism for the formation of GE intermediates and the relationship between GEs and 3-MCPD esters are still unknown.

Fatty acid salts are of low acute toxicity. Their skin and eye irritation potential is chain length dependent and decreases with increasing chain length - they are poorly absorbed through the skin nor are they skin sensitizers. The available repeated dose toxicity data demonstrate the low toxicity of the fatty acids and their salts. Also, they are not considered to be mutagenic, genotoxic or carcinogenic, and are not reproductive or developmental toxicants. Accidental ingestion of fatty acid salt containing detergent products is not expected to result in any significant adverse health effects. This assessment is based on toxicological data demonstrating the low acute oral toxicity of fatty acid salts and the fact that not a single fatality has been reported in the UK following accidental ingestion of detergents containing fatty acid salts. Also in a report published by the German Federal Institute for Health Protection of Consumers and Veterinary Medicine, detergent products were not mentioned as dangerous

	<p>products with a high incidence if poisoning. The estimated total human exposure to fatty acid salts, from the different exposure scenarios for the handling and use of detergent products containing fatty acid salts, showed a margin of exposure (MOE) of 258,620. This extremely large MOE is large enough to be reassuring with regard to the relatively small variability of the hazard data on which it is based. Also, in the UK, the recommended dietary fatty acid intake by the Department of Health is about 100 g of fatty acids per day or 1.7 g (1700 mg) of fatty acids per kilogram body weight per day. This exposure is several orders of magnitude above that resulting from exposure to fatty acid salts in household cleaning products. Based on the available data, the use of fatty acid salts in household detergent and cleaning products does not raise any safety concerns with regard to consumer</p>
<p><b>PORTLAND CEMENT &amp; CALCIUM ALUMINATE CEMENT &amp; ZINC STEARATE &amp; BLAST FURNACE SLAG &amp; CALCIUM OXIDE</b></p>	<p>Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.</p>
<p><b>PORTLAND CEMENT &amp; SILICA AMORPHOUS, DIATOMACEOUS EARTH &amp; CALCIUM ALUMINATE CEMENT &amp; FLY ASH - LOW QUARTZ &amp; BLAST FURNACE SLAG</b></p>	<p>No significant acute toxicological data identified in literature search.</p>
<p><b>SILICA AMORPHOUS, DIATOMACEOUS EARTH &amp; BLAST FURNACE SLAG</b></p>	<p>For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m<sup>3</sup> to 150 mg/m<sup>3</sup>. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m<sup>3</sup>. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m<sup>3</sup>. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. For Synthetic Amorphous Silica (SAS) Repeated dose toxicity Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet. Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) = 1.3 mg/m<sup>3</sup> based on mild reversible effects in the lungs. Inhalation (rat), 90 days, LOEL = 1 mg/m<sup>3</sup> based on reversible effects in the lungs and effects in the nasal cavity. For silane treated synthetic amorphous silica: Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.</p>

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

DURAM CRYSTOSEAL	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...

**DURAM CRYSTOSEAL**

	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available
silica amorphous, diatomaceous earth	Not Available	Not Available	Not Available	Not Available	Not Available
calcium aluminate cement	LC50	96	Fish	>100mg/L	2
	EC50	48	Crustacea	5.4mg/L	2
	EC50	72	Algae or other aquatic plants	3.6mg/L	2
	NOEC	72	Algae or other aquatic plants	2.6mg/L	2
zinc stearate	LC50	96	Fish	0.439mg/L	2
	EC50	48	Crustacea	0.413mg/L	2
	EC50	72	Algae or other aquatic plants	0.997mg/L	2
	NOEC	240	Algae or other aquatic plants	0.1mg/L	2
fly ash - low quartz	NOEC	48	Fish	ca.700.0-2000mg/L	1
blast furnace slag	LC50	96	Fish	>100000mg/L	2
	EC50	48	Crustacea	>100mg/L	2
	EC50	72	Algae or other aquatic plants	>100mg/L	2
	EC10	504	Crustacea	5-mg/L	2
	NOEC	504	Crustacea	1-563mg/L	2
calcium oxide	LC50	96	Fish	50.6mg/L	2
	EC50	48	Crustacea	49.1mg/L	2
	EC50	72	Algae or other aquatic plants	>14mg/L	2
	EC10	72	Algae or other aquatic plants	>14mg/L	2
	NOEC	72	Algae or other aquatic plants	14mg/L	2

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

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.  
Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.  
Wastes resulting from use of the product must be disposed of on site or at approved waste sites.  
**DO NOT discharge into sewer or waterways.**

**Persistence and degradability**

Ingredient	Persistence: Water/Soil	Persistence: Air
zinc stearate	LOW	LOW

**Bioaccumulative potential**

Ingredient	Bioaccumulation
zinc stearate	LOW (LogKOW = 7.9444)

**Mobility in soil**

Ingredient	Mobility
zinc stearate	LOW (KOC = 11670)

**SECTION 13 DISPOSAL CONSIDERATIONS**

**DURAM CRYSTOSEAL**

**Waste treatment methods**

<b>Product / Packaging disposal</b>	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Management Authority for disposal.</li> <li>▶ Bury residue in an authorised landfill.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>
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**SECTION 14 TRANSPORT INFORMATION**

**Labels Required**

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

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

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

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

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

Not Applicable

**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**

Australia Inventory of Chemical Substances (AICS)

**SILICA CRYSTALLINE - QUARTZ IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
Australia Inventory of Chemical Substances (AICS)  
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 AMORPHOUS, DIATOMACEOUS EARTH IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Not Applicable

**CALCIUM ALUMINATE CEMENT IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**ZINC STEARATE IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 4

**FLY ASH - LOW QUARTZ IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**BLAST FURNACE SLAG IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Inventory of Chemical Substances (AICS)

**CALCIUM OXIDE IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Inventory of Chemical Substances (AICS)

**National Inventory Status**

National Inventory	Status
Australia - AICS	No (silica amorphous, diatomaceous earth)
Canada - DSL	No (silica amorphous, diatomaceous earth)
Canada - NDSL	No (portland cement; silica crystalline - quartz; calcium aluminate cement; zinc stearate; fly ash - low quartz; blast furnace slag; calcium oxide)
China - IECSC	No (blast furnace slag)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement; silica amorphous, diatomaceous earth; fly ash - low quartz; blast furnace slag)
Korea - KECI	No (blast furnace slag)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement; calcium aluminate cement; blast furnace slag)

USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (calcium aluminate cement; blast furnace slag)
Vietnam - NCI	Yes
Russia - ARIPS	No (calcium aluminate cement; fly ash - low quartz; blast furnace slag)
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

## SECTION 16 OTHER INFORMATION

<b>Revision Date</b>	01/11/2019
<b>Initial Date</b>	16/02/2017

### SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	16/02/2017	Fire Fighter (fire/explosion hazard)
3.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

### Other information

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

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

### Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average  
 PC—STEL: Permissible Concentration-Short Term Exposure Limit  
 IARC: International Agency for Research on Cancer  
 ACGIH: American Conference of Governmental Industrial Hygienists  
 STEL: Short Term Exposure Limit  
 TEEL: Temporary Emergency Exposure Limit.  
 IDLH: Immediately Dangerous to Life or Health Concentrations  
 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

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