

# Safety Data Sheet

# WESTOX

BUILDING PRODUCTS

## WESTOX GROUTING MORTAR PART A

Date of Issue 27/08/2019  
Date of Revision 17/09/2024

### 1 - IDENTIFICATION

Product Name	WESTOX GROUTING MORTAR PART A	
Synonyms	Not Available	
Recommended Use	Used for high strength grouting repairs to Masonry.	
Company Details	Westlegate Pty Ltd	
Address	16 Frost Road Campbelltown NSW 2560 Australia	
Phone	61 2 4628 5010	
Fax	61 2 4628 5020	
Email	info@westox.com	
Website	www.westox.com	
Emergency Contact Point	Australian Poisons Information Centre 24 Hour Service Police, Fire Brigade or Ambulance	13 11 26 000
	New Zealand Poisons Information Centre 24 Hour Service NZ Emergency Services	0800 764 766 111

### 2 - HAZARD(S) IDENTIFICATION

Poisons Schedule	Not Applicable
Hazard Classification	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) Specific target organ toxicity - repeated exposure Category 2

**Legend:** 1. Classification drawn from HCIS; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Pictograms



Signal Word

**DANGER**

Hazard Statements

**H315** Causes skin irritation.  
**H318** Causes serious eye damage.  
**H317** May cause an allergic skin reaction.  
**H341** Suspected of causing genetic defects.  
**H335** May cause respiratory irritation.  
**H373** May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

**P201** Obtain special instructions before use.  
**P260** Do not breathe dust/fume/gas/mist/vapours/spray.  
**P271** Use only outdoors or in a well-ventilated area.  
**P280** Wear protective gloves/protective clothing/eye protection/face protection.  
**P281** Use personal protective equipment as required.  
**P272** Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

**P305+P351+P338** IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
**P308+P313** IF exposed or concerned: Get medical advice/attention.  
**P310** Immediately call a POISON CENTER or doctor/physician.  
**P321** Specific treatment (see advice on this label).  
**P362** Take off contaminated clothing and wash before reuse.  
**P302+P352** IF ON SKIN: Wash with plenty of soap and water.

**P333+P313** If skin irritation or rash occurs: Get medical advice/attention.

**P304+P340** IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

Precautionary statement(s) Storage

**P405** Store locked up.

**P403+P233** Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

**P501** Dispose of contents/container in accordance with local regulations.

### 3 - COMPOSITION AND INFORMATION ON INGREDIENTS

Name	CAS Number	Content %
portland cement	65997-15-1	10-30
silica crystalline – quartz	14808-60-7	60-90
Ingredients determined not to be hazardous	Not Available	0-1

### 4 - FIRST AID MEASURES

#### Eye Contact

If this product comes in contact with the eyes:

- ▶ Immediately hold eyelids apart and flush the eye continuously with running water.
- ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- ▶ Transport to hospital or doctor without delay.
- ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

#### Skin Contact

If skin 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.
- ▶ 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.
- ▶ Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 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]

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

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.

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

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

## 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

### Fire Fighting

- ▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles.
- ▶ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse.
- ▶ 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 firefighting procedures suitable for surrounding area.
- ▶ **DO NOT** approach containers suspected to be hot.
- ▶ Cool fire exposed containers with water spray from a protected location.
- ▶ If safe to do so, remove containers from path of fire.
- ▶ Equipment should be thoroughly decontaminated after use.

### Fire/ Explosion Hazard

- ▶ Non-combustible
- ▶ Not considered a significant fire risk, however containers may burn.

Decomposition may produce toxic fumes of:

silicon dioxide (SiO<sub>2</sub>)

When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.

May emit poisonous fumes

May emit corrosive fumes

**Hazchem**                      Not Applicable

## 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.
- ▶ Use dry clean up procedures and avoid generating dust.

- ▶ Place in a suitable, labelled container for waste disposal.

## 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.
- ▶ Prevent, by any means available, spillage from entering drains or water courses.
- ▶ Recover product wherever possible.
- ▶ **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal.
- ▶ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.
- ▶ If contamination of drains or waterways occurs, advise Emergency Services.

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

## 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.
- ▶ **DO NOT enter confined spaces until atmosphere has been checked.**
- ▶ **DO NOT allow material to contact humans, exposed food or food utensils.**
- ▶ Avoid contact with incompatible materials.
- ▶ **When handling, DO NOT eat, drink or smoke.**
- ▶ Keep containers securely sealed when not in use.
- ▶ Avoid physical damage to containers.
- ▶ Always wash hands with soap and water after handling.
- ▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- ▶ Use good occupational work practice.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.
- ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

#### Other information

- ▶ 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.
- ▶ Protect containers against physical damage and check regularly for leaks.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

For major quantities:

- ▶ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
- ▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

### 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

- ▶ Segregate from alcohol, water.
- ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- ▶ Avoid contact with copper, aluminium and their alloys.
- ▶ **NOTE:** May develop pressure in containers; open carefully. Vent periodically.

## 8 - EXPOSURE CONTROLS AND PERSONAL PROTECTION

### 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	silica crystalline – quartz	Silica – Crystalline: Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline – quartz	Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	See Silica - Crystalline

## Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica crystalline – quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	5000 mg/m3	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available

## Material Data

for calcium silicate:

containing no asbestos and <1% crystalline silica

ES TWA: 10 mg/m3 inspirable dust

TLV TWA: 10 mg/m3 total dust (synthetic nonfibrous) A4

Although in vitro studies indicate that calcium silicate is more toxic than substances described as "nuisance dusts" is thought that adverse health effects which might occur following exposure to 10-20 mg/m3 are likely to be minimal. The TLV-TWA is thought to be protective against the physical risk of eye and upper respiratory tract irritation in workers and to prevent interference with vision and deposition of particulate in the eyes, ears, nose and mouth.

**WARNING:** For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

**NOTE:** This substance has been classified by the ACGIH as A4 **NOT** classifiable as causing Cancer in humans.

The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 um) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.

Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.

\* 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.

For aluminium oxide:

The experimental and clinical data indicate that aluminium oxide acts as an "inert" material when inhaled and seems to have little effect on the lungs nor does it produce significant organic disease or toxic effects when exposures are kept under reasonable control.

[Documentation of the Threshold Limit Values], ACGIH, Sixth Edition

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 um (+-) 0.3 um and with a geometric standard deviation of 1.5 um (+-) 0.1 um, i.e..generally less than 5 um.

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of cement and concrete are common. Cutting, grinding and other high-speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits.

Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013.

## Exposure Controls

### 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. 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.

Employers may need to use multiple types of controls to prevent employee overexposure.

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.

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.

Type of Contaminant	Air Speed
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25–0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)	2.5-10 m/s (500-2000 f/min)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity
3: Intermittent, low production	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

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.

### Personal Protective Equipment



#### 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. 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]

#### Skin/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. 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.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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.
- 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.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

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.

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.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- 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.
- 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

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.

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.
- ▶ fluorocautchouc.
- ▶ polyvinyl chloride.

Gloves should be examined for wear and/ or degradation constantly.

- Body/other protection**
- ▶ Overalls
  - ▶ PVC Apron
  - ▶ Barrier cream
  - ▶ Skin cleansing cream
  - ▶ Eye wash unit

### Respiratory Protection

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

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

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

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

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

Use respirators with protection factors appropriate for the exposure level.

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

## 9 - PHYSICAL AND CHEMICAL PROPERTIES

### General Information

<b>Appearance</b>	Powder with no odour; partly mixes with water		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol /water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Applicable
<b>Initial boiling point and boiling range (°C)</b>	Not Applicable	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Applicable	<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 Applicable
<b>Vapour pressure (kPa)</b>	Not Applicable	<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 Applicable	<b>VOC g/L</b>	Not Applicable

## 10 - STABILITY AND REACTIVITY

**Reactivity** See section 7

**Chemical stability** ▶ Unstable in the presence of incompatible materials.

Westox Grouting Mortar Part A



- ▶ Product is considered stable.
- ▶ Hazardous polymerisation will not occur.

<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

## 11 - TOXICOLOGICAL INFORMATION

<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.</p> <p>Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.</p> <p>Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. It differs greatly from classical silicosis both clinically and pathologically. The disease is rapidly progressive with diffuse pulmonary involvement developing only months after the initial exposure and causing deaths within 1 to 2 years. It is often complicated by an associated tuberculosis. The lungs of victims contain no classical silicotic nodules or only a few, microscopic abortive nodules, whereas the air spaces are diffusively filled and distended with silica-containing, lipoprotein paste in which degenerating and necrotic macrophages are sometimes discernible - the condition is sometimes described as alveolar lipoproteinosis. The uptake of silica particles by macrophages and lysosomal incorporation, is followed by rupture of the lysosomal membrane and release of lysosomal enzymes into cytoplasm of the macrophage. This causes the macrophage to be digested by its own enzymes and after lysis the free silica is released to be ingested by other macrophages thus continuing initiate collagen formation in the lung tissue producing the characteristic nodule found in classical (chronic) silicosis.</p>
<b>Ingestion</b>	<p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract. Accidental ingestion of the material may be damaging to the health of the individual.</p>
<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 alumina's (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>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>	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p>
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. 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>Harmful: danger of serious damage to health by prolonged exposure through inhalation.</p> <p>Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule, the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests.</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>



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.

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.

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.

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.

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.

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.

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.

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 (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).

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. 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.

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.

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.

Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. 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].

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.

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 (FEV<sub>1</sub>) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF<sub>50</sub>, FEF<sub>75</sub>). 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.

Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996.

Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung.

The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis.

Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure.

Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking.

Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more. The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic

but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicosis (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m<sup>3</sup> (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.

Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers.

**NOTE:** Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- standardised respiratory function tests such as FEV<sub>1</sub>, FVC and FEV<sub>1</sub>/FVC
- standardised respiratory function tests such as FV<sub>1</sub>, FVC and FEV<sub>1</sub>/FVC
- chest X-ray, full size PA view
- records of personal exposure

Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections.

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnoea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication. Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken.

Dust inhalation over an extended number of years may produce pneumoconiosis. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of no collagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.

Chronic excessive iron exposure has been associated with hemosiderosis 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.

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.

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. 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]

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

<b>WESTOX GROUTING MORTAR PART A</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>portland cement</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>silica crystalline - quartz</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: =500 mg/kg	Not Available

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

#### PORTLAND CEMENT

The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger

sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Asthma-like symptoms may continue for months or even years after exposure to the material 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. No significant acute toxicological data identified in literature search.

**SILICA CRYSTALLINE – QUARTZ**

**WARNING:** For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.

Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.

\* 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.

<b>Acute Toxicity</b>	✘	<b>Carcinogenicity</b>	✘
<b>Skin Irritation/Corrosion</b>	✔	<b>Reproductivity</b>	✘
<b>Serious Eye Damage/Irritation</b>	✔	<b>STOT - Single Exposure</b>	✔
<b>Respiratory or Skin sensitisation</b>	✔	<b>STOT - Repeated Exposure</b>	✔
<b>Mutagenicity</b>	✔	<b>Aspiration Hazard</b>	✘

**Legend:** ✘ – Data either not available or does not fill the criteria for classification

✔ – Data available to make classification

**12 - ECOLOGICAL INFORMATION**

**Toxicity**

Westox Grouting Mortar Part A	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

  

portland cement	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

  

silica crystalline - quartz	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	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 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

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

Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms. When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. Environmental processes may also be important in changing solubilities.

Even though many metals show few toxic effects at physiological pHs, transformation may introduce new or magnified effects.

A metal ion is considered infinitely persistent because it cannot degrade further.

The current state of science does not allow for an unambiguous interpretation of various measures of bioaccumulation.

The counter-ion may also create health and environmental concerns once isolated from the metal. Under normal physiological conditions the counter-ion may be essentially insoluble and may not be bioavailable.

Environmental processes may enhance bioavailability.

**Persistence and degradability**

<b>Ingredient</b>	<b>Persistence: Water/Soil</b>	<b>Persistence: Air</b>
	No Data Available for all Ingredients	No Data Available for all Ingredients

Westox Grouting Mortar Part A

## Bioaccumulative potential

**Ingredient**                    **Bioaccumulation**  
No Data Available for all Ingredients

## Mobility in soil

**Ingredient**                    **Mobility**  
No Data Available for all Ingredients

## 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 cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
  - ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.
- Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.
- A Hierarchy of Controls seems to be common - the user should investigate:
- ▶ Reduction
  - ▶ Reuse
  - ▶ Recycling
  - ▶ Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf-life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.

- ▶ **DO NOT allow wash water from cleaning or process equipment to enter drains.**
- ▶ It may be necessary to collect all wash water for treatment before disposal.
- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- ▶ Recycle wherever possible or consult manufacturer for recycling options.
- ▶ Consult State Land Waste Management Authority for disposal.
- ▶ Bury residue in an authorised landfill.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill.

## 14 - TRANSPORT INFORMATION

### Labels Required

**Marine Pollutant**                    NO

**HAZCHEM**                                Not Applicable

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

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

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

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

Not Applicable

## 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 Exposure Standards  
Australia Inventory of Chemical Substances (AICS)

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

Australia Exposure Standards  
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals  
Australia Inventory of Chemical Substances (AICS)  
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory	Status
Australia – AICS	Yes

Canada – DSL	Yes
Canada – NDSL	No (portland cement; silica crystalline – quartz)
China – IECSC	Yes
Europe – EINIC / 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 - ARIPS	Yes
<i>Legend</i>	<i>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 on the inventory and are not exempt from listing (see specific items in brackets)</i>

## 16 - OTHER RELEVANT INFORMATION

**Date of Revision** 17/09/2024  
**Initial Date** 07/06/2018

### Other information

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

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from Westox Building Products.

TEL (+61 2) 4628 5010.

# Safety Data Sheet



## WESTOX GROUTING MORTAR PART B

Date of Issue 02/09/2019  
Date of Revision 19/09/2024

### 1 - IDENTIFICATION

<b>Product Name</b>	WESTOX GROUTING MORTAR PART B	
<b>Synonyms</b>	Not Available	
<b>Recommended Use</b>	Used for high strength repairs to Masonry.	
<b>Company Details</b>	Westlegate Pty Ltd	
<b>Address</b>	16 Frost Road Campbelltown NSW 2560 Australia	
<b>Phone</b>	61 2 4628 5010	
<b>Fax</b>	61 2 4628 5020	
<b>Email</b>	info@westox.com	
<b>Website</b>	www.westox.com	
<b>Emergency Contact Point</b>	Australian Poisons Information Centre 24 Hour Service Police, Fire Brigade or Ambulance	13 11 26 000
	New Zealand Poisons Information Centre 24 Hour Service NZ Emergency Services	0800 764 766 111

### 2 - HAZARD(S) IDENTIFICATION

Poisons Schedule	Not Applicable
Hazard Classification	Not Applicable
Hazard Categories	Not Applicable
Pictograms	Not Applicable
Signal Word	<b>NOT APPLICABLE</b>
Hazard statement(s)	Not Applicable
Precautionary statement(s) Prevention	Not Applicable
Precautionary statement(s) Response	Not Applicable
Precautionary statement(s) Storage	Not Applicable
Precautionary statement(s) Disposal	Not Applicable
Dangerous Goods Classification	Not Applicable

### 3 - COMPOSITION AND INFORMATION ON INGREDIENTS

Name	CAS Number	Content %
acrylate/methacrylate copolymer	Not Available	10-30
Ingredients determined not to be hazardous	Not available	>60
water	7732-18-5	

### 4 - FIRST AID MEASURES

<b>Eye Contact</b>	If this product comes into contact with the eyes: <ul style="list-style-type: none"><li>▶ Wash out immediately with fresh 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>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li><li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li></ul>
<b>Skin Contact</b>	If skin or hair contact occurs: <ul style="list-style-type: none"><li>▶ Flush skin and hair with running water (and soap if available).</li></ul>

- ▶ Seek medical attention in event of irritation.

#### Inhalation

- ▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area.
- ▶ Other measures are usually unnecessary.

#### 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.
- ▶ 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.

### 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

- ▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

##### Fire Fighting

- ▶ Use water delivered as a fine spray to control fire and cool adjacent area.
- ▶ **Do not** approach containers suspected to be hot.
- ▶ Cool fire exposed containers with water spray from a protected location.
- ▶ If safe to do so, remove containers from path of fire.
- ▶ Equipment should be thoroughly decontaminated after use.

##### Fire/ Explosion Hazard

- ▶ The material is not readily combustible under normal conditions.
- ▶ However, it will break down under fire conditions and the organic component may burn.
- ▶ Not considered to be a significant fire risk.
- ▶ Heat may cause expansion or decomposition with violent rupture of containers.
- ▶ Decomposes on heating and may produce toxic fumes of carbon monoxide (CO).
- ▶ May emit acrid smoke.

Decomposition may produce toxic fumes of:  
carbon dioxide (CO<sub>2</sub>)

##### Hazchem

Not Applicable

### 6 - ACCIDENTAL RELEASE MEASURES

#### Personal precautions, protective equipment and emergency procedures

See section 8

#### Environmental precautions

See section 12

#### Methods and material for containment and cleaning up

##### Minor Spills

- ▶ Clean up all spills immediately.
- ▶ Avoid breathing vapours and contact with skin and eyes.
- ▶ Control personal contact with the substance, by using protective equipment.
- ▶ Contain and absorb spill with sand, earth, inert material or vermiculite.
- ▶ Wipe up.
- ▶ Place in a suitable, labelled container for waste disposal.

##### Major Spills

- ▶ Clear area of personnel and move upwind.
- ▶ Alert Fire Brigade and tell them location and nature of hazard.
- ▶ Control personal contact with the substance, by using protective equipment.
- ▶ Prevent spillage from entering drains, sewers or water courses.
- ▶ Recover product wherever possible.
- ▶ Put residues in labelled containers for disposal.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

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

### 7 - HANDLING AND STORAGE

#### Precautions for safe handling

##### Safe handling

- ▶ Limit all unnecessary personal contact.
- ▶ Wear protective clothing when risk of exposure occurs.
- ▶ Use in a well-ventilated area.
- ▶ Avoid contact with incompatible materials.



- ▶ When handling, **DO NOT eat, drink or smoke.**
- ▶ Keep containers securely sealed when not in use.
- ▶ Avoid physical damage to containers.
- ▶ Always wash hands with soap and water after handling.
- ▶ Work clothes should be laundered separately.
- ▶ Use good occupational work practice.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.
- ▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

**Other information**

- ▶ Store in original containers.
- ▶ Keep containers securely sealed.
- ▶ Store in a cool, dry, well-ventilated area.
- ▶ Store away from incompatible materials and foodstuff containers.
- ▶ Protect containers against physical damage and check regularly for leaks.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

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

**Suitable container**

- ▶ Polyethylene or polypropylene container.
- ▶ Packing as recommended by manufacturer.
- ▶ Check all containers are clearly labelled and free from leaks.

**Storage Incompatibility**

- Avoid contamination of water, foodstuffs, feed or seed.
- ▶ Avoid reaction with oxidising agents

**8 - EXPOSURE CONTROLS AND PERSONAL PROTECTION**

**Control parameters**

**Occupational Exposure Limits (OEL)**

**Ingredient Data**

Not Available

**Emergency Limits**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
WESTOX GROUTING MORTAR PART B	Not Available	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
water	Not Available	Not Available

**Material Data**

**Exposure Controls**

**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. 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.

Employers may need to use multiple types of controls to prevent employee overexposure.

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas. 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.

Type of Contaminant	Air Speed
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25–0.5 m/s (50-100 f/min)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)	2.5-10 m/s (500-2000 f/min)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only	2: Contaminants of high toxicity

3: Intermittent, low production	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

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.

### Personal Protective Equipment



#### 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. 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]

#### Skin/hands/feet protection

- Wear general protective gloves, e.g. light weight rubber gloves.  
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 cannot 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. 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.  
Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:
- . frequency and duration of contact,
  - . chemical resistance of glove material,
  - . glove thickness and
  - . dexterity
- Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).
- . 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.
  - . 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.
  - . Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
  - . Contaminated gloves should be replaced.
- As defined in ASTM F-739-96 in any application, gloves are rated as:
- . Excellent when breakthrough time > 480 min
  - . Good when breakthrough time > 20 min
  - . Fair when breakthrough time < 20 min
  - . Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.  
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.

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.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- . 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.
- . 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

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.

#### Body/other protection

No special equipment needed when handling small quantities.

##### OTHERWISE:

- ▶ Overalls.
- ▶ Barrier cream.
- ▶ Eyewash unit.

## Glove selection index

Glove selection is based on a modified presentation of the:

### "Forsberg Clothing Performance Index".

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

#### WESTOX GROUTING MORTAR PART B

Material	Rating
BUTYL	GOOD
NEOPRENE	GOOD
VITON	GOOD
NATURAL RUBBER	POOR
PVA	POOR

Good	Best Selection
Satisfactory	May degrade after 4 hours continuous immersion
Poor	Poor to dangerous choice for other than short term immersion

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

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

## 9 - PHYSICAL AND CHEMICAL PROPERTIES

### Information on basic physical and chemical properties

**Appearance** Cream to white emulsion with a slight acrylic odour; mixes with water.

<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.04-1.08
<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 Available	<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 Applicable	<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 Available
<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>	Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## 10 - STABILITY AND REACTIVITY

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	Product is considered stable and hazardous polymerisation will not occur.
<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

## 11 - TOXICOLOGICAL INFORMATION

<b>Inhaled</b>	The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting. Not normally a hazard due to non-volatile nature of product. Acrylic polymer emulsions may contain residual traces of odorous acrylic monomers; the amounts remaining in compounded mixtures represents a very low order of exposure, however this may become noticeable with some materials particularly in confined or poorly ventilated spaces.
<b>Ingestion</b>	Considered an unlikely route of entry in commercial/industrial environments. Ingestion may result in nausea, abdominal irritation, pain and vomiting.
<b>Skin Contact</b>	The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
<b>Eye</b>	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

**Chronic**

Principal routes of exposure are by accidental skin and eye contact and by inhalation of vapours especially at higher temperatures.

Prolonged or continuous skin contact with the liquid may cause defatting with drying, cracking, irritation and dermatitis following.

As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.

<b>WESTOX GROUTING MORTAR PART B</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available

<b>WATER</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: >90000 mg/kg	Not Available

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

**WESTOX GROUTING MORTAR PART B & WATER** No significant acute toxicological data identified in literature search.

<b>Acute Toxicity</b>	<b>×</b>	<b>Carcinogenicity</b>	<b>×</b>
<b>Skin Irritation/Corrosion</b>	<b>×</b>	<b>Reproductivity</b>	<b>×</b>
<b>Serious Eye Damage/Irritation</b>	<b>×</b>	<b>STOT - Single Exposure</b>	<b>×</b>
<b>Respiratory or Skin sensitisation</b>	<b>×</b>	<b>STOT - Repeated Exposure</b>	<b>×</b>
<b>Mutagenicity</b>	<b>×</b>	<b>Aspiration Hazard</b>	<b>×</b>

**Legend:** **×** – Data either not available or does not fill the criteria for classification

**✓** – Data available to make classification

**12 - ECOLOGICAL INFORMATION****Toxicity**

Westox Grouting Mortar Part B	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

Water	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	897.520 mg/L	3
	EC50	96	Algae or other aquatic plants	8768.874 mg/L	3

**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

**Persistence and degradability**

<b>Ingredient</b>	<b>Persistence: Water/Soil</b>	<b>Persistence: Air</b>
Water	LOW	LOW

**Bioaccumulative potential**

<b>Ingredient</b>	<b>Bioaccumulation</b>
Water	LOW (LogKOW = -1.38)

**Mobility in soil**

<b>Ingredient</b>	<b>Mobility</b>
Water	LOW (KOC = 14.3)

**13 - DISPOSAL CONSIDERATIONS****Waste treatment methods****Product / Packaging disposal**

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- ▶ Reduction
- ▶ Reuse
- ▶ Recycling
- ▶ Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf-life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- ▶ **DO NOT allow wash water from cleaning or process equipment to enter drains.**
- ▶ It may be necessary to collect all wash water for treatment before disposal.

- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.
- ▶ Recycle wherever possible.
- ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material).
- ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

## 14 - TRANSPORT INFORMATION

### Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

## 15 - REGULATORY INFORMATION

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

### WATER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

IMO IBC Code Chapter 18: List of products to which the Code does not apply

National Inventory	Status
Australia – AICS	Yes
Canada – DSL	Yes
Canada – NDSL	No (water)
China – IECSC	Yes
Europe – EINIC / ELINCS / NLP	Yes
Japan – ENCS	Yes
Korea – KECI	Yes
New Zealand – NZIoC	Yes
Philippines – PICCS	Yes
USA – TSCA	Yes
Taiwan – TCSI	Yes
Mexico – INSQ	Yes
Vietnam – NCI	Yes
Russia - ARIPS	Yes
<i>Legend</i>	<i>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 on the inventory and are not exempt from listing (see specific items in brackets)</i>

## 16 - OTHER RELEVANT INFORMATION

Revision Date 19/09/2024  
Initial Date 12/06/2018

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

This document is copyright.

Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from Westox Building Products.

TEL (+61 2) 4628 5010.