Safety Data Sheet

WESTOX BUILDING PRODUCTS

WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART A

Date of Issue 02/09/2023
Date of Revision 05/09/2024

1 - IDENTIFICATION

Product Name	WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART A
Synonyms	Not Available
Other means of identification	Not Available
Recommended Use	As liquid resin for cement membrane.
Company Details	Westlegate Pty Ltd
Address	16 Frost Road Campbelltown NSW 2560 Australia
Phone	61 2 4628 5010
Email	info@westox.com
Website	www.westox.com
Emergency Contact Point	Australian Poisons Information Centre 24 Hour Service 13 11 26 Police, Fire Brigade or Ambulance 000 New Zealand Poisons Information Centre 24 Hour Service 0800 764 766 NZ Emergency Services 111

2 - HAZARD(S) IDENTIFICATION

Poisons Schedule (Aust)	Not applicable
Hazard Classification	Not Applicable
Hazard Pictograms	Not Applicable
Signal Word	**NOT APPLICABLE**
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

3 - COMPOSITION AND INFORMATION ON INGREDIENTS

Name	CAS Number	Content %
styrene/butadiene copolymer	9003-55-8	30-70
styrene	100-42-5	<0.1
water	7732-18-5	30-60

4 - FIRST AID MEASURES

Eye Contact

If this product comes in contact with the eyes:
- Wash out immediately with fresh 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.
- Seek medical attention without delay; if pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

Skin Contact

If skin or hair contact occurs:
- Flush skin and hair with running water (and soap if available).
- 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

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

5 - FIREFIGHTING MEASURES

Extinguishing Media

The product contains a substantial proportion of water, therefore there are no restrictions on the type of extinguishing media which may be used. Choice of extinguishing media should take into account surrounding areas.
Though the material is non-combustible, evaporation of water from the mixture, caused by the heat of nearby fire, may produce floating layers of combustible substances.
In such an event consider:

- foam.
- dry chemical powder.
- carbon dioxide.

Special hazards arising from the substrate or mixture

Fire Incompatibility None known.

Advice for Fire Fighters

Fire Fighting

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves in the event of a fire.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use fire fighting procedures suitable for surrounding area.
- **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.

Decomposes on heating and produces toxic fumes of:
carbon dioxide (CO_2)
other pyrolysis products typical of burning organic material.
May emit poisonous 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

- 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

Moderate hazard.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue (see Section 13 for specific agent).
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean-up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

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, 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 None known

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	styrene	Styrene, monomer	50 ppm / 213 mg/m3	426 mg/m3 / 100 ppm	Not Available	Not Available

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
styrene	Styrene	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
styrene/butadiene copolymer	Not Available	Not Available
styrene	700 ppm	Not Available
water	Not Available	Not Available

MATERIAL DATA

for styrene:
Odour Threshold: 0.017 to 1.9 with a geometric average threshold of 0.32 ppm.
NOTE: Detector tubes measuring styrene at greater than 10 ppm are available.
The recommended TLV-TWA and STEL is based on the influence of styrene exposure on the central and peripheral nervous systems. At the TWA, total daily styrene exposure to the standard 70 kg medium-frame man who inhales 10 m3 and who retains 70% of the inspired compound is 21 mg/kg with 0.5 mg/kg absorbed through the skin. The total absorbed dose can be increased six-fold with physical work and increased respiration rate.
Measurement of styrene and its metabolites in the urine can be an indication of recent exposure though this approach may be limited by factors such as the influence of alcohol consumption on styrene pharmodynamics. Exposure at or below the TLV-TWA is thought to protect the worker against the significant risks of narcosis, neuropathies and irritation although other findings suggest that neuro-optical effects are significant amongst workers exposed at 4 ppm.
Odour Safety Factor (OSF)
OSF=63 (STYRENE)

Exposure controls

Appropriate Engineering Controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. 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

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.

- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber

Body/other protection

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

Recommended material(s)

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 PLASTALITE FLEXIBLE CEMENT MEMBRANE PART A

Material	Rating
BUTYL	Poor
NATURAL RUBBER	Poor
NEOPRENE	Poor
NITRILE	Poor
NITRILE+PVC	Poor
PE/EVAL/PE	Poor
PVA	Poor
PVC	Poor
SARANEX-23	Poor
TEFLON	Poor
VITON	Poor

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.

Respiratory Protection

Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent).

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.
Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-face Respirator	Powered Air-Respirator
Up to 5 x ES	A-AUS / Class 1 P2	-	A-PAPR-AUS / Class 1 P2

Up to 25 x ES	Air-line*	A-2 P2	A-PAPR-2 P2
Up to 50 x ES	-	A-3 P2	-
50+ x ES	-	Air-line**	-

^ - Full-face
A (All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide (HCN), B3 = Acid gas or hydrogen cyanide (HCN), E = Sulfur dioxide (SO2), G = Agricultural chemicals, K = Ammonia (NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds (below 65 degC)

9 - PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Milky white emulsion; mixes with water.

Physical state	Liquid	**Relative density (Water = 1)**	1.0-1.05
Odour	Not Available	**Partition coefficient n-octanol/water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Applicable
pH (as supplied)	Not Available	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Available
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Available	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Available
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Available
Vapour pressure (kPa)	Not Available	**Gas group**	Not Available
Solubility in water	Miscible	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Available	**VOC g/L**	Not Available

10 - STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	▸ Unstable in the presence of incompatible materials. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possiblity of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

11 - TOXICOLOGICAL INFORMATION

Inhaled	Not normally a hazard due to non-volatile nature of product. The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern. High molecular weight material; on single acute exposure would be expected to pass through gastrointestinal tract with little change / absorption. Occasionally accumulation of the solid material within the alimentary tract may result in formation of a bezoar (concretion), producing discomfort.
Skin Contact	The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting. Irritation and skin reactions are possible with sensitive skin. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	Limited evidence or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to

windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

Chronic

On the basis, primarily, of animal experiments, concern has been expressed by at least one classification body that the material may produce carcinogenic or mutagenic effects; in respect of the available information, however, there presently exists inadequate data for making a satisfactory assessment. The material contains a substantial proportion of a polymer considered to be of low concern (PLC). The trend towards production of lower molecular weight polymers (thus reducing the required level of solvent use and creating a more "environmentally-friendly" material) has brought with it the need to define PLCs as those having molecular weights of between 1000 and 10000 and containing less than 10% of the molecules with molecular weight below 500 and less than 25% of the molecules with a molecular weight below 1000. These may contain unlimited low concern functional groups or moderate concern reactive functional groups with a combined functional group equivalent weight (FGEW, a concept developed by the US EPA describing whether the reactive functional group is sufficiently diluted by polymeric material) of a 1000 or more (provided no high concern groups are present) or high concern reactive functional groups with a FGEW of 5000 or more (FGEW includes moderate concern groups if present).
Having molecular weights exceeding 10000 (without restriction on reactive groups).
Inhalation of polymers with molecular weights > 70,000 Da has been linked with irreversible lung damage due to lung overloading and impaired clearance of particles from the lung, particularly following repeated exposure. If the polymer is inhaled at low levels and/or infrequently, it is assumed that it will be cleared from the lungs.
Reactive functional groups are in turn classified as being of low, moderate or high concern Classification of the polymer as a PLC, in accordance with established criteria, does not mean that hazards will not be associated with the polymer (during its import, manufacture, use, storage, handling or disposal). The polymer may, for example, contain a large number of particles in the respirable range, a hazard which may need to assessed in the health and safety risk assessment. Similarly a polymer with low concern reactive may be released into the environment in large quantities and produce an environmental hazard.
Whilst it is generally accepted that polymers with a molecular weight exceeding 1000 are unlikely to pass through biological membranes, oligomers with lower molecular weight and specifically, those with a molecular weight below 500, may.
Estimations based on a "highly" dispersed polymer population (polydispersity = 10) suggests that the molecular weight of the polymer carrying a reactive group of high concern must be 5000 to be considered a PLC; similarly a polymer of approximate molecular weight 1000 could contain no more than one reactive group of moderate concern (for two moderate concern groups, the molecular weight would be about 2500).

WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART A	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

styrene/butadiene copolymer	**TOXICITY**	**IRRITATION**
	Dermal (rabbit) LD50: >18800 mg/kg[2]	Eye (rabbit) 500: mg/24h -
	Oral (rat) LD50: 67022 mg/kg[2]	Eye : Mild

styrene	**TOXICITY**	**IRRITATION**
	Dermal (rat) LD50: >2000 mg/kg[1]	Eye (rabbit): 100 mg/24h - moderate
	Inhalation (rat) LC50: 11.8 mg/l/4H[2]	Eye (rabbit): 100 mg/24h - moderate
	Oral (rat) LD50: =1000 mg/kg[2]	Skin (rabbit): 500 mg – mild
		Skin (rabbit): 500 mg - mild

water	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: >90000 mg/kg[2]	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*

STYRENE/ BUTADIENE COPOLYMER
The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
The substance is classified by IARC as Group 3:
NOT classifiable as to its carcinogenicity to humans.
Evidence of carcinogenicity may be inadequate or limited in animal testing.

STYRENE
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 the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

WATER
No significant acute toxicological data identified in literature search.

Acute Toxicity	✗	**Carcinogenicity**	✗
Skin Irritation/Corrosion	✗	**Reproductivity**	✗
Serious Eye Damage/Irritation	✗	**STOT - Single Exposure**	✗
Respiratory or Skin sensitisation	✗	**STOT - Repeated Exposure**	✗
Mutagenicity	✗	**Aspiration Hazard**	✗

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

✔ – *Data available to make classification*

12 - ECOLOGICAL INFORMATION

Toxicity

Westox Flexible Cement Membrane (FCM) Part A	**ENDPOINT**	**TEST DURATION (HR)**	**SPECIES**	**VALUE**	**SOURCE**
	Not Available	Not Available	Not Available	Not Available	Not Available

styrene/ butadiene copolymer	**ENDPOINT**	**TEST DURATION (HR)**	**SPECIES**	**VALUE**	**SOURCE**
	Not Available	Not Available	Not Available	Not Available	Not Available

styrene	**ENDPOINT**	**TEST DURATION (HR)**	**SPECIES**	**VALUE**	**SOURCE**
	LC50	96	Fish	3.963mg/L	3
	EC50	48	Crustacea	4.7mg/L	2
	EC50	96	Algae or other aquatic plants	0.72mg/L	4
	EC10	96	Algae or other aquatic plants	=0.13mg/L	1
	NOEC	168	Crustacea	0.00006mg/L	2

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	**Persistence: Water/Soil**	**Persistence: Air**
styrene	HIGH (Half-life 210 days)	LOW (Half-life = 0.3 days)
water	LOW	LOW

Bioaccumulative Potential

Ingredient	**Bioaccumulation**
styrene	LOW (BCF = 77)
water	LOW (LogKOW = -1.38)

Mobility in soil

Ingredient	**Mobility**
styrene	LOW (KOC = 517.8)
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

STYRENE/ BUTADIENE COPOLYMER IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)
GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Air Transport Association (IATA) Dangerous Goods Regulations
International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List Passenger and Cargo Aircraft

STYRENE IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Dangerous Goods Code (ADG Code) - Dangerous Goods List
Australia Dangerous Goods Code (ADG Code) - Goods Too Dangerous To Be Transported
Australia Dangerous Goods Code (ADG Code) - List of Emergency Action Codes
Australia Exposure Standards
Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Hazardous chemicals which may require Health Monitoring
Australia Inventory of Chemical Substances (AICS)
Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) – Schedule 5
GESAMP/EHS Composite List - GESAMP Hazard Profiles
IMO IBC Code Chapter 17: Summary of minimum requirements
IMO MARPOL (Annex II) - List of Noxious Liquid Substances Carried in Bulk
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Air Transport Association (IATA) Dangerous Goods Regulations
International Air Transport Association (IATA) Dangerous Goods Regulations - Prohibited List Passenger and Cargo Aircraft
International Maritime Dangerous Goods Requirements (IMDG Code)
United Nations Recommendations on the Transport of Dangerous Goods Model Regulations

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

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (styrene; styrene/ butadiene copolymer; water)

China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (styrene/ butadiene copolymer)
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
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

16 - OTHER RELEVANT INFORMATION

Revision Date **05/09/2024**
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

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Safety Data Sheet

WESTOX BUILDING PRODUCTS

WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART B

Date of Issue 29/08/2023
Date of Revision 05/09/2024

1 - IDENTIFICATION

Product Name	WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART B
Synonyms	Not Available
Other means of identification	Not Available
Recommended Use	Used for waterproofing masonry and as an adhesive for render over masonry surfaces.
Company Details **Address** **Phone** **Email** **Website**	Westlegate Pty Ltd 16 Frost Road Campbelltown NSW 2560 Australia 61 2 4628 5010 info@westox.com www.westox.com
Emergency Contact Point	Australian Poisons Information Centre 24 Hour Service 13 11 26 Police, Fire Brigade or Ambulance 000 New Zealand Poisons Information Centre 24 Hour Service 0800 764 766 NZ Emergency Services 111

2 - HAZARD(S) IDENTIFICATION

Poisons Schedule	Not Applicable
Hazard Classification	Acute Toxicity (Inhalation) Category 4 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*

Hazard Categories: Category 2

Pictograms

Signal Word: **DANGER**

Hazard statement(s)

H332 Harmful if inhaled
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 CENTRE 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 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

Substances

See section below for composition of Mixtures

Name	CAS Number	Content %
portland cement	65997-15-1	>90
non caking additives	Not Available	1-10
talc	14807-96-6	<100
chlorite / dolomite	Not Available	<10
silica crystalline – quartz	14808-60-7	<2

4 - FIRST AID MEASURES

Description of first aid measures

Eye Contact

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

Skin Contact

If skin 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 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	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water courses. ▸ Use fire fighting procedures suitable for surrounding area. ▸ **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	Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite. Nearly all metals will burn in air under certain conditions. Some are oxidised rapidly in the presence of air or moisture, generating sufficient heat to reach their ignition temperatures. Others oxidise so slowly that heat generated during oxidation is dissipated before the metal becomes hot enough to ignite. Particle size, shape, quantity, and alloy are important factors to be considered when evaluating metal combustibility. Combustibility of metallic alloys may differ and vary widely from the combustibility characteristics of the alloys' constituent elements. Decomposition may produce toxic fumes of: silicon dioxide (SiO_2) 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

Consider storage under inert gas.

- 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

For aluminas (aluminium oxide):
Incompatible with hot chlorinated rubber.
In the presence of chlorine trifluoride may react violently and ignite.
-May initiate explosive polymerisation of olefin oxides including ethylene oxide.
-Produces exothermic reaction above 200 C with halocarbons and an exothermic reaction at ambient temperatures with halocarbons in the presence of other metals.
-Produces exothermic reaction with oxygen difluoride.
-May form explosive mixture with oxygen difluoride.
-Forms explosive mixtures with sodium nitrate.
-Reacts vigorously with vinyl acetate.
Aluminium oxide is an amphoteric substance, meaning it can react with both acids and bases, such as hydrofluoric acid and sodium hydroxide, acting as an acid with a base and a base with an acid, neutralising the other and producing a salt.
Calcium oxide:

- reacts violently with water, evolving high quantities of heat
- reacts violently, with possible ignition or explosion, with acids, anilinium perchlorate, bromine pentafluoride, chlorine trifluoride, fluorine, hydrogen fluoride, hydrazine, hydrogen sulfide, hydrogen trisulfide, isopropyl isocyanide dichloride, light metals, lithium, magnesium, powdered aluminium, phosphorus, potassium, sulfur trioxide
- increase the explosive sensitivity of azides, nitroalkanes (e.g. nitroethane, nitromethane, 1-nitropropane etc.)
- is incompatible with boric acid, boron trifluoride, carbon dioxide, ethanol, halogens (such as fluorine), metal halides, phosphorus pentoxide, selenium oxychloride, sulfur dioxide and many organic materials

Calcium sulfate:

- reacts violently with reducing agents, acrolein, alcohols, chlorine trifluoride, diazomethane, ethers, fluorine, hydrazine, hydrazinium perchlorate, hydrogen peroxide, finely divided aluminium or magnesium, peroxyfuroic acid, red phosphorus, sodium acetylide
- sensitises most organic azides which are unstable shock- and heat- sensitive explosives

- may form explosive materials with 1,3-di(5-tetrazolyl) triazene
- is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride
- is hygroscopic; reacts with water to form gypsum and Plaster of Paris

For iron oxide (ferric oxide):

- Avoid storage with aluminium, calcium hypochlorite and ethylene oxide.
- Risk of explosion occurs following reaction with powdered aluminium, calcium silicide, ethylene oxide (polymerises), carbon monoxide, magnesium and perchlorates.
- Risk of ignition or formation of flammable gases or vapours occurs following reaction with carbides, for example caesium carbide, (produces heat), hydrogen sulfide, hydrogen peroxide (decomposes).
- An intimately powered mixture with aluminium, usually ignited by magnesium ribbon, reacts with an intense exotherm to produce molten iron in the commercial "thermit" welding process
- WARNING: Avoid or control reaction with peroxides. All transition metal peroxides should be considered as potentially explosive. For example, transition metal complexes of alkyl hydroperoxides may decompose explosively.
- The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- Avoid reaction with borohydrides or cyanoborohydrides
- 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.
- Segregate from alcohol, water.

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	talc	Talc, (containing no asbestos fibres)	2.5 mg/m3	Not Available	Not Available	Not Available
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
talc	Talc	6mg/m3	66mg/m3	400mg/m3
silica crystalline – quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075mg/m3	33mg/m3	200mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	5000 mg/m3	Not Available
talc	1000 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.

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

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.

- Neoprene rubber gloves

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- polychloroprene.
- nitrile rubber.
- butyl rubber.
- fluorocaoutchouc.
- polyvinyl chloride.

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

Body/other protection

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

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

9 - PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance Fine powder ranging in colour from grey to off-white and no distinctive odour; reacts with water. Available in various colours. (Light Green, Off white and dark grey). Slight, reacts on mixing with water forming an alkaline (caustic) solution (pH >11).

Material is highly alkaline when mixed with water. Particle size: Up to 50% of the fresh dry material may be respirable (below 10 microns).

Physical state	Divided Solid	**Relative density (Water = 1)**	3.0-3.2
Odour	Not Available	**Partition coefficient n-octanol/water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Applicable
pH (as supplied)	Not Applicable	**Decomposition temperature**	Not Available
Melting point / freezing point (°C)	>1200	**Viscosity (cSt)**	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	**Molecular weight (g/mol)**	Not Applicable
Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Applicable	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Applicable
Vapour pressure (kPa)	Not Applicable	**Gas group**	Not Available
Solubility in water	Reacts	**pH as a solution (1%)**	Not Available
Vapour density (Air = 1)	Not Applicable	**VOC g/L**	Not Applicable

10 - STABILITY AND REACTIVITY

Reactivity See section 7

Chemical stability

- Unstable in the presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

Possibility of hazardous reactions See section 7

Conditions to avoid See section 7

Incompatible materials See section 7

Hazardous decomposition products See section 5

11 - TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled 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.
Inhalation of dusts, generated by the material, during the course of normal handling, may be harmful.
Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.
Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.
If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

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.

Ingestion Accidental ingestion of the material may be damaging to the health of the individual.

Skin Contact 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.
The material may accentuate any pre-existing dermatitis condition.
Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.
Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles.
Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds.
Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.
Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.
Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop.
Chrome ulcers and skin cancer are significantly related.
Open cuts, abraded or irritated skin should not be exposed to this material

Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

Eye

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

Chronic

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.
Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.
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.
Harmful: danger of serious damage to health by prolonged exposure through inhalation.
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.
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.
Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
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 Al2O3 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 (CaSiO3). 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 ums 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 (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.
Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996
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 dyspnea), 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 noncollagenous 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 haemosiderosis and consequent possible damage to the liver and pancreas. Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.
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 be 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.

WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART B	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

portland cement	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

talc	**TOXICITY**	**IRRITATION**
	Dermal (rat) LD50: >2000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
	Oral (rat) LD50: >5000 mg/kg[1]	Skin (human): 0.3 mg/3d-I mild
		Skin: no adverse effect observed (not irritating)[1]

silica crystalline - quartz	**TOXICITY**	**IRRITATION**
	Oral (rat) LD50: =500 mg/kg[2]	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.

TALC
For talc (a form of magnesium silicate).
The overuse of talc in nursing infants has resulted in pulmonary oedema, pneumonia and death within hours of inhaling talcum powder. The powder dries the mucous membranes of the bronchioles, disrupts pulmonary clearance, clogs smaller airways. Victims display wheezing, rapid or difficult breathing, increased pulse, cyanosis, fever. Mild exposure may cause relatively minor inflammatory lung disease.
Long term exposure may show wheezing, weakness, productive cough, limited chest expansion, scattered rales, cyanosis.
The substance is classified by IARC as Group 3:
NOT classifiable as to its carcinogenicity to humans.
Evidence of carcinogenicity may be inadequate or limited in animal testing.

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.

PORTLAND CEMENT & TALC
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.

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

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

12 - ECOLOGICAL INFORMATION

Toxicity

WESTOX FLEXIBLE CEMENT MEMBRANE (FCM) PART B	**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

talc	**ENDPOINT**	**TEST DURATION (HR)**	**SPECIES**	**VALUE**	**SOURCE**
	LC50	96	Fish	89-581.016mg/L	2
	EC50	96	Algae or other aquatic plants	7-202.7mg/L	2
	NOEC	720	Crustacea	1-459.798mg/L	2

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

Persistence and degradability

Ingredient	**Persistence: Water/Soil**	**Persistence: Air**
	No Data available for all ingredients	No Data available for all ingredients

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)

TALC IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

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

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (talc; portland cement; silica crystalline - quartz)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement)

Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines – PICCS	No (portland cement)
USA - TSCA	Yes
Taiwan – TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)*

16 - OTHER RELEVANT INFORMATION

Revision Date **05/09/2024**
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

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