# FORCRETE 100

## FORSPEC PROTECTIVE COATINGS

Chemwatch Hazard Alert Code: 3

Chemwatch: **7971-28**
Version No: **2.1**
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: **01/09/2025**
Revision Date: **01/09/2025**
Print Date: **11/09/2025**
L.GHS.AUS.EN.E

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

### Product Identifier

| | |
|---|---|
| **Product name** | FORCRETE 100 |
| **Chemical Name** | Not Applicable |
| **Synonyms** | Not Available |
| **Chemical formula** | Not Applicable |
| **Other means of identification** | Not Available |

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

| | |
|---|---|
| **Relevant identified uses** | Substrate preparation.<br>Use according to manufacturer's directions. |

### Details of the manufacturer or importer of the safety data sheet

| | |
|---|---|
| **Registered company name** | **FORSPEC PROTECTIVE COATINGS** |
| **Address** | 22/872 Canterbury Rd. Roselands NSW 2196 Australia |
| **Telephone** | +61 2 8021 3517 |
| **Fax** | Not Available |
| **Website** | www.forspec.com.au |
| **Email** | info@forspec.com.au |

### Emergency telephone number

| | |
|---|---|
| **Association / Organisation** | **FORSPEC PROTECTIVE COATINGS** |
| **Emergency telephone number(s)** | +61 2 8021 3517 (Mon-Fri 7.30am to 5pm; Sat 8.30am to 12.30pm) |
| **Other emergency telephone number(s)** | Not Available |

## SECTION 2 Hazards identification

### Classification of the substance or mixture

**HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.**

**Chemwatch Hazard Ratings**

| | Min | Max |
|---|---|---|
| Flammability | 1 | |
| Toxicity | 1 | |
| Body Contact | 3 | |
| Reactivity | 1 | |
| Chronic | 2 | |

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

| | |
|---|---|
| **Poisons Schedule** | Not Applicable |
| **Classification [1]** | Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Germ Cell Mutagenicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 2 |
| ***Legend:*** | ***1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*** |

### Label elements

| | |
|---|---|
| **Hazard pictogram(s)** |  |
| **Signal word** | **Danger** |

### Hazard statement(s)

| | |
|---|---|
| **H315** | Causes skin irritation. |

**Page 1 continued...**

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

**Precautionary statement(s) Prevention**

| | |
|---|---|
| **P260** | Do not breathe dust/fume. |
| **P271** | Use only outdoors or in a well-ventilated area. |
| **P280** | Wear protective gloves, protective clothing, eye protection and face protection. |
| **P202** | Do not handle until all safety precautions have been read and understood. |
| **P264** | Wash all exposed external body areas thoroughly after handling. |
| **P272** | Contaminated work clothing should not be allowed out of the workplace. |

**Precautionary statement(s) Response**

| | |
|---|---|
| **P305+P351+P338** | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. |
| **P308+P313** | IF exposed or concerned: Get medical advice/ attention. |
| **P310** | Immediately call a POISON CENTER/doctor/physician/first aider. |
| **P302+P352** | IF ON SKIN: Wash with plenty of water. |
| **P333+P313** | If skin irritation or rash occurs: Get medical advice/attention. |
| **P362+P364** | Take off contaminated clothing and wash it before reuse. |
| **P304+P340** | IF INHALED: Remove person to fresh air and keep comfortable for breathing. |

**Precautionary statement(s) Storage**

| | |
|---|---|
| **P405** | Store locked up. |
| **P403+P233** | Store in a well-ventilated place. Keep container tightly closed. |

**Precautionary statement(s) Disposal**

| | |
|---|---|
| **P501** | Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation. |

No further product hazard information.

## SECTION 3 Composition / information on ingredients

**Substances**

See section below for composition of Mixtures

**Mixtures**

| CAS No | %[weight] | Name |
|---|---|---|
| 65997-15-1 | 10-40 | portland cement |
| 1317-65-3 | 10-45 | limestone |
| 24937-78-8 | 1-20 | ethylene/ vinyl acetate copolymer |
| ***Legend:*** | ***1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available*** | |

## SECTION 4 First aid measures

**Description of first aid measures**

| | |
|---|---|
| **Eye Contact** | If this product comes in contact with the eyes:<br>▸ Immediately hold eyelids apart and flush the eye continuously with running water.<br>▸ 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.<br>▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.<br>▸ Transport to hospital or doctor without delay.<br>▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. |
| **Skin Contact** | If skin contact occurs:<br>▸ Immediately remove all contaminated clothing, including footwear.<br>▸ Flush skin and hair with running water (and soap if available).<br>▸ Seek medical attention in event of irritation. |
| **Inhalation** | ▸ If fumes or combustion products are inhaled remove from contaminated area.<br>▸ Lay patient down. Keep warm and rested.<br>▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.<br>▸ 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.<br>▸ Transport to hospital, or doctor, without delay. |
| **Ingestion** | ▸ If swallowed do **NOT** induce vomiting.<br>▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.<br>▸ Observe the patient carefully.<br>▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.<br>▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.<br>▸ Seek medical advice. |

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

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:
- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater that 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex)are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]
- 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]

## SECTION 5 Firefighting measures

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

**Special hazards arising from the substrate or mixture**

| | |
|---|---|
| **Fire Incompatibility** | ▸ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result |

**Advice for firefighters**

| | |
|---|---|
| **Fire Fighting** | ▸ Alert Fire Brigade and tell them location and nature of hazard.<br>▸ Wear breathing apparatus plus protective gloves in the event of a fire.<br>▸ Prevent, by any means available, spillage from entering drains or water courses.<br>▸ Use fire fighting procedures suitable for surrounding area.<br>▸ **DO NOT** approach containers suspected to be hot.<br>▸ Cool fire exposed containers with water spray from a protected location.<br>▸ If safe to do so, remove containers from path of fire.<br>▸ Equipment should be thoroughly decontaminated after use. |
| **Fire/Explosion Hazard** | ▸ Combustible solid which burns but propagates flame with difficulty; it is estimated that most organic dusts are combustible (circa 70%) - according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.<br>▸ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions).<br>▸ Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.<br>▸ In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC).<br>▸ When processed with flammable liquids/vapors/mists,ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required to ignite dust clouds - MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture will be lower than the individual LELs for the vapors/mists or dusts.<br>▸ A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people.<br>▸ Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.<br>▸ Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. |

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|---|---|
| | ▸ Build-up of electrostatic charge may be prevented by bonding and grounding.<br>▸ Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.<br>▸ All movable parts coming in contact with this material should have a speed of less than 1-meter/sec.<br>▸ A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or pressure, may result in ignition especially in the absence of an apparent ignition source.<br>▸ One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).<br>▸ Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.<br>Combustion products include:<br>carbon monoxide (CO)<br>carbon dioxide ($CO_2$)<br>aldehydes<br>acrolein<br>nitrogen oxides (NOx)<br>silicon dioxide ($SiO_2$)<br>metal oxides<br>other pyrolysis products typical of burning organic material.<br>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.<br>May emit poisonous fumes.<br>May emit corrosive fumes. |
| **HAZCHEM** | Not Applicable |

## SECTION 6 Accidental release measures

### Personal precautions, protective equipment and emergency procedures

See section 8

### Environmental precautions

See section 12

### Methods and material for containment and cleaning up

| | |
|---|---|
| **Minor Spills** | ▸ Remove all ignition sources.<br>▸ Clean up all spills immediately.<br>▸ Avoid contact with skin and eyes.<br>▸ Control personal contact with the substance, by using protective equipment.<br>▸ Use dry clean up procedures and avoid generating dust.<br>▸ Place in a suitable, labelled container for waste disposal. |
| **Major Spills** | ▸ Clear area of personnel and move upwind.<br>▸ Alert Fire Brigade and tell them location and nature of hazard.<br>▸ Wear full body protective clothing with breathing apparatus.<br>▸ Prevent, by all means available, spillage from entering drains or water courses.<br>▸ Consider evacuation (or protect in place).<br>▸ No smoking, naked lights or ignition sources.<br>▸ Increase ventilation.<br>▸ Stop leak if safe to do so.<br>▸ Water spray or fog may be used to disperse / absorb vapour.<br>▸ Contain or absorb spill with sand, earth or vermiculite.<br>▸ Collect recoverable product into labelled containers for recycling.<br>▸ Collect solid residues and seal in labelled drums for disposal.<br>▸ Wash area and prevent runoff into drains.<br>▸ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.<br>▸ If contamination of drains or waterways occurs, advise emergency services. |

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

## SECTION 7 Handling and storage

### Precautions for safe handling

| | |
|---|---|
| **Safe handling** | ▸ Avoid all personal contact, including inhalation.<br>▸ Wear protective clothing when risk of exposure occurs.<br>▸ Use in a well-ventilated area.<br>▸ Prevent concentration in hollows and sumps.<br>▸ **DO NOT** enter confined spaces until atmosphere has been checked.<br>▸ **DO NOT** allow material to contact humans, exposed food or food utensils.<br>▸ Avoid contact with incompatible materials.<br>▸ When handling, **DO NOT** eat, drink or smoke.<br>▸ Keep containers securely sealed when not in use.<br>▸ Avoid physical damage to containers.<br>▸ Always wash hands with soap and water after handling.<br>▸ Work clothes should be laundered separately. Launder contaminated clothing before re-use.<br>▸ Use good occupational work practice.<br>▸ Observe manufacturer's storage and handling recommendations contained within this SDS.<br>▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.<br>▸ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)<br>▸ Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.<br>▸ Establish good housekeeping practices.<br>▸ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.<br>▸ Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.<br>▸ Do not use air hoses for cleaning.<br>▸ Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used. |

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| | |
|---|---|
| | ▸ Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.<br>▸ Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.<br>▸ Do not empty directly into flammable solvents or in the presence of flammable vapors.<br>▸ The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.<br>Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.<br>▸ Do NOT cut, drill, grind or weld such containers.<br>▸ In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit. |
| **Other information** | ▸ Store in original containers.<br>▸ Keep containers securely sealed.<br>▸ Store in a cool, dry area protected from environmental extremes.<br>▸ Store away from incompatible materials and foodstuff containers.<br>▸ Protect containers against physical damage and check regularly for leaks.<br>▸ Observe manufacturer's storage and handling recommendations contained within this SDS.<br>For major quantities:<br>▸ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams}.<br>▸ 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.<br>▸ Check all containers are clearly labelled and free from leaks. |
| **Storage incompatibility** | For aluminas (aluminium oxide):<br>Incompatible with hot chlorinated rubber.<br>In the presence of chlorine trifluoride may react violently and ignite.<br>-May initiate explosive polymerisation of olefin oxides including ethylene oxide.<br>-Produces exothermic reaction above 200°C with halocarbons and an exothermic reaction at ambient temperatures with halocarbons in the presence of other metals.<br>-Produces exothermic reaction with oxygen difluoride.<br>-May form explosive mixture with oxygen difluoride.<br>-Forms explosive mixtures with sodium nitrate.<br>-Reacts vigorously with vinyl acetate.<br>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.<br>Calcium oxide:<br>▸ reacts violently with water, evolving high quantities of heat<br>▸ 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<br>▸ increase the explosive sensitivity of azides, nitroalkanes (e.g. nitroethane, nitromethane, 1-nitropropane etc.)<br>▸ 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<br>Calcium sulfate:<br>▸ 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<br>▸ sensitises most organic azides which are unstable shock- and heat- sensitive explosives<br>▸ may form explosive materials with 1,3-di(5-tetrazolyl)triazene<br>▸ is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride<br>▸ is hygroscopic; reacts with water to form gypsum and Plaster of Paris<br>For iron oxide (ferric oxide):<br>▸ Avoid storage with aluminium, calcium hypochlorite and ethylene oxide.<br>▸ Risk of explosion occurs following reaction with powdered aluminium, calcium silicide, ethylene oxide (polymerises), carbon monoxide, magnesium and perchlorates.<br>▸ 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).<br>▸ 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<br>▸ WARNING: Avoid or control reaction with peroxides. All ***transition meta***l peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.<br>▸ 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.<br>▸ Avoid reaction with borohydrides or cyanoborohydrides<br>▸ Avoid overheating in processing as this causes decomposition and degradation of polymer. This may start at temperatures above 90 deg.C, and becomes more rapid at higher temperatures with generation of highly irritating acetic acid vapour.<br>▸ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.<br>▸ Avoid contact with copper, aluminium and their alloys.<br>▸ Avoid reaction with oxidising agents |

## SECTION 8 Exposure controls / personal protection

### Control parameters

**Occupational Exposure Limits (OEL)**

**INGREDIENT DATA**

| Source | Ingredient | Material name | TWA | STEL | Peak | Notes |
|---|---|---|---|---|---|---|
| Australia Exposure Standards | 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 | limestone | Calcium carbonate | 10 mg/m3 | Not Available | Not Available | (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica. |

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| Ingredient | Original IDLH | Revised IDLH |
|---|---|---|
| portland cement | 5,000 mg/m3 | Not Available |
| limestone | Not Available | Not Available |
| ethylene/ vinyl acetate copolymer | Not Available | Not Available |

**MATERIAL DATA**

None assigned. Refer to individual constituents.

**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.

**Individual protection measures, such as personal protective equipment**



**Eye and face protection**

- Safety glasses with side shields.
- Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

**Skin protection**

See Hand protection below

**Hands/feet protection**

**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.

**Continued...**

| | |
|---|---|
| | · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.<br>· Contaminated gloves should be replaced.<br>As defined in ASTM F-739-96 in any application, gloves are rated as:<br>· Excellent when breakthrough time > 480 min<br>· Good when breakthrough time > 20 min<br>· Fair when breakthrough time < 20 min<br>· Poor when glove material degrades<br>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.<br>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.<br>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.<br>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:<br>· 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.<br>· 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<br>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.<br>▸ Neoprene rubber gloves<br>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.<br>▸ polychloroprene.<br>▸ nitrile rubber.<br>▸ butyl rubber.<br>▸ fluorocaoutchouc.<br>▸ polyvinyl chloride.<br>Gloves should be examined for wear and/ or degradation constantly. |
| **Body protection** | See Other protection below |
| **Other protection** | ▸ Overalls.<br>▸ P.V.C apron.<br>▸ Barrier cream.<br>▸ Skin cleansing cream.<br>▸ Eye wash unit. |

### Respiratory protection

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

| Required Minimum Protection Factor | Half-Face Respirator | Full-Face Respirator | Powered Air Respirator |
|---|---|---|---|
| up to 10 x ES | P1<br>Air-line* | -<br>- | PAPR-P1<br>- |
| 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.
· Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
· Use approved positive flow mask if significant quantities of dust becomes airborne.
· Try to avoid creating dust conditions.
Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.
P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles
Suitable for:
· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
· Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
· Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

| | |
|---|---|
| **Appearance** | Grey powder with slight odour. |

| | | | |
|---|---|---|---|
| **Physical state** | Divided Solid | **Relative density (Water = 1)** | 1.04-1.07 |
| **Odour** | Slight | **Partition coefficient n-octanol / water** | Not Available |
| **Odour threshold** | Not Available | **Auto-ignition temperature (°C)** | Not Applicable |
| **pH (as supplied)** | Not Available | **Decomposition temperature (°C)** | Not Available |

**Continued...**

| | | | |
|---|---|---|---|
| **Melting point / freezing point (°C)** | Not Available | **Viscosity (cSt)** | Not Applicable |
| **Initial boiling point and boiling range (°C)** | Not Applicable | **Molecular weight (g/mol)** | Not Applicable |
| **Flash point (°C)** | Not Applicable | **Taste** | Not Available |
| **Evaporation rate** | Not 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 Applicable |
| **Lower Explosive Limit (%)** | Not Applicable | **Volatile Component (%vol)** | Not Available |
| **Vapour pressure (kPa)** | Not Applicable | **Gas group** | Not Available |
| **Solubility in water** | Not Available | **pH as a solution (1%)** | Not Available |
| **Vapour density (Air = 1)** | Not Available | **VOC g/L** | Not Available |
| **Heat of Combustion (kJ/g)** | Not Available | **Ignition Distance (cm)** | Not Available |
| **Flame Height (cm)** | Not Available | **Flame Duration (s)** | Not Available |
| **Enclosed Space Ignition Time Equivalent (s/m3)** | Not Available | **Enclosed Space Ignition Deflagration Density (g/m3)** | Not Available |

## SECTION 10 Stability and reactivity

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

## SECTION 11 Toxicological information

**Information on toxicological effects**

| | |
|---|---|
| **a) Acute Toxicity** | Based on available data, the classification criteria are not met. |
| **b) Skin Irritation/Corrosion** | There is sufficient evidence to classify this material as skin corrosive or irritating. |
| **c) Serious Eye Damage/Irritation** | There is sufficient evidence to classify this material as eye damaging or irritating |
| **d) Respiratory or Skin sensitisation** | There is sufficient evidence to classify this material as sensitising to skin or the respiratory system |
| **e) Mutagenicity** | There is sufficient evidence to classify this material as mutagenic |
| **f) Carcinogenicity** | Based on available data, the classification criteria are not met. |
| **g) Reproductivity** | Based on available data, the classification criteria are not met. |
| **h) STOT - Single Exposure** | There is sufficient evidence to classify this material as toxic to specific organs through single exposure |
| **i) STOT - Repeated Exposure** | There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure |
| **j) Aspiration Hazard** | Based on available data, the classification criteria are not met. |

| | |
|---|---|
| **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.<br>Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.<br>Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.<br>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.<br>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.<br>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.<br>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** | The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either<br>▸ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or<br>▸ produces significant, but moderate, 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.<br>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.<br>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.<br>Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus.<br>Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. |

**Continued...**

| | |
|---|---|
| | 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.<br>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.<br>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.<br>Open cuts, abraded or irritated skin should not be exposed to this material<br>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.<br>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.<br>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.<br>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.<br>Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers<br>Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.<br>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.<br>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.<br>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.<br><br>On the basis of limited epidemiological data, the material is regarded as carcinogenic to humans. At least one classification body considers that there is sufficient data to establish a causal association between human exposure to the material and the development of cancer.<br>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.<br>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.<br>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.<br>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.<br>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.<br>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 alveolii (sub 5 um) are able to produce pathogenic effects in the lungs.<br>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.<br>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)<br>In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 um and a diameter of less than 3 um was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 um in length and less than 0.5 um in diameter.<br>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.<br>Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis.<br>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<br>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.<br>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].<br>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.<br>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.<br>Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996<br>Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X- |

**Continued...**

ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).
Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.
Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.
Chromium(III) is considered an essential trace nutrient serving as a component of the "glucose tolerance factor" and a cofactor for insulin action. High concentrations of chromium are also found in RNA. Trivalent chromium is the most common form found in nature.
Chronic inhalation of trivalent chromium compounds produces irritation of the bronchus and lungs, dystrophic changes to the liver and kidney, pulmonary oedema, and adverse effects on macrophages. Intratracheal administration of chromium(III) oxide, in rats, increased the incidence of sarcomas, and tumors and reticulum cell sarcomas of the lung. There is inadequate evidence of carcinogenicity of chromium(III) compounds in experimental animals and humans (IARC).
Chronic exposure to hexavalent chromium compounds reportedly produces skin, eye and respiratory tract irritation, yellowing of the eyes and skin, allergic skin and respiratory reactions, diminished sense of smell and
taste, blood disorders, liver and kidney damage, digestive disorders and lung damage. There is sufficient evidence of carcinogenicity of chromium(VI) compounds in experimental animals and humans to confirm these as Class 1 carcinogens (IARC).
Exposure to chromium during chrome production and in the chrome pigment industry is associated with cancer of the respiratory tract. A slight increase in gastrointestinal cancer following exposure to chromium compounds has also been reported. The greatest risk is attributed to exposure to acid-soluble, water-insoluble hexavalent chromium which occurs in roasting and refining processes. Animal studies support the idea that the most potent carcinogenic compounds are the slightly soluble hexavalent compounds. The cells are more active in the uptake of the hexavalent forms compared to trivalent forms and this may explain the difference in occupational effect. It is the trivalent form, however, which is metabolically active and binds with nucleic acid within the cell suggesting that chromium mutagenesis first requires biotransformation of the hexavalent form by reduction.
Hexavalent chromes produce chronic ulceration of skin surfaces (quite independent of other hypersensitivity reactions exhibited by the skin). Water-soluble chromium(VI) compounds come close to the top of any published "hit list" of contact allergens (eczematogens) producing positive results in 4 to 10% of tested individuals. On the other hand only chromium(III) compounds can bind to high molecular weight carriers such as proteins to form a complete allergen (such as a hapten). Chromium(VI) compounds cannot. It is assumed that reduction must take place for such compounds to manifest any contact sensitivity. The apparent contradiction that chromium(VI) salts cause allergies to chromium(III) compounds but that allergy to chromium(III) compounds is difficult to demonstrate is accounted for by the different solubilities and skin penetration of these compounds. Water-soluble chromium(VI) salts penetrate the horny layer of the skin more readily than chromium(III) compounds which are bound by cross-linking in the horny layer ("tanning", as for leather) and therefore do not reach the cells involved in antigen processing.
Harmful: danger of serious damage to health by prolonged exposure through inhalation.
Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.
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]

| | TOXICITY | IRRITATION |
|---|---|---|
| **FORCRETE 100** | Not Available | Not Available |
| **portland cement** | Not Available | Not Available |
| **limestone** | Oral (Rat) LD50: 6450 mg/kg[2] | Eye (Rodent - rabbit): 750ug/24H - Severe |
| | | Skin (Rodent - rabbit): 500mg/24H - Moderate |
| **ethylene/ vinyl acetate copolymer** | Not Available | Not Available |

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

**PORTLAND CEMENT**

The following information refers to contact allergens as a group and may not be specific to this product.
Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.
Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

**Continued...**

| | |
|---|---|
| **LIMESTONE** | Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.<br><br>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.<br>The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin. |
| **PORTLAND CEMENT & ETHYLENE/ VINYL ACETATE COPOLYMER** | 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***

## SECTION 12 Ecological information

### Toxicity

**FORCRETE 100**

| 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 |

**limestone**

| Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|
| EC50 | 72h | Algae or other aquatic plants | >14mg/l | 2 |
| NOEC(ECx) | 1h | Fish | 4-320mg/l | 4 |
| LC50 | 96h | Fish | >165200mg/L | 4 |

**ethylene/ vinyl acetate copolymer**

| 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 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 |

## SECTION 13 Disposal considerations

### Waste treatment methods

**Product / Packaging disposal**

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and SDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.
A Hierarchy of Controls seems to be common - the user should investigate:

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

**Continued...**

| | |
|---|---|
| | 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.<br>▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains.<br>▸ It may be necessary to collect all wash water for treatment before disposal.<br>▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.<br>▸ Where in doubt contact the responsible authority. |

## SECTION 14 Transport information

### Labels Required

| | |
|---|---|
| **Marine Pollutant** | NO |
| **HAZCHEM** | Not Applicable |

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

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

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

### 14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

| Product name | Group |
|---|---|
| portland cement | Not Available |
| limestone | Not Available |
| ethylene/ vinyl acetate copolymer | Not Available |

#### 14.7.3. Transport in bulk in accordance with the IGC Code

| Product name | Ship Type |
|---|---|
| portland cement | Not Available |
| limestone | Not Available |
| ethylene/ vinyl acetate copolymer | Not Available |

## SECTION 15 Regulatory information

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

**portland cement is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**limestone is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

**ethylene/ vinyl acetate copolymer is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)
International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

### Additional Regulatory Information

Not Applicable

### National Inventory Status

| National Inventory | Status |
|---|---|
| Australia - AIIC / Australia Non-Industrial Use | Yes |
| Canada - DSL | Yes |
| Canada - NDSL | No (portland cement; ethylene/ vinyl acetate copolymer) |
| 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 | All chemical substances in this product have been designated as TSCA Inventory 'Active' |
| Taiwan - TCSI | Yes |
| Mexico - INSQ | Yes |

**Continued...**

| National Inventory | Status |
|---|---|
| Vietnam - NCI | Yes |
| Russia - FBEPH | Yes |
| UAE - Control List (Banned/Restricted Substances) | No (portland cement; limestone; ethylene/ vinyl acetate copolymer) |
| ***Legend:*** | ***Yes = All CAS declared ingredients are on the inventory***<br>***No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*** |

## SECTION 16 Other information

| | |
|---|---|
| **Revision Date** | 01/09/2025 |
| **Initial Date** | 01/09/2025 |

### Other information

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

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

### Definitions and abbreviations

- PC—TWA: Permissible Concentration-Time Weighted Average
- PC—STEL: Permissible Concentration-Short Term Exposure Limit
- IARC: International Agency for Research on Cancer
- ACGIH: American Conference of Governmental Industrial Hygienists
- STEL: Short Term Exposure Limit
- TEEL: Temporary Emergency Exposure Limit。
- IDLH: Immediately Dangerous to Life or Health Concentrations
- ES: Exposure Standard
- OSF: Odour Safety Factor
- NOAEL: No Observed Adverse Effect Level
- LOAEL: Lowest Observed Adverse Effect Level
- TLV: Threshold Limit Value
- LOD: Limit Of Detection
- OTV: Odour Threshold Value
- BCF: BioConcentration Factors
- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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**end of SDS**