



# EconoPro Plus RLA Polymers Pty Ltd

Chemwatch: 5511-64 Version No: 2.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

# Chemwatch Hazard Alert Code: 3

Issue Date: **24/11/2021**Print Date: **07/12/2021**S.GHS.AUS.EN

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

Product Identifier	
Product name	EconoPro Plus
Chemical Name	Not Applicable
Synonyms	430103
Chemical formula	Not Applicable
Other means of identification	Not Available

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

## Details of the supplier of the safety data sheet

Registered company name	Flooring Wholesale Ltd	
Address	9 Industry Road, Penrose, Auckland 1061	
PO Box	112027	
Telephone	09 525 0652	
Website	www.lookfloors.co.nz	
Email	solutions@lookfloors.co.nz	

# Emergency telephone number

Association / Organisation	Flooring Wholesale Ltd	New Zealand National Poisons Centre
Emergency telephone numbers	09 525 0652	0800 764 766
Other emergency telephone numbers	0800 10 26 26	0800 POISON

# **SECTION 2 Hazards identification**

#### Classification of the substance or mixture

Poisons Schedule	Not Applicable	
Classification [1]  Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Countries Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3		
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

#### Hazard statement(s)

nazara otatomoni(o)	
H315 Causes skin irritation.	
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.

# Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.

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P261	Avoid breathing dust/fumes.
P264	Wash all exposed external body areas thoroughly after handling.

#### Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P310 Immediately call a POISON CENTER/doctor/physician/first aider.		
P302+P352 IF ON SKIN: Wash with plenty of water.		
P333+P313 If skin irritation or rash occurs: Get medical advice/attention.		

#### Precautionary statement(s) Storage

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

## Precautionary statement(s) Disposal

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

# **SECTION 3 Composition / information on ingredients**

#### **Substances**

See section below for composition of Mixtures

#### **Mixtures**

CAS No	%[weight]	Name
65997-15-1	10-20	portland cement
14808-60-7.	30-60	graded sand
7778-18-9	1-10	calcium sulfate
Not Available	30-60	Ingredients determined not to be hazardous
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

Description of first aid measur	Description of first and 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 or hair contact occurs:  Immediately flush body and clothes with large amounts of water, using safety shower if available.  Quickly remove all contaminated clothing, including footwear.  Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.  Transport to hospital, or doctor.		
Inhalation	<ul> <li>If fumes or combustion products are inhaled remove from contaminated area.</li> <li>Lay patient down. Keep warm and rested.</li> <li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>Transport to hospital, or doctor, without delay.</li> </ul>		
	IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.     For advice, contact a Poisons Information Centre or a doctor.     Urgent hospital treatment is likely to be needed.     In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.		

- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

# Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed

INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

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

Treat symptomatically.

# **SECTION 5 Firefighting measures**

Ingestion

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# 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

Operating the substitute of mixture		
Fire Incompatibility	None known.	
Advice for firefighters		
Fire Fighting	<ul> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>Prevent, by any means available, spillage from entering drains or water courses.</li> <li>Use fire fighting procedures suitable for surrounding area.</li> </ul>	
Fire/Explosion Hazard	Decomposition may produce toxic fumes of: silicon dioxide (SiO2) metal oxides May emit poisonous fumes. May emit corrosive fumes.  In the material is not readily combustible under normal conditions. In the Mowever, it will break down under fire conditions and the organic component may burn. In Not considered to be a significant fire risk. In Heat may cause expansion or decomposition with violent rupture of containers.	
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	<ul> <li>Clean up waste regularly and abnormal spills immediately.</li> <li>Avoid breathing dust and contact with skin and eyes.</li> <li>Wear protective clothing, gloves, safety glasses and dust respirator.</li> <li>Use dry clean up procedures and avoid generating dust.</li> </ul>
Major Spills	<ul> <li>Clear area of personnel and move upwind.</li> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear full body protective clothing with breathing apparatus.</li> <li>Prevent, by all means available, spillage from entering drains or water courses.</li> </ul>

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

# **SECTION 7 Handling and storage**

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

## Conditions for safe storage, including any incompatibilities

Suitable container	<ul> <li>Polyethylene or polypropylene container.</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<ul> <li>WARNING: Avoid or control reaction with peroxides. All <i>transition metal</i> peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.</li> <li>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.</li> <li>Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>Avoid contact with copper, aluminium and their alloys.</li> </ul>

# 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.

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	graded sand	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium sulfate	Calcium sulphate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

#### **Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
graded sand	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m3	Not Available
graded sand	25 mg/m3 / 50 mg/m3	Not Available
calcium sulfate	Not Available	Not Available

#### **Exposure controls**

#### Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

#### Personal protection













Eye and face protection

- Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure
- Leaving the Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.
  - Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face
  - Alternatively a gas mask may replace splash goggles and face shields.

#### Skin protection

See Hand protection below

# ▶ Elbow length PVC gloves

# 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.

# Hands/feet protection

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.

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

- polychloroprene.
- nitrile rubber.
- butyl rubber.

#### **Body protection**

See Other protection below

# Other protection

- Overalls
- P.V.C apron.
- Barrier cream.
- ▶ Skin cleansing cream

#### Respiratory protection

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

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

<sup>\* -</sup> 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).

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- 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.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% 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
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

## **SECTION 9 Physical and chemical properties**

#### Information on basic physical and chemical properties

Appearance	Grey Powder; miscible with water.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
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 Applicable
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 (%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

# **SECTION 10 Stability and reactivity**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
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

information on toxicological el	lects
Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further 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.
Ingestion	Ingestion may result in nausea, abdominal irritation, pain and vomiting
Skin Contact	This material can cause inflammation of the skin on contact in some persons.  The material may accentuate any pre-existing dermatitis condition  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.

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	Skin contact may result in severe irritation particularly cancer are significantly related.  Open cuts, abraded or irritated skin should not be exp.  Entry into the blood-stream, through, for example, cuts prior to the use of the material and ensure that any ext.	osed to this material s, abrasions or lesions, may produce	chrome ulcers" may develop. Chrome ulcers and skin systemic injury with harmful effects. Examine the skin
Eye	If applied to the eyes, this material causes severe eye		
Chronic	Long-term exposure to respiratory irritants may result in Skin contact with the material is more likely to cause a Cement contact dermatitis (CCD) may occur when core to soluble chromates (chromate compounds) present in penetrate intact skin. Cement dermatitis can be charact highly alkaline mixtures may cause localised necrosis. Overexposure to the breathable dust may cause cough include decreased vital lung capacity and chest infection a condition known as pneumoconiosis, which is the local when a significant number of particles less than 0.5 mit Prolonged or repeated skin contact may cause drying	in airways disease, involving difficulty a sensitisation reaction in some personatect shows an allergic response, which trace amounts in some cements an oterised by fissures, eczematous rashing, wheezing, difficulty in breathing ons. Repeated exposures in the work dgement of any inhaled dusts in the lucicrons (1/50000 inch) are present.	ns compared to the general population. Chimay progress to sensitisation. Sensitisation is due discerned products. Soluble chromates readily distribution, dystrophic nails, and dry skin; acute contact with and impaired lung function. Chronic symptoms may place to high levels of fine-divided dusts may produce and, irrespective of the effect. This is particularly true
	TOXICITY	IRRITATION	
EconoPro Plus	Not Available	Not Available	
	TOXICITY	IRRITATION	
portland cement	Not Available	Not Available	
	TOXICITY	IRRITATION	
graded sand	Oral (Rat) LD50; 500 mg/kg <sup>[2]</sup>	Not Available	
	TOXICITY	IRRITATION	
calcium sulfate	Inhalation(Rat) LC50; >3.26 mg/l4h <sup>[1]</sup>	Not Available	
	Oral (Rat) LD50; >1581 mg/kg <sup>[1]</sup>		
Legend:	Value obtained from Europe ECHA Registered Subspecified data extracted from RTECS - Register of Tox		nined from manufacturer's SDS. Unless otherwise
	The following information refers to contact allergens as Contact allergies quickly manifest themselves as contact		
PORTLAND CEMENT	eczema involves a cell-mediated (T lymphocytes) imm involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for	nificance of the contact allergen is not	er allergic skin reactions, e.g. contact urticaria,
CALCIUM SULFATE	involve antibody-mediated immune reactions. The sign	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict.	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the rs. A series of studies involving Gypsum industry stive defects on long-function tests in those who were
	involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Gypsum (calcium sulfate dehydrate) irritates the skin, workers in Poland reported chronic, non-specific airwa Repeat dose toxicity: Examination of workers at a gypchronically exposed to gypsum dust.	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict e protective on quartz toxicity in animen years after exposure to the materia DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Other	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the sensitisation potential testing.  In all ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main sic individual, with sudden onset of persistent their criteria for diagnosis of RADS include a reversible
CALCIUM SULFATE PORTLAND CEMENT &	involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Gypsum (calcium sulfate dehydrate) irritates the skin, workers in Poland reported chronic, non-specific airwa Repeat dose toxicity: Examination of workers at a gypchronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to b Asthma-like symptoms may continue for months or eviknown as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to severe	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict e protective on quartz toxicity in animen years after exposure to the materia DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Other bronchial hyperreactivity on methological exposure and the protection of the irritant.	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the sensitisation potential testing.  In all ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main sic individual, with sudden onset of persistent their criteria for diagnosis of RADS include a reversible
CALCIUM SULFATE  PORTLAND CEMENT & CALCIUM SULFATE  PORTLAND CEMENT &	involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Gypsum (calcium sulfate dehydrate) irritates the skin, workers in Poland reported chronic, non-specific airwa Repeat dose toxicity: Examination of workers at a gypchronically exposed to gypsum dust.  Synergistic/antagonistic effects: Gypsum appears to be Asthma-like symptoms may continue for months or evic known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of prasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevellymphocytic inflammation, without eosinophilia.	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict e protective on quartz toxicity in animen years after exposure to the materia DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Other bronchial hyperreactivity on methological exposure and the protection of the irritant.	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the sensitisation potential testing.  In all ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main sic individual, with sudden onset of persistent their criteria for diagnosis of RADS include a reversible
PORTLAND CEMENT & CALCIUM SULFATE  PORTLAND CEMENT & GRADED SAND	involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Gypsum (calcium sulfate dehydrate) irritates the skin, workers in Poland reported chronic, non-specific airwa Repeat dose toxicity: Examination of workers at a gypchronically exposed to gypsum dust.  Synergistic/antagonistic effects: Gypsum appears to be Asthma-like symptoms may continue for months or eviknown as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of preasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevelymphocytic inflammation, without eosinophilia.  No significant acute toxicological data identified in liter	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict e protective on quartz toxicity in animen years after exposure to the materia DS) which can occur after exposure to trevious airways disease in a non-atop cumented exposure to the irritant. Othere bronchial hyperreactivity on method atture search.	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the state of studies involving Gypsum industry stive defects on long-function tests in those who were all testing.  all ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main pic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal
PORTLAND CEMENT & CALCIUM SULFATE  PORTLAND CEMENT & GRADED SAND  Acute Toxicity	involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Gypsum (calcium sulfate dehydrate) irritates the skin, workers in Poland reported chronic, non-specific airwa Repeat dose toxicity: Examination of workers at a gypchronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to b Asthma-like symptoms may continue for months or eviknown as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevelymphocytic inflammation, without eosinophilia.  No significant acute toxicological data identified in liter	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict e protective on quartz toxicity in animen years after exposure to the materia DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Othere bronchial hyperreactivity on method atture search.	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the s. A series of studies involving Gypsum industry stive defects on long-function tests in those who were all testing.  all ends. This may be due to a non-allergic condition of high levels of highly irritating compound. Main it individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal
PORTLAND CEMENT & CALCIUM SULFATE  PORTLAND CEMENT & GRADED SAND  Acute Toxicity Skin Irritation/Corrosion	involve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Gypsum (calcium sulfate dehydrate) irritates the skin, workers in Poland reported chronic, non-specific airwa Repeat dose toxicity: Examination of workers at a gypchronically exposed to gypsum dust.  Synergistic/antagonistic effects: Gypsum appears to b Asthma-like symptoms may continue for months or eventhown as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of plasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sevellymphocytic inflammation, without eosinophilia.  No significant acute toxicological data identified in liter	nificance of the contact allergen is not contact with it are equally important. eye, mucous membranes, and airway ays diseases. sum manufacturing plant found restrict e protective on quartz toxicity in animen years after exposure to the materia DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Othere bronchial hyperreactivity on method atture search.  Carcinogenicity  Reproductivity	er allergic skin reactions, e.g. contact urticaria, simply determined by its sensitisation potential: the s. A series of studies involving Gypsum industry stive defects on long-function tests in those who were all testing.  all ends. This may be due to a non-allergic condition to high levels of highly irritating compound. Main the individual, with sudden onset of persistent the criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal

X − Data either not available or does not fill the criteria for classification
 ✓ − Data available to make classification

# **SECTION 12 Ecological information**

# Toxicity

EconoPro Plus	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

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	Endpoint	Test Duration (hr)	Species	Value	Source
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	0.25h	Fish	75mg/l	4
calcium sulfate	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment				
	Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

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

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
calcium sulfate	HIGH	HIGH

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation
calcium sulfate	LOW (LogKOW = -2.2002)

## Mobility in soil

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)

## **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.
- 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.

#### **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

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

Not Applicable

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

Product name	Group
portland cement	Not Available
graded sand	Not Available
calcium sulfate	Not Available

## Transport in bulk in accordance with the ICG Code

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

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Product name	Ship Type
calcium sulfate	Not Available

#### **SECTION 15 Regulatory information**

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

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

#### graded sand is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

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

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

# calcium sulfate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

#### **National Inventory Status**

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (portland cement; graded sand; calcium sulfate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

# **SECTION 16 Other information**

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Initial Date	24/11/2021

#### Other information

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

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

# Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。
IDLH: Immediately Dangerous to Life or Health Concentrations

ES: Exposure Standard

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value BCF: BioConcentration Factors

BEI: Biological Exposure Index

AIIC: Australian Inventory of Industrial Chemicals

DSL: Domestic Substances List

NDSL: Non-Domestic Substances List

IECSC: Inventory of Existing Chemical Substance in China

EINECS: European INventory of Existing Commercial chemical Substances

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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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