

# MACRENDER, SUPASKIM, HI-BUILD, MACRENDER HBS, DRI-PATCH, DRI-TEX, PORTOFINO, MACRENDER COARSE, SUEDE, MACRENDER COARSE FR

# **Melbourne Acrylic Coatings**

Chemwatch: 5172-62 Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

# Chemwatch Hazard Alert Code: 3

Issue Date: 29/02/2016 Print Date: 01/03/2016 Initial Date: Not Available S.GHS.AUS.EN

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

### **Product Identifier**

Product name	MACRENDER, SUPASKIM, HI-BUILD, MACRENDER HBS, DRI-PATCH, DRI-TEX, PORTOFINO, MACRENDER COARSE, SUEDE, MACRENDER COARSE FR
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses Cement based renders and base coats.

### Details of the supplier of the safety data sheet

Registered company name	Melbourne Acrylic Coatings Victoria Pty Ltd				
Address	198-200 Hammond Road Dandenong South 3174 VIC Australia				
Telephone	+61 3 9794 7004				
Fax	+61 3 9794 7005				
Website	Not Available				
Email	info@melbacrylic.com.au				

# **Emergency telephone number**

Association / Organisation	Not Available		
Emergency telephone numbers	+61 3 9794 7004 (Mon-Fri, 8am-5pm)		
Other emergency telephone numbers	Not Available		

## **SECTION 2 HAZARDS IDENTIFICATION**

# Classification of the substance or mixture

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

Poisons Schedule	Not Applicable
Classification <sup>[1]</sup>	Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

### Label elements

**GHS** label elements





SIGNAL WORD

# Hazard statement(s)

H315	Causes skin irritation
H318	Causes serious eye damage
H317	May cause an allergic skin reaction
H335	May cause respiratory irritation

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# Precautionary statement(s) Prevention

P271	Jse only outdoors or in a well-ventilated area.		
P280	Wear protective gloves/protective clothing/eye protection/face protection.		
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.		
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.
P310	Immediately call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before reuse.
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P304+P340	IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.

# Precautionary statement(s) Storage

P405	Store locked up.			
P403+P233	ore in a well-ventilated place. Keep container tightly closed.			
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# Precautionary statement(s) Disposal

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

# **SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS**

### Substances

See section below for composition of Mixtures

# Mixtures

CAS No	%[weight]	Name
14808-60-7.	<75	graded sand
471-34-1	<60	<u>calcium carbonate</u>
65997-15-1	20-35	portland cement
68131-74-8.	<5	fly ash - low quartz
93763-70-3	<5	<u>perlite</u>
Not Available	<5	Ingredients determined not to be hazardous

# **SECTION 4 FIRST AID MEASURES**

# Description of first aid measures

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Eye Contact	If this product comes in contact with the eyes:  Immediately hold eyelids apart and flush the eye continuously with running water.  Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.  Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.  Transport to hospital or doctor without delay.  Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs:  ► Immediately remove all contaminated clothing, including footwear.  ► Flush skin and hair with running water (and soap if available).  ► Seek medical attention in event of irritation.
Inhalation	<ul> <li>If furnes 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>
Ingestion	<ul> <li>If swallowed do NOT induce vomiting.</li> <li>If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>Observe the patient carefully.</li> <li>Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>Seek medical advice.</li> </ul>

# Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

# **SECTION 5 FIREFIGHTING MEASURES**

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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

Fire Incompatibility

None known.

#### Advice for firefighters

- Alert Fire Brigade and tell them location and nature of hazard.
  - Wear breathing apparatus plus protective gloves in the event of a fire.
  - Prevent, by any means available, spillage from entering drains or water courses.
  - Use fire fighting procedures suitable for surrounding area.
  - DO NOT approach containers suspected to be hot
  - Cool fire exposed containers with water spray from a protected location.
  - If safe to do so, remove containers from path of fire.
  - Equipment should be thoroughly decontaminated after use.
- Fire/Explosion Hazard

Fire Fighting

- ▶ Non combustible
- ▶ Not considered a significant fire risk, however containers may burn.
- , silicon dioxide (SiO2)May emit poisonous fumes. May emit corrosive fumes

#### **SECTION 6 ACCIDENTAL RELEASE MEASURES**

### Personal precautions, protective equipment and emergency procedures

# Minor Spills

- ▶ Remove all ignition sources
- Clean up all spills immediately
- Avoid contact with skin and eves
- ► Control personal contact with the substance, by using protective equipment.
- Use dry clean up procedures and avoid generating dust
- Place in a suitable, labelled container for waste disposal

### Moderate hazard.

- **CAUTION**: Advise personnel in area.
- ▶ Alert Emergency Services and tell them location and nature of hazard.
- Major Spills Control personal contact by wearing protective clothing.
  - Prevent, by any means available, spillage from entering drains or water courses.
  - Recover product wherever possible.
  - FIF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal.

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

# **SECTION 7 HANDLING AND STORAGE**

# Precautions for safe handling

<ul> <li>Avoid all personal contact, include</li> </ul>	ding inhalation
---------------------------------------------------------	-----------------

- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Safe handling
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils. Avoid contact with incompatible materials.
- ▶ When handling, **DO NOT** eat, drink or smoke

# Other information

- ▶ Keep dry.
- Store under cover.
- Protect containers against physical damage.
- Observe manufacturer's storage and handling recommendations contained within this SDS

### Conditions for safe storage, including any incompatibilities

Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.

# Suitable container

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer. IPaper sacks 15-20 KG

# Storage incompatibility

- WARNING: Avoid or control reaction with peroxides. All transition metal peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively
- The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- Avoid reaction with borohydrides or cyanoborohydrides
- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates
- ▶ Avoid contact with copper, aluminium and their alloys.

# **SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**

### Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	graded sand	Silica - Crystalline: Quartz (respirable dust) / Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	perlite	Perlite dust	10 mg/m3	Not Available	Not Available	Not Available

#### **EMERGENCY LIMITS**

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.025 mg/m3	0.025 mg/m3	0.025 mg/m3
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	27 mg/m3	27 mg/m3	1300 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1300 mg/m3
perlite	Perlite; (Fused NaKAl silicate, < 1% quartz)	45 mg/m3	230 mg/m3	1400 mg/m3

Ingredient	Original IDLH	Revised IDLH
graded sand	N.E. mg/m3 / N.E. ppm	50 mg/m3
calcium carbonate	Not Available	Not Available
portland cement	N.E. mg/m3 / N.E. ppm	5,000 mg/m3
fly ash - low quartz	Not Available	Not Available
perlite	Not Available	Not Available
Ingredients determined not to be hazardous	Not Available	Not Available

### **Exposure 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.

# Appropriate engineering controls

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

# Personal protection











- Safety glasses with side shields.
- ► Chemical goggles

### Eye and face protection

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.

# Skin protection

See Hand protection below

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.

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).

### Hands/feet protection

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- ► When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- ▶ Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Neoprene rubber gloves

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

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

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

# Body protection

See Other protection below

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

Thermal hazards

Not Available

# Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:000 & 149:001, ANSI Z88 or national equivalent)

# **SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES**

# Information on basic physical and chemical properties

Appearance	White or 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 Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	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 (g/L)	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

# **SECTION 10 STABILITY AND REACTIVITY**

Reactivity	See section 7
neactivity	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

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. 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	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.  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.  Open cuts, abraded or irritated skin should not be exposed to this material  Entry into the blood-stream, through, for example, cuts, abrasions 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	If applied to the eyes, this material causes severe eye damage.

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Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. 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

#### Chronic

Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO]. Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.

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

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

Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities

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HBS, DRI-PATCH, DRI-TEX, PORTOFINO, MACRENDER COARSE, SUEDE, MACRENDER COARSE FR	TOXICITY	IRRITATION
	Not Available	Not Available
	TOXICITY	IRRITATION
graded sand	Not Available	Not Available
	TOXICITY	IRRITATION
calcium carbonate	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 0.75 mg/24h - SEVERE
	Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Skin (rabbit): 500 mg/24h-moderate
portland cement	TOXICITY	IRRITATION
	Not Available	Not Available
	TOXICITY	IRRITATION
fly ash - low quartz	Not Available	Not Available
perlite	TOXICITY	IRRITATION
	Oral (mouse) LD50: 12960 mg/kgd <sup>[2]</sup>	Not Available
Legend:	Nalue 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	

# CALCIUM CARBONATE

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

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.

No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.

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.

# PORTLAND CEMENT

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. No significant acute toxicological data identified in literature search.

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#### Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes **PERLITE** to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. **GRADED SAND & FLY ASH** No significant acute toxicological data identified in literature search. - LOW QUARTZ **Acute Toxicity** 0 Carcinogenicity 0 Skin Irritation/Corrosion Reproductivity 0 Serious Eye STOT - Single Exposure 0 Damage/Irritation Respiratory or Skin STOT - Repeated Exposure 0 sensitisation 0 0 Mutagenicity **Aspiration Hazard**

Legend:

🗶 – Data available but does not fill the criteria for classification

✓ – Data required to make classification available

O - Data Not Available to make classification

# **SECTION 12 ECOLOGICAL INFORMATION**

### Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
calcium carbonate	LC50	96	Fish	>56000mg/L	4
calcium carbonate	EC50	72	Algae or other aquatic plants	>14mg/L	2
calcium carbonate	NOEC	72	Algae or other aquatic plants	14mg/L	2
fly ash - low quartz	LC50	96	Fish	>100mg/L	2
fly ash - low quartz	EC50	24	Crustacea	>100mg/L	2
fly ash - low quartz	EC50	48	Crustacea	>100mg/L	2
fly ash - low quartz	NOEC	72	Algae or other aquatic plants	40mg/L	2
Legend:		, ,	HA Registered Substances - Ecotoxicological Industrial	, ,	

**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

- ▶ 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.

Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

- ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Product / Packaging 
   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**

disposal

### Labels Required

Marine Pollutant

NO

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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

#### **SECTION 15 REGULATORY INFORMATION**

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

# GRADED SAND(14808-60-7.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

### CALCIUM CARBONATE(471-34-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Inventory of Chemical Substances (AICS)

### PORTLAND CEMENT(65997-15-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards Australia Inventory of Chemical Substances (AICS)

#### FLY ASH - LOW QUARTZ(68131-74-8.) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

Australia Exposure Standards

#### PERLITE(93763-70-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Additalia Exposure otaridards	Auditalia inventory of orientical cubstances (Alco)
National Inventory	Status
Australia - AICS	Υ
Canada - DSL	Υ
Canada - NDSL	N (portland cement; fly ash - low quartz; perlite; graded sand)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	N (perlite)
Japan - ENCS	N (portland cement; perlite)
Korea - KECI	Υ
New Zealand - NZIoC	Υ
Philippines - PICCS	N (portland cement)
USA - TSCA	N (perlite)
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

Australia Inventory of Chemical Substances (AICS)

# **SECTION 16 OTHER INFORMATION**

# Other information

# Ingredients with multiple cas numbers

Name	CAS No
calcium carbonate	1317-65-3, 13397-26-7, 146358-95-4, 15634-14-7, 198352-33-9, 459411-10-0, 471-34-1, 63660-97-9, 72608-12-9, 878759-26-3
perlite	130885-09-5, 93763-70-3

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.

A list of reference resources used to assist the committee may be found at:

www.chemwatch.net

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**

 ${\sf PC-TWA} : {\sf Permissible\ Concentration-Time\ Weighted\ Average}$ 

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancel

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit $_{\circ}$ 

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection OTV: Odour Threshold Value

BCF: BioConcentration Factors

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MACRENDER, SUPASKIM, HI-BUILD, MACRENDER HBS, DRI-PATCH, DRI-TEX, PORTOFINO, MACRENDER COARSE, SUEDE, MACRENDER COARSE FR

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TEL (+61 3) 9572 4700.