MATERIAL SAFETY DATA SHEET

CEMSPLASH

KEY COAT FOR EXTERIOR USE PLASTER

Cemix Cemsplash

Chemwatch: **5253-40**
Version No: **4.1**
Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Chemwatch Hazard Alert Code: 3

Issue Date: **10/03/2023**
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S.GHS.NZL.EN.E

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

Product Identifier

Product name	Cemix Cemsplash
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	For application over block and brick work to promote adhesion to the substrate.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	**Cemix (a part of Ardex NZ)**
Address	19 Alfred Street Onehunga Auckland 1061 New Zealand
Telephone	+64 9 636 1000
Fax	+64 9 636 0000
Website	www.cemix.co.nz
Email	info@cemix.co.nz

Emergency telephone number

Association / Organisation	**Cemix (a part of Ardex NZ)**
Emergency telephone number(s)	0800 ASK CEMIX
Other emergency telephone number(s)	0800 764 766

SECTION 2 Hazards identification

Classification of the substance or mixture

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, Specific Target Organ Toxicity - Repeated Exposure Category 1
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI*
Determined by Chemwatch using GHS/HSNO criteria	6.3A, 8.3A, 6.5B (contact), 6.9A, 6.1E (respiratory tract irritant)

Label elements

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

Hazard statement(s)

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H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H372	Causes 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.
P270	Do not eat, drink or smoke when using this product.
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.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
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.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7.	60-65	graded sand
65997-15-1	20-30	portland cement
9004-58-4	<1	ethyl hydroxyethylcellulose
Not Available	<6	Ingredients determined not to be hazardous
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 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: ▸ 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.

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Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.
Ingestion	▸ If swallowed do **NOT** induce vomiting. ▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▸ Observe the patient carefully. ▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▸ Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:

- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater 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]

For acute or short term repeated exposures to dichromates and chromates:

- Absorption occurs from the alimentary tract and lungs.
- The kidney excretes about 60% of absorbed chromate within 8 hours of ingestion. Urinary excretion may take up to 14 days.
- Establish airway, breathing and circulation. Assist ventilation.
- Induce emesis with Ipecac Syrup if patient is not convulsing, in coma or obtunded and if the gag reflex is present.
- Otherwise use gastric lavage with endotracheal intubation.
- Fluid balance is critical. Peritoneal dialysis, haemodialysis or exchange transfusion may be effective although available data is limited. ▸ British Anti-Lewisite, ascorbic acid, folic acid and EDTA are probably not effective. ▸ There are no antidotes.
- Primary irritation, including chrome ulceration, may be treated with ointments comprising calcium-sodium-EDTA. This, together with the use of frequently renewed dressings, will ensure rapid healing of any ulcer which may develop.

The mechanism of action involves the reduction of Cr (VI) to Cr(III) and subsequent chelation; the irritant effect of Cr(III)/ protein complexes is thus avoided. [ILO Encyclopedia]

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

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

INGESTION:

- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- Neutralising agents should never be given since exothermic heat reaction may compound injury. * Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.
* Gastric lavage should not be used.

Supportive care involves the following:

- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia). SKIN AND EYE:
- Injury should be irrigated for 20-30 minutes.

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

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	None known.

Advice for firefighters

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Fire Fighting	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water courses. ▸ Use fire fighting procedures suitable for surrounding area. ▸ **DO NOT** approach containers suspected to be hot. ▸ Cool fire exposed containers with water spray from a protected location. ▸ If safe to do so, remove containers from path of fire. ▸ Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	▸ Non combustible. ▸ Not considered a significant fire risk, however containers may burn. Decomposes on heating and produces toxic fumes of: silicon dioxide (SiO2) When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. May emit poisonous fumes. May emit corrosive fumes.

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. ▸ Clean up all spills immediately. ▸ Avoid contact with skin and eyes. ▸ Control personal contact with the substance, by using protective equipment. ▸ Use dry clean up procedures and avoid generating dust. ▸ Place in a suitable, labelled container for waste disposal.
Major Spills	Moderate hazard. ▸ **CAUTION**: Advise personnel in area. ▸ Alert Emergency Services and tell them location and nature of hazard. ▸ Control personal contact by wearing protective clothing. ▸ Prevent, by any means available, spillage from entering drains or water courses. ▸ Recover product wherever possible. ▸ **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal. ▸ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise Emergency Services.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area. ▸ Prevent concentration in hollows and sumps. ▸ **DO NOT** enter confined spaces until atmosphere has been checked. ▸ **DO NOT** allow material to contact humans, exposed food or food utensils. ▸ Avoid contact with incompatible materials. ▸ When handling, **DO NOT** eat, drink or smoke. ▸ Keep containers securely sealed when not in use. ▸ Avoid physical damage to containers. ▸ Always wash hands with soap and water after handling. ▸ Work clothes should be laundered separately. Launder contaminated clothing before re-use. ▸ Use good occupational work practice. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	▸ Keep dry. ▸ Store under cover. ▸ Store in a well ventilated area. ▸ Store away from sources of heat or ignition. ▸ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

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

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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

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	graded sand	Silica-Crystalline (all forms) respirable dust	0.025 mg/m3	Not Available	Not Available	carcinogen category 1 - Known or presumed human carcinogen; αquartz and cristobalite are confirmed carcinogens. Significant risk to workers will remain at WES-TWA exposures of 0.025mg/m3. The US Occupational Safety and Health Administration (OSHA) has estimated the lifetime silicosis mortality risk for workers exposed at this level for 8 hours per day at between 4 and 22 deaths per 1,000 workers and the lifetime lung cancer mortality risk for workers exposed at this level for 8 hours per day at between 3 and 23 deaths per 1,000 workers.

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	portland cement	Cement (Portland cement)	3 mg/m3	Not Available	Not Available	(dsen) - Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	portland cement	Cement (Portland cement) respirable dust	1 mg/m3	Not Available	Not Available	(dsen) - Dermal sensitiser

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

Exposure controls

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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.

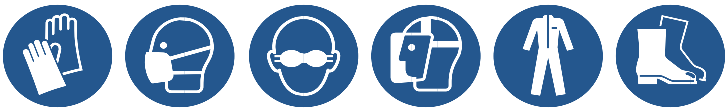
Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at 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,

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	· chemical resistance of glove material, · glove thickness and · dexterity Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent). · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended. · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use. · Contaminated gloves should be replaced. As defined in ASTM F-739-96 in any application, gloves are rated as: · Excellent when breakthrough time > 480 min · Good when breakthrough time > 20 min · Fair when breakthrough time < 20 min · Poor when glove material degrades For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended. It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example: · Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of. · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present. ▸ polychloroprene. ▸ nitrile rubber. ▸ butyl rubber. ▸ fluorocaoutchouc. ▸ polyvinyl chloride. Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream. ▸ Skin cleansing cream. ▸ 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 Air-line*	- -	PAPR-P1 -
up to 50 x ES	Air-line**	P2	PAPR-P2
up to 100 x ES	-	P3	-
		Air-line*	-
100+ x ES	-	Air-line**	PAPR-P3

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Grey powder; insoluble in water.		
Physical state	Divided Solid	**Relative density (Water = 1)**	1
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	>350 (ignition temp)
pH (as supplied)	10-11	**Decomposition temperature (°C)**	Not Applicable
Melting point / freezing point (°C)	Not Available	**Viscosity (cSt)**	Not Applicable
Initial boiling point and boiling range (°C)	Not Available	**Molecular weight (g/mol)**	Not Applicable

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Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Applicable	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Applicable
Vapour pressure (kPa)	Not Applicable	**Gas group**	Not Available
Solubility in water	Immiscible	**pH as a solution (1%)**	Not Applicable
Vapour density (Air = 1)	Not Applicable	**VOC g/L**	Not Applicable
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. ▸ Product is considered stable. ▸ Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

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	Based on available data, the classification criteria are not met.
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	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. Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions 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.

Continued...

Chronic

Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body 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.
Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle.
The smaller the size, the greater the tendencies of causing harm.
Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos.
In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral ($CaSiO_3$). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (*e.g.*, rhodonite)
In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 um and a diameter of less than 3 um was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 um in length and less than 0.5 um in diameter.
In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 um and 5.6 um respectively, no intraabdominal tumours were found.
Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis.

Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].
Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.
Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.
Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996
Overexposure to 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 Xray. 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.
Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk.
Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Cemix Cemsplash

TOXICITY	IRRITATION
Not Available	Not Available

graded sand

TOXICITY	IRRITATION
Oral (Rat) LD50: 500 mg/kg[2]	Not Available

portland cement

TOXICITY	IRRITATION
Not Available	Not Available

ethyl hydroxyethylcellulose

TOXICITY	IRRITATION
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...

GRADED SAND & PORTLAND CEMENT & ETHYL HYDROXYETHYLCELLULOSE	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

	Endpoint	**Test Duration (hr)**	**Species**	**Value**	**Source**
Cemix Cemsplash	Not Available	Not Available	Not Available	Not Available	Not Available
graded sand	**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
ethyl hydroxyethylcellulose	**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

Continued...

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.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.

Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (UN): 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
graded sand	Not Available
portland cement	Not Available
ethyl hydroxyethylcellulose	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
graded sand	Not Available
portland cement	Not Available
ethyl hydroxyethylcellulose	Not Available

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard
HSR002544	Construction Products Subsidiary Hazard Group Standard 2020

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

graded sand is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

Continued...

New Zealand Workplace Exposure Standards (WES) **portland**

cement is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES) **ethyl hydroxyethylcellulose is found on the following regulatory lists**

New Zealand Inventory of Chemicals (NZIoC)

Additional Regulatory Information

Not Applicable

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantities
Not Applicable	Not Applicable

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Gas (aggregate water capacity in mL)	Liquid (L)	Solid (kg)	Maximum quantity per package for each classification
6.5A or 6.5B	120	1	3	

Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (graded sand; portland cement; ethyl hydroxyethylcellulose)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (ethyl hydroxyethylcellulose)
Japan - ENCS	No (portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes

Continued...

National Inventory	Status
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	No (ethyl hydroxyethylcellulose)
Vietnam - NCI	Yes
Russia - FBEPH	No (ethyl hydroxyethylcellulose)
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

Revision Date	10/03/2023
Initial Date	14/06/2017

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification
4.1	10/03/2023	Classification change due to full database hazard calculation/update.

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