

DUNLOP TILE-ALL POWDER

Hazard Alert Code:
HIGH

Chemwatch Material Safety Data Sheet

Revision No: 4

Chemwatch 4639-18

Issue Date: 8-Jun-2008

CD 2010/1

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Dunlop Tile-All Powder

SYNONYMS

"cement based adhesive"

PRODUCT USE

Cementitious adhesive.

SUPPLIER

Company: Ardex Australia Pty Ltd

Address:

20 Powers Road

Seven Hills

NSW, 2147

AUS

Telephone: 1800 224 070

Fax: +61 2 9838 7817

HAZARD RATINGS

	Min	Max
Flammability:	0	
Toxicity:	2	
Body Contact:	3	
Reactivity:	0	
Chronic:	2	

Min/Nil=0
Low=1
Moderate=2
High=3
Extreme=4



Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to NOHSC Criteria, and ADG Code.

POISONS SCHEDULE

None

RISK

- Causes burns.
- Risk of serious damage to eyes.
- Inhalation may produce health damage*.
- Cumulative effects may result following exposure*.
- Limited evidence of a carcinogenic effect*.
- Possible respiratory and skin sensitiser*.

* (limited evidence).

SAFETY

- Keep locked up.
- Do not breathe dust.
- Avoid contact with eyes.
- Wear suitable protective clothing.
- Use only in well ventilated areas.
- Keep container in a well ventilated place.
- To clean the floor and all objects contaminated by this material use water and detergent.
- Take off immediately all contaminated clothing.
- In case of accident or if you feel unwell IMMEDIATELY contact Doctor or Poisons Information Centre (show label if possible).

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Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
portland cement	65997-15-1	30-60
graded sand	14808-60-7.	30-60
silica amorphous	7631-86-9	10-30
titanium dioxide	13463-67-7	1-5
filler, unregulated		1-5
additives, unregulated		<1

Section 4 - FIRST AID MEASURES

SWALLOWED

-
- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

EYE

- 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

- 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.

INHALED

-
- If dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear breathing passages.
- Ask patient to rinse mouth with water but to not drink water.
- Seek immediate medical attention.
- 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.

NOTES TO PHYSICIAN

- Treat symptomatically.

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.

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- 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 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

-
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- 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.
- Decomposition may produce toxic fumes of: hydrogen fluoride, metal oxides.
May emit poisonous fumes.
May emit corrosive fumes.

FIRE INCOMPATIBILITY

- None known.

HAZCHEM

None

Personal Protective Equipment

Gas tight chemical resistant suit.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

-
- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact 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.

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- 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 MSDS.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR 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 storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

-
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

- None known.

STORAGE REQUIREMENTS

-
- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations

For major quantities:

- Consider storage in banded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
- Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

TWA TWA STEL STEL Peak Peak TWA

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Source	Material	ppm	mg/m ³	ppm	mg/m ³	ppm	mg/m ³	F/CC	Notes
Australia Exposure Standards	portland cement (Portland cement (a))		10						(see Chapter 14)
Australia Exposure Standards	silica amorphous (Silica - Amorphous Silica gel (a))		10						(see Chapter 14)
Australia Exposure Standards	silica amorphous (Silica - Amorphous Precipitated silica (a))		10						(see Chapter 14)
Australia Exposure Standards	silica amorphous (Silica - Amorphous Diatomaceous earth (uncalcined)(a))		10						(see Chapter 14)
Australia Exposure Standards	silica amorphous (Silica - Amorphous Fumed silica (respirable dust))		2						(see Chapter 14)
Australia Exposure Standards	titanium dioxide (Titanium dioxide (a))		10						(see Chapter 14)

The following materials had no OELs on our records

- graded sand: CAS:14808-60-7

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m ³)	Revised IDLH Value (ppm)
portland cement	5,000	
graded sand	50	
silica amorphous	3,000	
titanium dioxide	5,000	

MATERIAL DATA

DUNLOP TILE-ALL POWDER:

- None assigned. Refer to individual constituents.

PORTLAND CEMENT:

- for calcium silicate:

containing no asbestos and <1% crystalline silica

ES TWA: 10 mg/m³ inspirable dust

TLV TWA: 10 mg/m³ total dust (synthetic nonfibrous) A4

Although in vitro studies indicate that calcium silicate is more toxic than substances described as "nuisance dusts" is thought that adverse health effects which might occur following exposure to 10-20 mg/m³ are likely to be minimal. The TLV-TWA is thought to be protective against the physical risk of eye and upper respiratory tract irritation in workers and to prevent interference with vision and deposition of particulate in the eyes, ears, nose and mouth.

For calcium oxide:

The TLV-TWA is thought to be protective against undue irritation and is analogous to that recommended for sodium hydroxide.

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 µm (+) 0.3 µm and with a geometric standard deviation of 1.5 µm (+) 0.1 µm, i.e., generally less than 5 µm.

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

Portland cement is considered to be a nuisance dust that does not cause fibrosis and has little potential to induce adverse effects on the lung.

GRADED SAND:

NOTE: This product contains negligible amount of respirable dust.

SILICA AMORPHOUS:

- The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 µm (+) 0.3 µm and with a geometric standard deviation of 1.5 µm (+) 0.1 µm, i.e., generally less than 5 µm.

For amorphous crystalline silica (precipitated silicic acid):

Amorphous crystalline silica shows little potential for producing adverse effects on the lung and exposure standards should reflect a particulate of low intrinsic toxicity. Mixtures of amorphous silicas/ diatomaceous earth and crystalline silica should be monitored as if they comprise only the crystalline forms.

The dusts from precipitated silica and silica gel produce little adverse effect on pulmonary functions and are not known to produce significant disease or toxic effect.

IARC has classified silica, amorphous as Group 3: NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

TITANIUM DIOXIDE:

- Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory

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Irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

Animal exposed by inhalation to 10 mg/m³ titanium dioxide show no significant fibrosis, possibly reversible tissue reaction. The architecture of lung air spaces remains intact.

PERSONAL PROTECTION



EYE

-
- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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]

HANDS/FEET

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

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.

OTHER

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

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

- 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.

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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

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Fine off-white powder; insoluble in water.

PHYSICAL PROPERTIES

Does not mix with water.

Alkaline.

State	Divided Solid	Molecular Weight	Not Applicable
Melting Range (°C)	Not Available	Viscosity	Not Applicable
Boiling Range (°C)	Not Applicable	Solubility in water (g/L)	Immiscible
Flash Point (°C)	Not Applicable	pH (1% solution)	11 (paste form)
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Applicable
Autoignition Temp (°C)	Not Applicable	Vapour Pressure (kPa)	Not Applicable
Upper Explosive Limit (%)	Not Applicable	Specific Gravity (water=1)	Not Available
Lower Explosive Limit (%)	Not Applicable	Relative Vapour Density (air=1)	Not Applicable
Volatile Component	Not	Evaporation	Not

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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.

GRADED SAND:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.
- No data of toxicological significance identified in literature search.

SILICA AMORPHOUS:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY

Oral (rat) LD50: 3160 mg/kg

Dermal (rabbit) LD50: 5000 mg/kg *

Inhalation (rat) LC50: 0.139 mg/l/14h *

IRRITATION

Skin (rabbit): non-irritating *

Eye (rabbit): non-irritating *

* [Grace]

- For silica amorphous:

When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals.

After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification.

Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser.

Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact.

Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure.

Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m³ to 150 mg/m³. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m³. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m³. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL.

Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected.

In humans, SAS is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin.

There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.

The substance is classified by IARC as Group 3:

NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS]

TITANIUM DIOXIDE:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

Oral (Rat) LD50: 20000 mg/kg *

Skin (human): 0.3 mg /3D (int)-Mild *

Oral (Mouse) LD50: 10000 mg/kg *

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■ The material may produce moderate eye irritation leading to 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.

For titanium dioxide:

Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin.

Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica.

No data were available on genotoxic effects in titanium dioxide-exposed humans.

Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts.

Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium.

Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages in vitro compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages in vitro at mass dose concentrations at which this effect does not occur with fine titanium dioxide. In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light.

Animal carcinogenicity data

Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats.

In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative.

Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice.

In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative.

* IUCLID

CARCINOGEN

Silica, crystalline (inhaled in the form of quartz or cristobalite from occupational sources)	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group 1
Silica, amorphous	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group 3
Titanium dioxide	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group 2B

Section 12 - ECOLOGICAL INFORMATION

DUNLOP TILE-ALL POWDER

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Refer to data for ingredients, which follows:

TITANIUM DIOXIDE:

PORTLAND CEMENT:

- Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms.

When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. Environmental processes may also be important in changing solubilities.

Even though many metals show few toxic effects at physiological pHs, transformation may introduce new or magnified effects.

A metal ion is considered infinitely persistent because it cannot degrade further.

The current state of science does not allow for an unambiguous interpretation of various measures of bioaccumulation.

The counter-ion may also create health and environmental concerns once isolated from the metal. Under normal physiological conditions the counter-ion may be essentially insoluble and may not be bioavailable.

Environmental processes may enhance bioavailability.

PORTLAND CEMENT:

SILICA AMORPHOUS:

TITANIUM DIOXIDE:

DUNLOP TILE-ALL POWDER:

- DO NOT discharge into sewer or waterways.

DUNLOP TILE-ALL POWDER:

PORTLAND CEMENT:

GRADED SAND:

SILICA AMORPHOUS:

- For silica amorphous:

Amorphous silica is chemically and biologically inert. It is not biodegradable. Due to its insolubility in water there is a separation at every filtration and sedimentation process.]

Crystalline and/or amorphous silicas are ubiquitous on the earth in soils and sediments, and in living organisms (e.g. diatoms), but only the dissolved form is bioavailable. On a global scale, the level of man-made synthetic amorphous silicas (SAS) represents up to 2.4% of the dissolved silica naturally present in the aquatic environment. The rate of SAS released into the environment during the product life cycle is negligible in comparison with the natural flux of silica in the environment

Untreated SASs have a relatively low water solubility of 1.91 to 2.51 mmol/l (114 - 151 mg/l) and an extremely low vapour pressure (e.g. < 10⁻³ Pa at 20° C for Aerosil R972). On the basis of these properties it is expected that SAS released into the environment will be distributed mainly into soil/sediment, slightly into water, and probably not at all into air.

With surface-treated SASs, the addition of organosilicon compounds increases the hydrophobicity. Consequently, the water solubility is lower than that of untreated silica. The vapour pressure remains extremely low. Due to the presence of organic substances such as surfactants, salts, acids and alkalis in the environment, it is expected that surface-treated silica will be wetted and then adsorbed onto soils or sediments.

SAS is regarded as an inert substance and is not expected to undergo any transformation in the atmospheric or terrestrial compartment, apart from dissolution by water.

Biodegradability in sewage treatment plant or in surface water is not applicable to inorganic substances like SAS. Therefore the biodegradation endpoint has limited relevance for SAS. In surface modified SASs, the most common treating agents are organosilicon compounds and these generally represent less than 5% of the material. Biodegradation in sewage treatment plant or in surface water is not expected. Some biodegradation in soil may occur by analogy with the behaviour of linear polydimethylsiloxane in this compartment

Ecotoxicity:

Based on available data, SAS is not toxic to environmental organisms (apart from physical desiccation in insects). SAS presents a low risk for adverse effects to the environment.

When hydrophilic SASs (Aerosil 200 and Ultrasil VN3; purity 100% and 98%, respectively), were tested for their acute toxicity to fish and crustaceans, the LC50 and EC50 values were higher than 10,000 mg/l and 1,000 mg/l, respectively.

The zebra fish (*Brachydanio rerio*) test was performed with SAS in suspension, due to the insolubility of the SAS. No mortality was observed for the fish after 96 hours of exposure at 1,000 mg/l and 10,000 mg/l. The test media remained turbid throughout the test, indicating that the limit of solubility of the product was exceeded.

With the water flea (*Daphnia magna*), SAS suspensions exceeding the limit of solubility were tested.; some immobilisation was observed. However, no significant immobilisation was observed when a solution filtered through microfibre glass filter was tested. The observed effects were likely caused by physical hampering of the *Daphnia* due to the presence of undissolved particles.

A surface-treated SAS (Aerosil R974; 99.9% pure) was tested on fish and crustaceans. The LC50 to fish and EC50 to *Daphnia* were found to be higher than 10,000 mg/l and 1,000 mg/l, respectively

The EC50 to algae was found to be higher than 10,000 mg/l filtered suspension The actual dissolved concentrations were not determined. There was no inhibition of the biomass or of the growth rate with the 10,000 mg/l filtered suspension.

The antibacterial effect of pressed and unpressed high purity SAS (Aerosil, unspecified) (0.2 g silica + 0.15 ml bacteria strain suspension) kept at 22 C has been investigated (SAS is sometimes pressed to remove air before transportation). The following micro-organisms were studied: *Escherichia coli*, *Proteus* sp., *Pseudomonas aeruginosa*, *Aerobacter aerogenes*,

Micrococcus pyrogenes aureus, *Streptococcus faecalis*, *Streptococcus pyrogenes humans*, *Corynebacterium diphtheria*, *Candida albicans* and *Bacillus subtilis*. The SAS was contaminated either by hand contact, by saliva droplets or by contact with the atmosphere. Rodshaped gram-negative organisms (*Escherichia coli*, *Bacterium proteus*, *Pseudomonas aeruginosa*

and *Aerobacter aerogenes*) died between 6 hours and 3 days in contact with unpressed SAS. Gram-positive micro-organisms were somewhat more resistant. In addition, the tests demonstrated that survival of bacteria was shorter in unpressed than in pressed SAS.

- For silica:

The literature on the fate of silica in the environment concerns dissolved silica in the aquatic environment, irrespective of its origin

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(man-made or natural), or structure (crystalline or amorphous). Indeed, once released and dissolved into the environment no distinction can be made between the initial forms of silica. At normal environmental pH, dissolved silica exists exclusively as monosilicic acid $[\text{Si}(\text{OH})_4]$. At pH 9.4 the solubility of amorphous silica is about 120 mg SiO_2/l . Quartz has a solubility of only 6 mg/l, but its rate of dissolution is so slow at ordinary temperature and pressure that the solubility of amorphous silica represents the upper limit of dissolved silica concentration in natural waters. Moreover, silicic acid is the bioavailable form for aquatic organisms and it plays an important role in the biogeochemical cycle of Si, particularly in the oceans.

In the oceans, the transfer of dissolved silica from the marine hydrosphere to the biosphere initiates the global biological silicon cycle. Marine organisms such as diatoms, silicoflagellates and radiolarians build up their skeletons by taking up silicic acid from seawater. After these organisms die, the biogenic silica accumulated in them partly dissolves. The portion of the biogenic silica that does not dissolve settles and ultimately reaches the sediment. The transformation of opal (amorphous biogenic silica) deposits in sediments through diagenetic processes allows silica to re-enter the geological cycle. Silica is labile between the water and sediment interface.

Ecotoxicity:

Fish LC50 (96 h): Brachydanio rerio >10000 mg/l; zebra fish >10000 mg/l

Daphnia magna EC50 (24 h): >1000 mg/l; LC50 924 h): >10000 mg/l.

TITANIUM DIOXIDE:

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
silica amorphous	HIGH		LOW	HIGH
titanium dioxide	HIGH		LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

- - 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 MSDS and observe all notices pertaining to the product.
 - Recycle wherever possible.
 - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
 - Dispose of by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced apparatus (after admixture with suitable combustible material)
 - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM:

None (ADG7)

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: ADG7, UN, IATA, IMDG

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE

None

REGULATIONS

Regulations for ingredients

portland cement (CAS: 65997-15-1) is found on the following regulatory lists;

"Australia Exposure Standards","Australia High Volume Industrial Chemical List (HVICL)","Australia Inventory of Chemical Substances (AICS)","OECD Representative List of High Production Volume (HPV) Chemicals"

graded sand (CAS: 14808-60-7) is found on the following regulatory lists;

"Australia - New South Wales Hazardous Substances Prohibited for Specific Uses","Australia - New South Wales Hazardous Substances Requiring Health Surveillance","Australia - South Australia Hazardous Substances Requiring Health Surveillance","Australia - Tasmania Hazardous Substances Prohibited for Specified Uses","Australia - Tasmania Hazardous Substances Requiring Health Surveillance","Australia - Western Australia Hazardous Substances Requiring Health Surveillance","Australia Hazardous Substances","Australia Hazardous Substances Requiring Health Surveillance","Australia High Volume Industrial Chemical List (HVICL)","Australia Inventory of Chemical Substances (AICS)","Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance","International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs","OECD Representative List of High Production Volume (HPV) Chemicals"

silica amorphous (CAS: 7631-86-9,112945-52-5,67762-90-7,68611-44-9,68909-20-6,112926-00-8,61790-

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53-2,60676-86-0,91053-39-3,69012-64-2) is found on the following regulatory lists;

"Australia Exposure Standards", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia Therapeutic Goods Administration (TGA) Substances that may be used as active ingredients in Listed medicines", "CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP", "International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs", "International Council of Chemical Associations (ICCA) - High Production Volume List", "OECD Representative List of High Production Volume (HPV) Chemicals"

titanium dioxide (CAS: 13463-67-7,1317-70-0,1317-80-2,12188-41-9,1309-63-3,100292-32-8,101239-53-6,116788-85-3,12000-59-8,12701-76-7,12767-65-6,12789-63-8,1344-29-2,185323-71-1,185828-91-5,188357-76-8,188357-79-1,195740-11-5,221548-98-7,224963-00-2,246178-32-5,252962-41-7,37230-92-5,37230-94-7,37230-95-8,37230-96-9,39320-58-6,39360-64-0,39379-02-7,416845-43-7,494848-07-6,494848-23-6,494851-77-3,494851-98-8,55068-84-3,55068-85-4,552316-51-5,62338-64-1,767341-00-4,97929-50-5,98084-96-9) is found on the following regulatory lists;

"Australia Exposure Standards", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "Australia Therapeutic Goods Administration (TGA) Substances that may be used as active ingredients in Listed medicines", "Australia Therapeutic Goods Administration (TGA) Sunscreening agents permitted as active ingredients in listed products", "CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP", "GESAMP/EHS Composite List - GESAMP Hazard Profiles", "IMO IBC Code Chapter 17: Summary of minimum requirements", "International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs", "OECD Representative List of High Production Volume (HPV) Chemicals"

No data for Dunlop Tile-All Powder (CW: 4639-18)

Section 16 - OTHER INFORMATION

Ingredients with multiple CAS Nos

Ingredient Name	CAS
silica	7631-86-9, 112945-52-5, 67762-90-7, 68611-44-9, 68909-20-6, 112926-00-8, 61790-53-2, 60676-86-0, 91053-39-3, 69012-64-2
titanium dioxide	13463-67-7, 1317-70-0, 1317-80-2, 12188-41-9, 1309-63-3, 100292-32-8, 101239-53-6, 116788-85-3, 12000-59-8, 12701-76-7, 12767-65-6, 12789-63-8, 1344-29-2, 185323-71-1, 185828-91-5, 188357-76-8, 188357-79-1, 195740-11-5, 221548-98-7, 224963-00-2, 246178-32-5, 252962-41-7, 37230-92-5, 37230-94-7, 37230-95-8, 37230-96-9, 39320-58-6, 39360-64-0, 39379-02-7, 416845-43-7, 494848-07-6, 494848-23-6, 494851-77-3, 494851-98-8, 55068-84-3, 55068-85-4, 552316-51-5, 62338-64-1, 767341-00-4, 97929-50-5, 98084-96-9

■ 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/references.

■ The (M)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.

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