

# DUNLOP TILE-ALL POWDER

Chemwatch Material Safety Data Sheet  
Issue Date: 8-Jun-2008  
NA477ECP

CHEMWATCH 4639-18  
Version No:4  
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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

DUNLOP TILE-ALL POWDER

### STATEMENT OF HAZARDOUS NATURE

**Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation.**

### OTHER NAMES

"cement based adhesive"

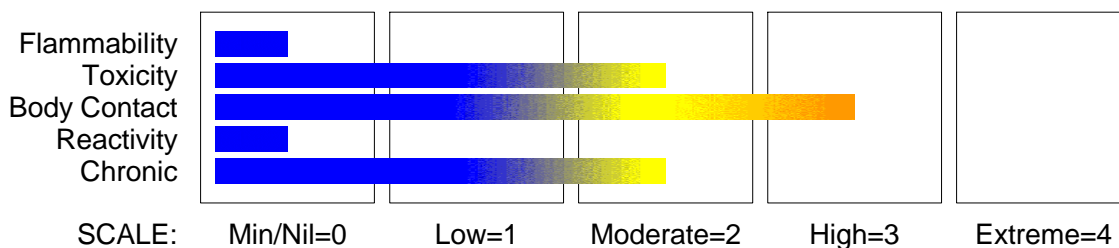
### PRODUCT USE

Cementitious adhesive.

### SUPPLIER

Company: Ardex NZ Pty Ltd  
Address:  
32 Lane Street  
Woolston  
Christchurch,  
NZL  
Telephone: +64 3384 3029  
Fax: +64 3384 9779

### HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### GHS Classification

Respiratory Sensitizer Category 1  
Serious Eye Damage Category 1  
Skin Corrosion/Irritation Category 1C  
Skin Sensitizer Category 1

### EMERGENCY OVERVIEW

#### HAZARD

##### DANGER

Determined by Chemwatch using GHS/HSNO criteria:

6.5A 6.5B 8.2C 8.3A

May cause allergic or asthmatic symptoms or breathing difficulties if inhaled

May cause allergic skin reaction

Causes severe skin burns and eye damage

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Section 2 - HAZARDS IDENTIFICATION

Causes serious eye damage

## PRECAUTIONARY STATEMENTS

### Prevention

Do not breathe dust/fume/gas/mist/vapours/spray.  
Avoid breathing dust/fume/gas/mist/vapours/spray.  
Wash thoroughly after handling.  
Contaminated work clothing should not be allowed out of the workplace.  
Wear protective gloves/protective clothing/eye protection/face protection.  
In case of inadequate ventilation wear respiratory protection.

### Response

IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.  
IF ON SKIN: Wash with plenty of soap and water.  
IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.  
IF INHALED: Remove to fresh air and keep at rest in a position comfortable for breathing.  
IF INHALED: If breathing is difficult, remove to fresh air and keep at rest in a position comfortable for breathing.  
IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.  
Immediately call a POISON CENTER or doctor/physician.  
If skin irritation or rash occurs: Get medical advice/attention.  
If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.  
Wash contaminated clothing before reuse.

### Storage

Store locked up.

## 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

NEW ZEALAND POISONS INFORMATION CENTRE 0800 POISON (0800 764 766)  
NZ EMERGENCY SERVICES: 111

### 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.

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- 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.
- 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:

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Section 4 - FIRST AID MEASURES

- 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].

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## Section 5 - FIRE FIGHTING MEASURES

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### EXTINGUISHING MEDIA

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

### 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.

### Personal Protective Equipment

Gas tight chemical resistant suit.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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### 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.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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- 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 MSDS.**

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## Section 7 - HANDLING AND STORAGE

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### 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
- Consider storage in bunded 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.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA mg/m <sup>3</sup>
New Zealand Workplace Exposure Standards (WES)	portland cement (Portland cement)	10
New Zealand Workplace Exposure Standards (WES)	titanium dioxide (Titanium dioxide)	10(d)

The following materials had no OELs on our records

- graded sand: CAS:14808- 60- 7

### EMERGENCY EXPOSURE LIMITS

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

### MATERIAL DATA

None assigned. Refer to individual constituents.

### INGREDIENT DATA

PORTLAND CEMENT:

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 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.

PORTLAND CEMENT:

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:

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

NOTE: This product contains negligible amount of respirable dust.

### SILICA AMORPHOUS:

It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace.

At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

### TITANIUM DIOXIDE:

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

Animal studies at 10 mg/m<sup>3</sup> show no significant fibrosis, possibly reversible tissue reaction and 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	-

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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100+ x ES	-	Air- line*	-
		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.

An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area.

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## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

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### APPEARANCE

Fine off-white powder; insoluble in water.

### PHYSICAL PROPERTIES

Does not mix with water.

Alkaline.

Molecular Weight: Not Applicable  
Melting Range (°C): Not Available  
Solubility in water (g/L): Immiscible  
pH (1% solution): 11 (paste form)  
Volatile Component (%vol): Not Applicable  
Relative Vapour Density (air=1): Not Applicable  
Lower Explosive Limit (%): Not Applicable  
Autoignition Temp (°C): Not Applicable  
State: Divided Solid

Boiling Range (°C): Not Applicable  
Specific Gravity (water= 1): Not Available  
pH (as supplied): Not Applicable  
Vapour Pressure (kPa): Not Applicable  
Evaporation Rate: Not Applicable  
Flash Point (°C): Not Applicable

Upper Explosive Limit (%): Not Applicable  
Decomposition Temp (°C): Not Available  
Viscosity: Not Applicable

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## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

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### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

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## Section 11 - TOXICOLOGICAL INFORMATION

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### POTENTIAL HEALTH EFFECTS

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## ACUTE HEALTH EFFECTS

### SWALLOWED

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

### EYE

When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

### SKIN

The material can produce chemical burns following direct contact with the skin. 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.

### INHALED

Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system in a substantial number of individuals following inhalation. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.

## CHRONIC HEALTH EFFECTS

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. Long term exposure to titanium and several of its compounds produces lung scarring and chronic bronchitis. Breathing is impaired and cardiac changes with right heart enlargements occur. There is an increased chance of developing cancers of the respiratory tract.

## TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

PORTLAND CEMENT:

continued...

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## Section 11 - TOXICOLOGICAL INFORMATION

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

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

### 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 \* \* [Grace]

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]

#### IRRITATION

Skin (rabbit): non- irritating \*

Eye (rabbit): non- irritating \*

### TITANIUM DIOXIDE:

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

#### TOXICITY

#### IRRITATION

Skin (human) 0.3: mg/3d- I Mild

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 a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

## Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.  
Refer to data for ingredients, which follows:

### PORTLAND CEMENT:

DO NOT discharge into sewer or waterways.

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Section 12 - ECOLOGICAL INFORMATION

## SILICA AMORPHOUS:

DO NOT discharge into sewer or waterways.

Aquatic toxicity (Daphnia magna) 24h EC50: >1000 mg/l

Fish toxicity (Brachydanio rerio) 96h LC50: >10,000 mg/l

[Grace]

## TITANIUM DIOXIDE:

DO NOT discharge into sewer or waterways.

## 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 licenced land-fill 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

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

## Section 15 - REGULATORY INFORMATION

### REGULATIONS

Dunlop Tile-All Powder (CAS: None):  
No regulations applicable

portland cement (CAS: 65997-15-1) is found on the following regulatory lists;  
New Zealand Inventory of Chemicals (NZIoC)  
New Zealand Workplace Exposure Standards (WES)  
OECD Representative List of High Production Volume (HPV) Chemicals

graded sand (CAS: 14808-60-7) is found on the following regulatory lists;  
International Agency for Research on Cancer (IARC) Carcinogens  
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Chemicals (single components)  
New Zealand Inventory of Chemicals (NZIoC)  
New Zealand Workplace Exposure Standards (WES)  
OECD Representative List of High Production Volume (HPV) Chemicals

silica amorphous (CAS: 7631-86-9) is found on the following regulatory lists;  
CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP  
IMO IBC Code Chapter 17: Summary of minimum requirements  
International Agency for Research on Cancer (IARC) Carcinogens  
International Council of Chemical Associations (ICCA) - High Production Volume List  
New Zealand Inventory of Chemicals (NZIoC)  
New Zealand Workplace Exposure Standards (WES)  
OECD Representative List of High Production Volume (HPV) Chemicals

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Section 15 - REGULATORY INFORMATION

silica amorphous (CAS: 112945-52-5) is found on the following regulatory lists;  
IMO IBC Code Chapter 17: Summary of minimum requirements  
International Council of Chemical Associations (ICCA) - High Production Volume List  
New Zealand Inventory of Chemicals (NZIoC)  
OECD Representative List of High Production Volume (HPV) Chemicals

titanium dioxide (CAS: 13463-67-7) is found on the following regulatory lists;  
CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP  
IMO IBC Code Chapter 17: Summary of minimum requirements  
International Agency for Research on Cancer (IARC) Carcinogens  
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Hazardous Substances Register  
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Veterinary Medicines  
New Zealand Inventory of Chemicals (NZIoC)  
New Zealand Workplace Exposure Standards (WES)  
OECD Representative List of High Production Volume (HPV) Chemicals

titanium dioxide (CAS: 1317-70-0) is found on the following regulatory lists;  
New Zealand Inventory of Chemicals (NZIoC)  
OECD Representative List of High Production Volume (HPV) Chemicals  
titanium dioxide (CAS: 1317-80-2) is found on the following regulatory lists;  
GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships  
New Zealand Inventory of Chemicals (NZIoC)  
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for titanium dioxide as CAS: 12188-41-9.

Specific advice on controls required for materials used in New Zealand can be found at  
<http://www.ermanz.govt.nz/search/registers.html>

## Section 16 - OTHER INFORMATION

NEW ZEALAND POISONS INFORMATION CENTRE  
0800 POISON (0800 764 766)  
NZ EMERGENCY SERVICES: 111

## INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
silica amorphous	7631- 86- 9, 112945- 52- 5
titanium dioxide	13463- 67- 7, 1317- 70- 0, 1317- 80- 2, 12188- 41- 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](http://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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continued...

# DUNLOP TILE-ALL POWDER

Chemwatch Material Safety Data Sheet

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