

**DUNLOP TRADE RESAFLEX**Hazard Alert Code:  
**HIGH**

Chemwatch Material Safety Data Sheet (REVIEW)

Revision No: 2

Chemwatch 4639-24

Issue Date: 3-Jun-2005

CD 2006/1

**Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION****PRODUCT NAME:** DUNLOP TRADE RESAFLEX**SYNONYMS**

"ceramic tile adhesive"

**PRODUCT USE**

Ceramic tile 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:	1		
Toxicity:	2		
Body Contact:	3		
Reactivity:	1		
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 the Criteria of NOHSC, and the ADG Code.****POISONS SCHEDULE**

None

**RISK**

Causes burns.

Risk of serious damage to eyes.

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Inhalation may produce health damage\*.

Cumulative effects may result following exposure\*.

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).

**Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS**

NAME	CAS RN	%
portland cement	65997-15-1	30-70
rubber crumb		10-30
graded sand	14808-60-7.	1-10

**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.

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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**

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 &amp; 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**

- Solid which exhibits difficult combustion or is difficult to ignite.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited
- Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

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- All movable parts coming in contact with this material should have a speed of less than 1-meter/sec

Decomposition may produce toxic fumes of  
carbon dioxide (CO<sub>2</sub>)  
metal oxides

other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

**FIRE INCOMPATIBILITY**

Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

**HAZCHEM**

None

**Personal Protective Equipment**

Breathing apparatus.

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

**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.
- 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**

Avoid reaction with oxidising agents.

**STORAGE REQUIREMENTS**

Observe manufacturer's storing and handling recommendations.

**Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION****EXPOSURE CONTROLS**

Source	Material	TWA ppm	TWA mg/m <sup>3</sup>	STEL ppm	STEL mg/m <sup>3</sup>	Peak ppm	Peak mg/m <sup>3</sup>
Australia Exposure Standards	Portland cement (a)		10				
Australia Exposure							

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Standards	Silica crystalline - Quartz	0.1
<b>EMERGENCY EXPOSURE LIMITS</b>		
Material	Revised IDLH Value (ppm)	Revised IDLH Value (mg/m3)
Portland cement quartz		5,000 50

None assigned. Refer to individual constituents.

**EXPOSURE STANDARDS FOR MIXTURE**

"Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

"Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

Composite Exposure Standard for Mixture (TWA) :4 mg/m<sup>3</sup>.

"Worst Case" computer-aided prediction of spray/ mist or fume/ dust components and concentration:

Composite Exposure Standard for Mixture (TWA) (mg/m<sup>3</sup>):

Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded, "Worst Case" considerations deem the individual to be overexposed.

Component Breathing Zone ppm Breathing Zone mg/m<sup>3</sup> Mixture Conc (%)

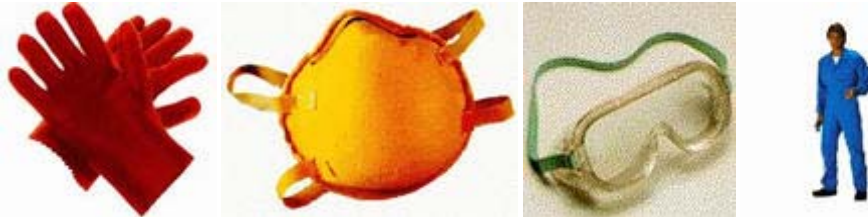
Component	Breathing Zone (mg/m <sup>3</sup> )	Mixture Conc (%)
portland cement	4.0000	70.0

**INGREDIENT DATA****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:**

NOTE: This product contains negligible amount of respirable dust.

**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.

**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.

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

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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.

**Section 9 - PHYSICAL AND CHEMICAL PROPERTIES****APPEARANCE**

Powder; insoluble in water.

**PHYSICAL PROPERTIES**

Does not mix with water.

Sinks in water.

Alkaline.

Molecular Weight: Not Applicable

Boiling Range (C): Not Applicable

Melting Range (C): Not Available

Specific Gravity (water=1): 1.5 (bulk)

Solubility in water (g/L): Immiscible

pH (as supplied): Not Applicable

pH (1% solution): Not Applicable

Vapour Pressure (kPa): Not Applicable

Volatile Component (%vol): Not Applicable

Evaporation Rate: Not Applicable

Relative Vapour Density (air=1): Not Applicable

Flash Point (C): Not Applicable

Lower Explosive Limit (%): Not Applicable

Upper Explosive Limit (%): Not Applicable

Autoignition Temp (C): Not Available

Decomposition Temp (°C): Not Available

State: Divided Solid

Viscosity: Not Applicable

**Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION****CONDITIONS CONTRIBUTING TO INSTABILITY**

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

**Section 11 - TOXICOLOGICAL INFORMATION****POTENTIAL HEALTH EFFECTS****ACUTE HEALTH EFFECTS****SWALLOWED**

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

**EYE**

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**

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.

**CHRONIC HEALTH EFFECTS**

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as

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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.

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.

**TOXICITY AND IRRITATION**

Not available. Refer to individual constituents.

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

**PORTLAND CEMENT:**

Not available. Refer to individual constituents.

**GRADED SAND:**

No data of toxicological significance identified in literature search.

**Section 12 - ECOLOGICAL INFORMATION**

DO NOT discharge into sewer or waterways.

**Section 13 - DISPOSAL CONSIDERATIONS**

If container can not be cleaned sufficiently well to ensure none of the original product remains 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.

- 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****POISONS SCHEDULE**

None

**REGULATIONS**

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

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 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) Carcinogens

OECD Representative List of High Production Volume (HPV) Chemicals

**Section 16 - OTHER INFORMATION**

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