



ARDEX MRF - Moisture Resistant Finish

Ardex (Ardex Australia)

Chemwatch: 5428-52

Version No: 5.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 25/10/2021

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S.GHS.AUS.EN

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

Product Identifier

Product name	ARDEX MRF - Moisture Resistant Finish
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Use according to manufacturer's directions.
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Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)
Address	20 Powers Road Seven Hills NSW 2147 Australia
Telephone	1800 224 070
Fax	1300 780 102
Website	www.ardexaustralia.com
Email	technicalservices@ardexaustralia.com

Emergency telephone number

Association / Organisation	Ardex (Ardex Australia)
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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

ChemWatch Hazard Ratings

	Min	Max
Flammability	0	
Toxicity	1	
Body Contact	3	
Reactivity	1	
Chronic	3	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Carcinogenicity Category 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H350	May cause cancer.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing dust/fumes.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.

Precautionary statement(s) Storage

P405	Store locked up.
P403+P233	Store in a well-ventilated place. Keep container tightly closed.

Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1317-65-3	30-60	<u>calcium carbonate</u>
65997-15-1	10-30	<u>portland cement</u>
65997-16-2	10-30	<u>calcium aluminate cement</u>
7778-18-9	1-10	<u>Lexan</u>
9004-34-6	1-5	<u>cellulose</u>
69012-64-2	1-5	<u>silica fumes</u>
14808-60-7	<0.2	<u>silica crystalline - quartz</u>
Not Available	balance	Ingredients determined not to be hazardous

Legend: 1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin contact occurs: ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation. For thermal burns:

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	- Decontaminate area around burn. - Consider the use of cold packs and topical antibiotics. For first-degree burns (affecting top layer of skin) - Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides. - Use compresses if running water is not available. - Cover with sterile non-adhesive bandage or clean cloth. - Do NOT apply butter or ointments; this may cause infection. - Give over-the-counter pain relievers if pain increases or swelling, redness, fever occur. For second-degree burns (affecting top two layers of skin) - Cool the burn by immerse in cold running water for 10-15 minutes. - Use compresses if running water is not available. - Do NOT apply ice as this may lower body temperature and cause further damage. - Do NOT break blisters or apply butter or ointments; this may cause infection. - Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape. To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort): - Lay the person flat. - Elevate feet about 12 inches. - Elevate burn area above heart level, if possible. - Cover the person with coat or blanket. - Seek medical assistance. For third-degree burns Seek immediate medical or emergency assistance. In the mean time: - Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound. - Separate burned toes and fingers with dry, sterile dressings. - Do not soak burn in water or apply ointments or butter; this may cause infection. - To prevent shock see above. - For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway. - Have a person with a facial burn sit up. - Check pulse and breathing to monitor for shock until emergency help arrives.
Inhalation	- If fumes or combustion products are inhaled remove from contaminated area. - Lay patient down. Keep warm and rested. - Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. - Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. - Transport to hospital, or doctor, without delay.
Ingestion	- If swallowed do NOT induce vomiting. - If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. - Observe the patient carefully. - Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. - Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. - Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

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

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

INGESTION:

- Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.

Neutralising agents should never be given since exothermic heat reaction may compound injury.

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.

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

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	- When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. - When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse.
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	- Alert Fire Brigade and tell them location and nature of hazard. - Wear breathing apparatus plus protective gloves in the event of a fire. - Prevent, by any means available, spillage from entering drains or water courses. - Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	- Non combustible. - Not considered a significant fire risk, however containers may burn. Decomposes on heating and produces: carbon dioxide (CO₂) silicon dioxide (SiO₂) metal oxides other pyrolysis products typical of burning organic material. When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles. May emit poisonous fumes. May emit corrosive fumes.
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	- Clean up all spills immediately. - Avoid breathing vapours/ aerosols/ or dusts and avoid contact with skin and eyes. - Control personal contact with the substance, by using protective equipment. - Contain and absorb spill with sand, earth, inert material or vermiculite.
Major Spills	- Clear area of personnel and move upwind. - Alert Fire Brigade and tell them location and nature of hazard. - Wear full body protective clothing with breathing apparatus. - Prevent, by all means available, spillage from entering drains or water courses.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	- Avoid all personal contact, including inhalation. - Wear protective clothing when risk of exposure occurs. - Use in a well-ventilated area. - Prevent concentration in hollows and sumps.
Other information	- Store in original containers. - Keep containers securely sealed. - Store in a cool, dry, well-ventilated area. - Store away from incompatible materials and foodstuff containers.

Conditions for safe storage, including any incompatibilities

Suitable container	- Polyethylene or polypropylene container. - Packing as recommended by manufacturer. - Check all containers are clearly labelled and free from leaks.
Storage incompatibility	- Avoid strong acids, bases. - Avoid contact with copper, aluminium and their alloys. - Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	Lexan	Calcium sulphate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	cellulose	Cellulose (paper fibre)	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available

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Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	45 mg/m3	210 mg/m3	1,300 mg/m3
silica, fumes	45 mg/m3	500 mg/m3	3,000 mg/m3
silica crystalline - quartz	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
calcium carbonate	Not Available	Not Available
portland cement	5,000 mg/m3	Not Available
calcium aluminate cement	Not Available	Not Available
Lexan	Not Available	Not Available
cellulose	Not Available	Not Available
silica, fumes	Not Available	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium aluminate cement	E	≤ 0.01 mg/m³
Notes: Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.		

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.
Personal protection	
Eye and face protection	- Safety glasses with side shields. - Chemical goggles. - Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.
Skin protection	See Hand protection below
Hands/feet protection	- Wear chemical protective gloves, e.g. PVC. - Wear safety footwear or safety gumboots, e.g. 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.
Body protection	See Other protection below
Other protection	- Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] - Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] - Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely. - Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. - Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood. - Overalls. - P.V.C apron. - Barrier cream. - Skin cleansing cream.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
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Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required.

Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum	Half-Face	Full-Face	Powered Air
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BUTYL	A
NATURAL RUBBER	A
NITRILE+PVC	A
PVC	A
NITRILE	B

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Protection Factor	Respirator	Respirator	Respirator
up to 10 x ES	-AUS P2	-	-PAPR-AUS / Class 1 P2
up to 50 x ES	-	-AUS / Class 1 P2	-
up to 100 x ES	-	-2 P2	-PAPR-2 P2 ^

^ - Full-face

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

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Black powder; insoluble in water.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	- Unstable in the presence of incompatible materials. - Product is considered stable. - Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Cellulose, given via the windpipe, caused fibrosis in the alveoli and airways, with injuries of the lung cells. Some health effects associated with wood, cotton, flax, jute and hemp particles or fibres are not attributable to cellulose content but to other substances and/or impurities. Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage. Effects on lungs are significantly enhanced in the presence of respirable particles.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering. Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression

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	strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances. Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	If applied to the eyes, this material causes severe eye damage.
Chronic	Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. There is sufficient evidence to suggest that this material directly causes cancer in humans. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Inhalation studies using animals have shown that cellulose fibres can cause lung scarring, and humans exposed to cellulose at work are more likely to develop asthma and obstructive lung disease. The substance may also induce the production of free radicals in human white blood cells. < Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO₃). Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop. Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis. Studies indicate that diets containing large amounts of non-absorbable polysaccharides, such as cellulose, might decrease absorption of calcium, magnesium, zinc and phosphorus. This material contains a substantial amount of polymer considered to be of low concern. These are classified under having MWs of between 1000 to 10000 with less than 25% of molecules with MWs under 1000 and less than 10% under 500; or having a molecular weight average of over 10000. Soluble silicates do not exhibit sensitizing potential. Testing in bacterial and animal experiments have not shown any evidence of them causing mutations or birth defects. Chromium (III) is an essential trace mineral. Chronic exposure to chromium (III) irritates the airways, malnourishes the liver and kidneys, causes fluid in the lungs, and adverse effects on white blood cells, and also increases the risk of developing lung cancer. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

ARDEX MRF - Moisture Resistant Finish	TOXICITY	IRRITATION
	Not Available	Not Available
calcium carbonate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
	Inhalation(Rat) LC50; >3 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate
portland cement	TOXICITY	IRRITATION
	Not Available	Not Available
	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Not Available
calcium aluminate cement	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; 1.9 mg/l4h ^[1]	
	Oral(Rat) LD50; >2000 mg/kg ^[1]	
Lexan	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; >3.26 mg/l4h ^[1]	Not Available
	Oral(Rat) LD50; >1581 mg/kg ^[1]	
cellulose	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[2]	Not Available
	Inhalation(Rat) LC50; >5.8 mg/L4h ^[2]	
	Oral(Rat) LD50; >5000 mg/kg ^[2]	
silica, fumes	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >5000 mg/kg ^[2]	Eye (rabbit): non-irritating *
	Oral(Rat) LD50; 3160 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin (rabbit): non-irritating *
	TOXICITY	IRRITATION
		Skin: no adverse effect observed (not irritating) ^[1]

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silica crystalline - quartz	TOXICITY	IRRITATION
	Oral(Rat) LD50; 500 mg/kg ^[2]	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. 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.
PORTLAND CEMENT	The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important.
LEXAN	Gypsum (calcium sulfate dehydrate) irritates the skin, eye, mucous membranes, and airways. A series of studies involving Gypsum industry workers in Poland reported chronic, non-specific airways diseases. Repeat dose toxicity: Examination of workers at a gypsum manufacturing plant found restrictive defects on long-function tests in those who were chronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to be protective on quartz toxicity in animal testing.
SILICA, FUMES	Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS] For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (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. 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. 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.
SILICA CRYSTALLINE - QUARTZ	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours. * Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.
CALCIUM CARBONATE & PORTLAND CEMENT & CALCIUM ALUMINATE CEMENT & LEXAN & CELLULOSE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.
PORTLAND CEMENT & CALCIUM ALUMINATE CEMENT	No significant acute toxicological data identified in literature search.

Acute Toxicity	✗	Carcinogenicity	✓
Skin Irritation/Corrosion	✓	Reproductivity	✗
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

Legend: ✗ – Data either not available or does not fill the criteria for classification
✓ – Data available to make classification

SECTION 12 Ecological information

Toxicity

ARDEX MRF - Moisture Resistant Finish	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
calcium carbonate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	6h	Fish	4-320mg/l	4
	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4

Continued...

ARDEX MRF - Moisture Resistant Finish

portland cement	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
calcium aluminate cement	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	72h	Algae or other aquatic plants	2.6mg/l	2
	EC50	72h	Algae or other aquatic plants	3.6mg/l	2
	LC50	96h	Fish	>100mg/l	2
	EC50	48h	Crustacea	5.4mg/l	2
Lexan	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	0.25h	Fish	75mg/l	4
	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2
cellulose	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
silica, fumes	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	504h	Crustacea	100mg/l	2
	EC50	72h	Algae or other aquatic plants	~250mg/l	2
	LC50	96h	Fish	>100mg/l	2
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data					

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
Lexan	HIGH	HIGH
cellulose	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
Lexan	LOW (LogKOW = -2.2002)
cellulose	LOW (LogKOW = -5.1249)

Mobility in soil

Ingredient	Mobility
Lexan	LOW (KOC = 6.124)
cellulose	LOW (KOC = 10)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Authority for disposal. ▶ Bury or incinerate residue at an approved site. ▶ Recycle containers if possible, or dispose of in an authorised landfill.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
calcium carbonate	Not Available
portland cement	Not Available
calcium aluminate cement	Not Available
Lexan	Not Available
cellulose	Not Available
silica, fumes	Not Available
silica crystalline - quartz	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
calcium carbonate	Not Available
portland cement	Not Available
calcium aluminate cement	Not Available
Lexan	Not Available
cellulose	Not Available
silica, fumes	Not Available
silica crystalline - quartz	Not Available

SECTION 15 Regulatory information

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

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium aluminate cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Lexan is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

cellulose is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

silica, fumes is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDLS	No (portland cement; calcium aluminate cement; Lexan; silica, fumes; silica crystalline - quartz)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement; cellulose)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement; calcium aluminate cement)

ARDEX MRF - Moisture Resistant Finish

National Inventory	Status
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (calcium aluminate cement; silica, fumes)
Vietnam - NCI	Yes
Russia - FBEPH	No (calcium aluminate cement)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	25/10/2021
Initial Date	06/10/2020

SDS Version Summary

Version	Date of Update	Sections Updated
4.1	24/08/2021	Name
5.1	25/10/2021	Name

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
 PC—STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 ES: Exposure Standard
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index
 AIIC: Australian Inventory of Industrial Chemicals
 DSL: Domestic Substances List
 NDSL: Non-Domestic Substances List
 IECSC: Inventory of Existing Chemical Substance in China
 EINECS: European Inventory of Existing Commercial chemical Substances
 ELINCS: European List of Notified Chemical Substances
 NLP: No-Longer Polymers
 ENCS: Existing and New Chemical Substances Inventory
 KECI: Korea Existing Chemicals Inventory
 NZIoC: New Zealand Inventory of Chemicals
 PICCS: Philippine Inventory of Chemicals and Chemical Substances
 TSCA: Toxic Substances Control Act
 TCSI: Taiwan Chemical Substance Inventory
 INSQ: Inventario Nacional de Sustancias Químicas
 NCI: National Chemical Inventory
 FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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