

ABA Powerstik Plus Ardex (Ardex Australia)

Chemwatch: **60-7578** Version No: **4.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **01/11/2019**Print Date: **15/10/2020**S.GHS.AUS.EN

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

Product Identifier

Product name	ABA Powerstik Plus
Synonyms	Not Available
Other means of identification	Not Available

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

Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)	
Address) Powers Road Seven Hills NSW 2147 Australia	
Telephone	0 224 070	
Fax	1300 780 102	
Website	Not Available	
Email	Not Available	

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		0 = Minimum
Body Contact	3	<u> </u>	1 = Low
Reactivity	0		2 = Moderate
Chronic	2		3 = High 4 = Extreme

Poisons Schedule Not Applicable	
Classification ^[1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1A, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation)
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)





Issue Date: 01/11/2019 Print Date: 15/10/2020

Signal word	Danger
Hazard statement(s)	
` ,	
H315	Causes skin irritation.
H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H335	May cause respiratory irritation.

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.	
P280 Wear protective gloves/protective clothing/eye protection/face protection.		
P261	P261 Avoid breathing dust/fumes.	
P272	Contaminated work clothing should not be allowed out of the workplace.	

Precautionary statement(s) Response

P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.		
P310	P310 Immediately call a POISON CENTER or doctor/physician.	
P321 Specific treatment (see advice on this label).		
P362 Take off contaminated clothing and wash before reuse.		

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

P501 Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
65997-15-1	40-60	portland cement
14808-60-7.	20-40	graded sand
93763-70-3	5-10	<u>perlite</u>
Not Available	1-10	powder polymer
Not Available	1-10	Ingredients determined not to be hazardous

SECTION 4 First aid measures

Description of 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.	
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. 	

Issue Date: **01/11/2019**Print Date: **15/10/2020**

Treat symptomatically.

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

Special hazards arising from the substrate of mixture		
Fire Incompatibility None known.		
Advice for firefighters		
Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area. 	
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. silicon dioxide (SiO2) 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	 Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment.
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.

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. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	 Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. 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	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	graded sand	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available

Chemwatch: 60-7578 Version No: 4.1.1.1

Page 4 of 8

ABA Powerstik Plus

Issue Date: 01/11/2019 Print Date: 15/10/2020

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	perlite	Perlite dust	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
perlite	Perlite; (Fused NaKAl silicate, < 1% quartz)	15 mg/m3	230 mg/m3	1,400 mg/m3

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

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











Eve 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

- 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.

Hands/feet protection

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. ▶ Neoprene rubber gloves

Body protection

See Other protection below

Other protection

- Overalls.
- P.V.C apron.
- Barrier cream.
- Skin cleansing cream.

Respiratory protection

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

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

* - Negative pressure demand ** - Continuous flow

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

- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- F The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- ► Try to avoid creating dust conditions.

Issue Date: 01/11/2019 Print Date: 15/10/2020

Information on basic physical and chemical properties

Appearance	Powder; not miscible with 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 Available
Initial boiling point and boiling range (°C)	Not Available	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 Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Available
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

TOXICITY

ABA Powerstik Plus

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 dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition 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. 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. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. 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. Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present.

IRRITATION

Issue Date: 01/11/2019 Print Date: 15/10/2020

	Not Available	Not Available	
	TOXICITY	IRRITATION	
portland cement	Not Available	Not Available	
	TOXICITY	IRRITATION	
	0.3 mg/kg ^[2]	Not Available	
graded sand	50 mg/kg ^[2]		
	Oral (rat) LD50: =500 mg/kg ^[2]		
	TOXICITY	IRRITATION	
perlite	Oral (mouse) LD50: 12960 mg/kg ^[2]	Not Available	
Legend:	Value obtained from Europe ECHA Registered Sub specified data extracted from RTECS - Register of Tox	•	ained from manufacturer's SDS. Unless otherwise
PORTLAND CEMENT	The following information refers to contact allergens a Contact allergies quickly manifest themselves as conteczema involves a cell-mediated (T lymphocytes) imminvolve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for	act eczema, more rarely as urticaria c nune reaction of the delayed type. Oth nificance of the contact allergen is not	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria,
PORTLAND CEMENT & PERLITE	Contact allergies quickly manifest themselves as cont- eczema involves a cell-mediated (T lymphocytes) imm involve antibody-mediated immune reactions. The sign	act eczema, more rarely as urticaria of nune reaction of the delayed type. Oth nificance of the contact allergen is not contact with it are equally important. The reaction of the materials which can occur after exposure to the materials. Which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Other	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria, t simply determined by its sensitisation potential: the all ends. This may be due to a non-allergic condition to high levels of highly irritating compound. Main bic individual, with sudden onset of persistent ther criteria for diagnosis of RADS include a reversible
PORTLAND CEMENT &	Contact allergies quickly manifest themselves as conteczema involves a cell-mediated (T lymphocytes) imminvolve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Asthma-like symptoms may continue for months or ev known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of p asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sev	act eczema, more rarely as urticaria of the delayed type. Other inficance of the contact allergen is not contact with it are equally important. en years after exposure to the materials) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Other bronchial hyperreactivity on method.	or Quincke's oedema. The pathogenesis of contact the allergic skin reactions, e.g. contact urticaria, at simply determined by its sensitisation potential: the all ends. This may be due to a non-allergic condition to high levels of highly irritating compound. Main bic individual, with sudden onset of persistent ther criteria for diagnosis of RADS include a reversible
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PORTLAND CEMENT & PERLITE PORTLAND CEMENT & GRADED SAND	Contact allergies quickly manifest themselves as conteczema involves a cell-mediated (T lymphocytes) imminvolve antibody-mediated immune reactions. The signification of the substance and the opportunities for Asthma-like symptoms may continue for months or evice known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of pasthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sev lymphocytic inflammation, without eosinophilia. No significant acute toxicological data identified in liter	act eczema, more rarely as urticaria of nune reaction of the delayed type. Oth nificance of the contact allergen is not contact with it are equally important. en years after exposure to the materi. DS) which can occur after exposure to revious airways disease in a non-ator cumented exposure to the irritant. Othere bronchial hyperreactivity on methorature search.	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria, a simply determined by its sensitisation potential: the all ends. This may be due to a non-allergic condition to high levels of highly irritating compound. Main bic individual, with sudden onset of persistent ner criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal
PORTLAND CEMENT & PERLITE PORTLAND CEMENT & GRADED SAND Acute Toxicity Skin Irritation/Corrosion	Contact allergies quickly manifest themselves as conteczema involves a cell-mediated (T lymphocytes) imminvolve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Asthma-like symptoms may continue for months or evice known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of pasthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sev lymphocytic inflammation, without eosinophilia. No significant acute toxicological data identified in liter	act eczema, more rarely as urticaria of nune reaction of the delayed type. Oth inficance of the contact allergen is not contact with it are equally important. The reaction of the contact with it are equally important. The system of the material of the contact with it are equally important. The system of the material of the contact of	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria, a simply determined by its sensitisation potential: the all ends. This may be due to a non-allergic condition o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent ner criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal
PORTLAND CEMENT & PERLITE PORTLAND CEMENT & GRADED SAND Acute Toxicity	Contact allergies quickly manifest themselves as conteczema involves a cell-mediated (T lymphocytes) imminvolve antibody-mediated immune reactions. The sign distribution of the substance and the opportunities for Asthma-like symptoms may continue for months or evice known as reactive airways dysfunction syndrome (RA criteria for diagnosing RADS include the absence of pasthma-like symptoms within minutes to hours of a doairflow pattern on lung function tests, moderate to sev lymphocytic inflammation, without eosinophilia. No significant acute toxicological data identified in liter	act eczema, more rarely as urticaria of nune reaction of the delayed type. Oth nificance of the contact allergen is not contact with it are equally important. en years after exposure to the materials) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Othere bronchial hyperreactivity on method are search. Carcinogenicity Reproductivity	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria, a simply determined by its sensitisation potential: the all ends. This may be due to a non-allergic condition to high levels of highly irritating compound. Main poic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal

Legend:

X − Data either not available or does not fill the criteria for classification

Data available to make classification

SECTION 12 Ecological information

Toxicity

ABA Powerstik Plus	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
portland cement	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
graded sand	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
perlite	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	
	No Data available for all ingredients	No Data available for all ingredients	

Bioaccumulative potential

Ingredient Bioaccumulation

Issue Date: 01/11/2019 Print Date: 15/10/2020

Ingredient	Bioaccumulation	
	No Data available for all ingredients	
Mobility in soil		
Ingredient	Mobility	

SECTION 13 Disposal considerations

Waste treatment methods

- 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.
- Product / Packaging disposal

 Where in doubt contact the responsible authority.

 Recycle wherever possible or consult manufacture.
 - Recycle wherever possible or consult manufacturer for recycling options.
 - Consult State Land Waste Management Authority for disposal.
 - ▶ Bury residue in an authorised landfill.
 - ▶ Recycle containers if possible, or dispose of in an authorised landfill.

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

SECTION 15 Regulatory information

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

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

graded sand is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
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

perlite is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC	Yes
Australia - Non-Industrial Use	No (portland cement; graded sand; perlite)
Canada - DSL	Yes
Canada - NDSL	No (portland cement; graded sand; perlite)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement; perlite)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement)
USA - TSCA	No (perlite)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	No (perlite)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

Chemwatch: **60-7578**Version No: **4.1.1.1**

Page 8 of 8

ABA Powerstik Plus

Issue Date: **01/11/2019**Print Date: **15/10/2020**

SECTION 16 Other information

Revision Date	01/11/2019
Initial Date	02/11/2015

SDS Version Summary

Version	Issue Date	Sections Updated
4.1.1.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

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

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

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