

Ardex (Ardex NZ)

Ardex (Ardex NZ)	Chemwatch Hazard Alert Code: 3
Chemwatch: 5634-67	Issue Date: 27/09/2023
Version No: 2.1	Print Date: 28/09/2023
Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017	L.GHS.NZL.EN.E

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

Product Identifier

Product name	rdex K60 Arditex (Powder)	
Chemical Name	Applicable	
Synonyms	levelling compound	
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	Powder component of Arditex levelling compound. Use according to manufacturer's directions.

Details of the manufacturer or supplier of the safety data sheet

Registered company name	Ardex (Ardex NZ)		
Address	Lane Street Woolston Christchurch New Zealand		
Telephone	3384 3029		
Fax	64 3384 9779		
Website	www.ardex.co.nz		
Email	info@ardexnz.com		

Emergency telephone number

Association / Organisation	ation Ardex (Ardex NZ)	
Emergency telephone numbers	+64 3 373 6900	
Other emergency telephone numbers	0800 764 766 (NZ NPC)	

SECTION 2 Hazards identification

Classification of the substance or mixture

Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Not
regulated for transport of Dangerous Goods.

Classification [1]	Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 1		
Legend:	1. Classified by Chernwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI		
Determined by Chemwatch using GHS/HSNO criteria	8.3A, 6.5B (contact), 6.9A		

Label elements

Laber elements	
Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

H317	May cause an allergic skin reaction.	
H318	auses serious eye damage.	
H372	Causes damage to organs through prolonged or repeated exposure.	

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume.	
P280	P280 Wear protective gloves, protective clothing, eye protection and face protection.	
P270	Do not eat, drink or smoke when using this product.	
P264	P264 Wash all exposed external body areas thoroughly after handling.	
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	Immediately call a POISON CENTER/doctor/physician/first aider.		
P302+P352	IF ON SKIN: Wash with plenty of water and soap.		
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.		
P362+P364	Take off contaminated clothing and wash it before reuse.		

Precautionary statement(s) Storage

Not Applicable

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
14808-60-7.	30-60	graded sand
471-34-1	10-30	calcium carbonate
7778-18-9	1-10	calcium sulfate.
65997-15-1	1-5	portland cement
Not Available	balance	Ingredients determined not to be hazardous
Legend:	 Classified by Chernwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 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 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.
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	 Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK. At least 3 tablespoons in a glass of water should be given. Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded due to the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor. NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear protective gloves when inducing vomiting. REFER FOR MEDICAL ATTENTION WITHOUT DELAY.

• In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated
by the patient's condition.
If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS
should be provided. Further action will be the responsibility of the medical specialist.
If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. (ICSC20305/20307)

Indication of any immediate medical attention and special treatment needed

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

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

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. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire. Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. Combustion products include: carbon monoxide (CO) carbon dioxide (CO2) aldehydes silicon dioxide (SiO2) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.

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 dust and contact with skin and eyes. Wear protective clothing, gloves, safety glasses and dust respirator. Use dry clean up procedures and avoid generating dust. Sweep up, shovel up or Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). Place spilled material in clean, dry, sealable, labelled container.
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 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.

	 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 storage and handling recommendations contained within this SDS. Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. Establish good housekeeping practices. Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in (0.8 mm) thick can be sufficient to warrant immediate cleaning of the area. Do not use air hoses for cleaning. Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used. Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition. Solids handling systems must be designed in accordance wit
Other information	 Store in original containers. Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes. Store away from incompatible materials and foodstuff containers. Protect containers against physical damage and check regularly for leaks. Observe manufacturer's storage and handling recommendations contained within this SDS. For major quantities: Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams). Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.

Conditions for safe storage, including any incompatibilities

Suitable container	Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.
	NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.
Storage incompatibility	 Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. 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
New Zealand Workplace Exposure Standards (WES)	graded sand	Silica-Crystalline (all forms) respirable dust	0.05 mg/m3	Not Available	Not Available	carcinogen category 1 - Known or presumed human carcinogen; α -quartz and cristobalite are confirmed carcinogens
New Zealand Workplace Exposure Standards (WES)	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	calcium carbonate	Limestone (Calcium carbonate)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	calcium sulfate	Calcium sulphate (Gypsum, Plaster of Paris)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	portland cement	Cement (Portland cement)	3 mg/m3	Not Available	Not Available	(dsen) - Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	portland cement	Cement (Portland cement) respirable dust	1 mg/m3	Not Available	Not Available	(dsen) - Dermal sensitiser

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
graded sand	0.075 mg/m3	33 mg/m3	200 mg/m3
calcium carbonate	45 mg/m3	210 mg/m3	1,300 mg/m3

Ingredient	Original IDLH	Revis	sed IDLH	
graded sand	25 mg/m3 / 50 mg/m3	Not A	Not Available	
calcium carbonate	Not Available Not Available			
calcium sulfate	Not Available Not Available			
portland cement	5,000 mg/m3 Not Available			
MATERIAL DATA				
xposure controls				
	Process controls which involve changing the way a job activit Enclosure and/or isolation of emission source which keeps a "adds" and "removes" air in the work environment. Ventilation ventilation system must match the particular process and che Employers may need to use multiple types of controls to prevent	selected hazard "physically" aw n can remove or dilute an air con emical or contaminant in use.	ay from the worker and vent	• •
	Local exhaust ventilation usually required. If risk of overexpo protection. Supplied-air type respirator may be required in sp An approved self contained breathing apparatus (SCBA) may Provide adequate ventilation in warehouse or closed storage velocities which, in turn, determine the "capture velocities" of Type of Contaminant:	ecial circumstances. Correct fit i / be required in some situations. area. Air contaminants generate	is essential to ensure adequa ed in the workplace possess	ate protection.
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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.

Individual protection measures, such as personal protective equipment	
Eye and face protection	 Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure. Chemical goggles. Whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted. [AS/NZS 1337.1, EN166 or national equivalent] Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection. Alternatively a gas mask may replace splash goggles and face shields. 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. 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 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].
Skin protection	See Hand protection below
Hands/feet protection	 Elbow length PVC gloves 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. 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. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended. Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

frequency and duration of contact

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	trequency and duration of contact,
	· chemical resistance of glove material,
	· glove thickness and
	· dexterity
	Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).
	When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
	• When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN
	374, AS/NZS 2161.10.1 or national equivalent) is recommended.
	Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
	Contaminated gloves should be replaced.
	As defined in ASTM F-739-96 in any application, gloves are rated as:
	Excellent when breakthrough time > 480 min
	Good when breakthrough time > 20 min
	 Fair when breakthrough time < 20 min
	· Poor when glove material degrades
	For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.
	It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation
	efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on
	consideration of the task requirements and knowledge of breakthrough times.
	Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical
	data should always be taken into account to ensure selection of the most appropriate glove for the task.
	Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:
	• Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only
	likely to give short duration protection and would normally be just for single use applications, then disposed of.
	Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential
	Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed
	moisturiser is recommended.
	Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive
	particles are not present.
	▶ polychloroprene.
	▶ nitrile rubber.
	▶ butyl rubber.
	▶ fluorocaoutchouc.
	▶ polyvinyl chloride.
	Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
	▶ Overalls.
	P.V.C apron.
Other protection	▶ Barrier cream.
	Skin cleansing cream.
	E Eye wash unit.
	·

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:

Ardex K60 Arditex (Powder)

Material	СРІ
NATURAL RUBBER	A
NITRILE	A

* 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.

Respiratory protection

Type -P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, 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)

 \cdot Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

 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 vendor recommended.

 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.

 Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)

· Use approved positive flow mask if significant quantities of dust becomes airborne.

 \cdot Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Appearance	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 (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
nitial 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 Applicable	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 Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	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	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo. Inhalation of dusts, generated by the material during the course of normal handling, may produce severe damage to the health of the individual. Relatively small amounts absorbed from the lungs may prove fatal. 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.
Ingestion	Considered an unlikely route of entry in commercial/industrial environments Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract
Skin Contact	The material may accentuate any pre-existing dermatitis condition Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either > produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or > produces significant, but moderate, inflammation when applied to the healthy intact skin of animals (for up to four hours), such inflammation being present twenty-four hours or more after the end of the exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.
Eye	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.

	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.
	Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to
	asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.
	Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not
	possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive. Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there
	should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.
	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). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (<i>e.g.</i> , rhodonite)
	In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 um and a diameter of less than 3 um was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by
	intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 um in length and less than 0.5 um in diameter. In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 um and 5.6 um respectively, no intra-
	abdominal tumours were found. Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However
	animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis
	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
Chronic	highly alkaline mixtures may cause localised necrosis. Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].
	Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.
	Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory
	capacity. Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996
	Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution.
	As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis. High blood concentrations of calcium ion may give rise to vasodilation and depress cardiac function leading to hypotension and syncope. Calcium ions enhance the effects of digitalis on the heart and may precipitate digitalis intoxication. Calcium salts also reduce the absorption of
	tetracyclines In neonates calcification of soft-tissue has been observed following therapeutic administration. Some studies show that large quantities of calcium intake can cause hypercalcemia, which can in turn lead to renal failure Renal failure can
	occur within hours or days or, alternatively, settles gradually, evolving over several years until it reaches terminal stages. Similarly, acute renal failure can also develop into chronic forms of the disease. Hypercalcaemia conditions can be associated with normal or reduced calcium serum levels, as the body tends to maintain a balanced
	metabolism of the mineral, known as the compensation phase. When there is a slight increase in the concentration of ions in the blood, calcium excretion markedly increases, while intestinal absorption decreases After kidney damage has set in, a loss of calcium may occur, thereby decreasing the serum concentration.
	Serum protein levels may decrease as a result of proteinuria in cases of renal complications. Proteinuria is an indicator of kidney disease and represents an independent risk factor for the progression of such a condition. Increased serum creatinine levels may represent an important parameter, given that kidney diseases are associated with increased serum creatinine levels. When renal pathology occurs, a progressive loss of glomerular filtration begins, resulting in increased plasma creatinine concentrations. During the course of kidney failure, discrete, but constant,
	increments in plasma creatinine levels occur. Renal disease with albuminuria may also be the cause of hypoalbuminemia in patients with liver disease. In cases of established liver damage,
	increased calcium urinary excretion may occur. Therefore, a similar increase may cause the decline in serum calcium levels in the current study. Levels above 10 ug/m3 of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons
	Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.

	ΤΟΧΙΟΙΤΥ	IRRITATION	
Ardex K60 Arditex (Powder)	Not Available	Not Available	
	τοχιςιτγ	IRRITATION	
graded sand	Oral (Rat) LD50: 500 mg/kg ^[2]	Not Available	
	ΤΟΧΙΟΙΤΥ	IRRITATION	
calcium carbonate	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]	
	0	Skin (rabbit): 500 mg/24h-moderate	
	Oral (Rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit). 500 mg/24n-moderate	

	ΤΟΧΙΟΙΤΥ	IRRITATION
calcium sulfate	Inhalation(Rat) LC50: >3.26 mg/l4h ^[1]	Not Available
	Oral (Rat) LD50: >1581 mg/kg ^[1]	
	тохісіту	IRRITATION
portland cement	Not Available	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances specified data extracted from RTECS - Register of Toxic Effect	Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise of chemical Substances
	No evidence of carcinogenic properties. No evidence of mutag	enic or teratogenic effects
CALCIUM CARBONATE	The material may produce severe irritation to the eye causing produce conjunctivitis. The material may cause skin irritation after prolonged or repea	bronounced inflammation. Repeated or prolonged exposure to irritants may ted exposure and may produce a contact dermatitis (nonallergic). This form of id swelling the epidermis. Histologically there may be intercellular oedema of the
CALCIUM SULFATE	Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous merelate pneumoconiosis with chronic exposure to gypsum. Othe natural dusts of calcium sulfate except in the presence of silica gypsum industry workers in Gacki, Poland. Unlike other fibers, gypsum is very soluble in the body; its half-calcium supplementation with calcium sulfate (CaSO4.1/2H2O Several feeding studies in pigs on the bioavailability of calcium is gypsum was similar to that for calci 102%. In mice, the i.p. and intragastric LD50 values were 6200 Plaster of Paris, the values were 4415 and 5824, respectively. rats, an intragastric LD50 of 9934 mg/kg was reported for phos Repeat dose toxicity : In a study of 241 underground male wor (November 1976-December 1977), results of chest X-rays, lun lung shadows with the higher quartz content in dust rather thar exposure. Prophylactic examinations of workers in a gypsum extraction a risk of pneumoconiosis due to gypsum exposure, while anothe exposure to gypsum dust had resulted in pulmonary ventilatory. Three cases of idiopathic interstitial pneumonia with multiple bio occupation) exposed to chalk; 2/3 of the chalk was made from In rats exposed to an aerosol of anhydrous calcium sulfate fibes ix hours per day, five days per week for three weeks, gypsum particle clearance. In guinea pigs given intraperitoneal (i.p.) injections of gypsum (in surrounding tissues. In another study, after i.p. injection of gy sacrificed at intervals up to 180 days, most of the dust was fou produced irregular and clustered nodules, which decreased in Direct administration of WTC PM2.5 [mostly composed of calci (calcie)] (10, 32, or 100 µg) into the airways of mice produced dose. [It was noted that WTC PM2.5 [mostly composed of calci (calcie)] (10, 32, or 100 µg) into the airway set offects on the protein concentration, or BALF g-glutamyl transpeptidase activ mainly glutathione, were increased in animals. In follow-up exp mg/m3) or a combination of milled and fibrous calcium sulfate liber weight changes in termale Syrian ha	mbrane, and respiratory system irritant. Early studies of gypsum miners did not r studies in humans (as well as animals) showed no lung fibrosis produced by . However, a series of studies reported chronic nonspecific respiratory diseases i life in the lungs has been estimated as minutes. In four healthy men receiving (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported. In calcium supplements, including gypsum, have been conducted. The ic limestone, oyster shell flour, marble dust, and aragonite, ranging from 85 to and 4704 mg/kg, respectively, for phosphogypsum (98% CaSO4-H2O). For in phogypsum fkers employed in four gypsum mines in Nottinghamshire and Sussex for a year function tests, and respiratory systems suggested an association of the observe to gypsum; the small round opacities in the lungs were characteristic of silica and production plant (dust concentration exceeded TLV 2.5- to 10-fold) reported ne r study of gypsum manufacturing plant workers reported that chronic occupationa defect of the restrictive form. If 15 mg/m3) or a combination of milled and other minerals. rs (15 mg/m3) or a combination of milled and other minerals. rs (15 mg/m3) or a combination of milled and binsus calcium sulfate (60 mg/m3) dust was quickly cleared from the lungs of via dissolution and mechanisms of doses not provided), gypsum was absorbed followed by the dissolution of gypsur um-based compounds, including calcium sulfate (gypsur)) and calcium carbonatt mild to moderate lung inflammation and airway hyperresponsiveness at the high mical species and that their interactions may be related with development of acheally (i.1) instilled with anhydrite dust (35 mg) and sacrificed three months urgs was not observed compared to controls. were exposed to calcium sulfate fiber aerosols (100 mg/m3) for ix hours per day e number of macrophages per alveolus, bronchoalveolar lavage fluid (BALF) ty (g-G7). Following three weeks of recovery, nonprotein thiol levels (NPSH), eriments, rats were exposed to an aerosol of

using the same procedure, female Wistar rats exhibited the first tumour at 579 days after the last injection. Mean survival of the tumour-bearing rats (5.7% of test group) was 583 days, while mean survival of the test group was 587 days. Tumour types seen were a sarcoma having cellular

	 polymorphism, a carcinoma, and a reticulosarcoma. Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks produced tumours in three of 20 female Syrian hamsters observed two years later. An anaplastic carcinoma was found in the heart, and one dark cell carcinoma was seen in the kidney. Two tumours of unspecified types were observed in the rib. In guinea pigs, inhalation of gypsum (doses not provided) for 24 months produced no lung tumours. In rats, i.t. administration of gypsum (doses not provided) for 24 months produced no lung tumours. In rats, i.t. administration of gypsum (doses not provided in abstract) from FGD for up to 18 months produced no arterial blood gas changes or indications of secondary heart damage as compared to controls. In another study, a single i.t. dose (25 mg) of flue gas gypsum dust did not produce a pathological reaction when observed for up to 18 months. There were also no signs of developing granuloma of fibrosis of the lungs. Lead quickly accumulated in the femur after injection but was eliminated during the observation period. In the Ames test, the flue gas gypsum dust was negative. Genotoxicity: Calcium sulfate (up to 2.5%) was negative in Salmonella typhimurium strains TA1535, TA1537, and TA1538 and in Saccharomyces cerevisiae strain D4 with and without metabolic activation. Developmental toxicity: In pregnant mice, rats, and rabbits, daily oral administration of calcium sulfate (16-1600 mg/kg bw) beginning on gestation day 6 up to 18 produced no effects on maternal body weights, maternal or foetal survival, or nidation (embryo implantation); developmental effects were also not seen. 		
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. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.		
GRADED SAND & PORTLAND CEMENT	No significant acute toxicological data identified in literature search.		
CALCIUM CARBONATE & CALCIUM SULFATE & PORTLAND CEMENT	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. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure cases. The disorder is characterized by difficulty breathing, cough and mucus production.		
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 r	not available or does not fill the criteria for classification

Data available to make classification

SECTION 12 Ecological information

Toxicity Endpoint Test Duration (hr) Species Value Source Ardex K60 Arditex (Powder) Not Not Not Not Available Not Available Available Available Available Test Duration (hr) Endpoint Species Value Source graded sand Not Not Not Not Available Not Available Available Available Available Endpoint Test Duration (hr) Species Value Source EC50 72h Algae or other aquatic plants >14mg/l 2 calcium carbonate Fish 4 NOEC(ECx) 1h 4-320mg/l LC50 96h Fish >165200mg/L 4 Test Duration (hr) Endpoint Species Value Source EC50 72h Algae or other aquatic plants >79mg/l 2 EC50 96h Algae or other aquatic plants 3200mg/l 4 calcium sulfate NOEC(ECx) Fish 4 0.25h 75mg/l LC50 96h Fish >79mg/l 2 Endpoint Test Duration (hr) Species Value Source portland cement Not Not Not Not Available Not Available Available Available Available Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Legend: Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan)

- Bioconcentration Data 8. Vendor Data

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
calcium sulfate	HIGH	HIGH
Bioaccumulative potential		
Ingredient	Bioaccumulation	
and all and a life to	LOW (LogKOW = -2.2002)	
calcium sulfate	LOW (LogRow - 2.2002)	

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)

SECTION 13 Disposal considerations

Waste treatment methods	
Product / Packaging disposal	 Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. 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.

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous. Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information

Labels Required		
Marine Pollutant	NO	
HAZCHEM	Not Applicable	

Land transport (UN): 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

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

Not Applicable

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

Product name	Group
graded sand	Not Available
calcium carbonate	Not Available
calcium sulfate	Not Available
portland cement	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
graded sand	Not Available
calcium carbonate	Not Available
calcium sulfate	Not Available
portland cement	Not Available

SECTION 15 Regulatory information

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

This substance is to be managed using the conditions specified in an applicable Group Standard

HSR Number	Group Standard			
HSR002503	Additives Process Chemicals and Raw Materials Subsidiary Hazard Group Standard 2020			
Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.				
graded sand is found on the follo	wing regulatory lists			
Chemical Footprint Project - Chemicals of High Concern List		New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification		
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs		of Chemicals New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification		
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC		of Chemicals - Classification Data		
Monographs - Group 1: Carcinogen		New Zealand Inventory of Chemicals (NZIoC)		
New Zealand Approved Hazardous Substances with controls		New Zealand Workplace Exposure Standards (WES)		
calcium carbonate is found on th	e following regulatory lists			
	Occupational Exposure Limit (OEL) Values for	New Zealand Inventory of Chemicals (NZIoC)		
Manufactured Nanomaterials (MNN	,	New Zealand Workplace Exposure Standards (WES)		
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals				
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification				
of Chemicals - Classification Data				
calcium sulfate is found on the fo	bllowing regulatory lists			
New Zealand Inventory of Chemicals (NZIoC)		New Zealand Workplace Exposure Standards (WES)		
portland cement is found on the	following regulatory lists			
New Zealand Inventory of Chemicals (NZIoC)		New Zealand Workplace Exposure Standards (WES)		

Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Quantities
Not Applicable	Not Applicable

Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

Hazard Class	Gas (aggregate water capacity in mL)	Liquid (L)	Solid (kg)	Maximum quantity per package for each classification
6.5A or 6.5B	120	1	3	

Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status	
Australia - AIIC / Australia Non-Industrial Use	Yes	
Canada - DSL	Yes	
Canada - NDSL	No (graded sand; calcium sulfate; portland cement)	
China - IECSC	Yes	
Europe - EINEC / ELINCS / NLP	Yes	
Japan - ENCS	No (portland cement)	
Korea - KECI	Yes	
New Zealand - NZIoC	Yes	
Philippines - PICCS	No (portland cement)	
USA - TSCA	Yes	
Taiwan - TCSI	Yes	
Mexico - INSQ	Yes	
Vietnam - NCI	Yes	
Russia - FBEPH	Yes	
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

end of SDS

Ardex K60 Arditex (Powder)

Revision Date	27/09/2023		
Initial Date	27/09/2023		
SDS Version Summary			
Varaian	Data of Undata	Sections Undeted	

Version Date of Update Sections Updated 2.1 27/09/2023 Hazards identification - 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 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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