

Ardex Optima Powder Ardex (Ardex NZ)

Chemwatch: **5457-36** Version No: **2.1.3.8**

Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Chemwatch Hazard Alert Code: 3

Issue Date: **09/03/2021**Print Date: **12/07/2021**S.GHS.NZL.EN

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

Product Identifier		
Product name	Ardex Optima Powder	
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 Base or Part A of a 2 pack, cementitious adhesive.

Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex NZ)	
Address	2 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	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.

ChemWatch Hazard Ratings

	Min	Max	
Flammability	0		
Toxicity	1		0 = Minimum
Body Contact	3	1	1 = Low
Reactivity	0		2 = Moderate
Chronic	2		3 = High 4 = Extreme

Classification [1]	Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Serious Eye Damage/Eye Irritation Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - single exposure Category 1, Specific target organ toxicity - repeated exposure Category 1, Acute Toxicity (Oral) Category 5
Legend: 1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Al	
Determined by Chemwatch using GHS/HSNO criteria	6.1E (oral), 6.1E (respiratory), 6.3A, 8.3A, 6.5B (contact), 6.9A

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Signal word	Dang
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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.	
H370	Causes damage to organs.	
H372	Causes damage to organs through prolonged or repeated exposure.	
H303	May be harmful if swallowed.	

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume.	
P271	Use only outdoors or in a well-ventilated area.	
P280	P280 Wear protective gloves, protective clothing, eye protection and face protection.	
P270	Do not eat, drink or smoke when using this product.	

Precautionary statement(s) Response

P301+P312	P301+P312 IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.	
P305+P351+P338	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+P311 IF exposed or concerned: Call a POISON CENTER/doctor/physician/first aider.		
P310 Immediately call a POISON CENTER/doctor/physician/first aider.		

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	30-60	portland cement
14808-60-7.	30-60	graded sand
15123-81-6	<5	metakaolin
13463-67-7	<5	C.I. Pigment White 6
Not Available	balance Ingredients determined not to be hazardous	
Legend:	Legend: 1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 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

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

Eye Contact

- 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.

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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).

▶ 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	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.

- Non combustible.
- Not considered a significant fire risk, however containers may burn.

Decomposition may produce toxic fumes of: silicon dioxide (SiO2)

Fire/Explosion Hazard

metal oxides

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

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for conta	ainment and cleaning up
Minor Spills	 Clean up waste regularly and abnormal 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.
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.

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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 area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers.

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, bases
- Avoid contact with copper, aluminium and their alloys.

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)	portland cement	Portland cement	3 mg/m3	Not Available	Not Available	dsen-Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	portland cement	Portland cement respirable dust	1 mg/m3	Not Available	Not Available	dsen-Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	graded sand	Quartz respirable dust	0.05 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	C.I. Pigment White 6	Titanium dioxide	10 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
graded sand	0.075 mg/m3	33 mg/m3	200 mg/m3
C.I. Pigment White 6	30 mg/m3	330 mg/m3	2,000 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
metakaolin	Not Available	Not Available
C.I. Pigment White 6	5,000 mg/m3	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













- 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.
- - 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.

Skin protection

See Hand protection below

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► 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.

Hands/feet protection

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

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.

Body protection

See Other protection below

• 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.

Other protection

- 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

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 Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air 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)

- 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.
- Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Fine off-white powder; insoluble in water.	Fine off-white 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		

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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 (%)	11 (paste form)
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

Inhaled

Ingestion

Skin Contact

Chronic

Information on toxicological effects

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. Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage.

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.

Accidental ingestion of the material may be damaging to the health of the individual.

This material can cause inflammation of the skin on contact in some persons.

The material may accentuate any pre-existing dermatitis condition

Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation.

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 strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.

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.

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.

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. 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.

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.

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.

Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk.

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.

Continued...

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dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated onl		Prolonged or repeated skin contact may cause drying with	n cracking, irritation and possible dermatitis following.	
portland cement Portland cement		тохісіту	IRRITATION	
PORTLAND CEMENT PORTLAND C	Ardex Optima Powder	Not Available	Not Available	
TOXICITY		тохісіту	IRRITATION	
TOXICITY IRRITATION Not Available	portland cement	Not Available	Not Available	
TOXICITY Not Available TOXICITY Not Available TOXICITY Not Available TOXICITY Not Available TOXICITY IRRITATION Not Available TOXICITY IRRITATION dermal (hamster) LD50: >=10000 mg/kg ^[2] Eye: no adverse effect observed (not irritating) ^[1] Inhalation(Rat) LC50; >=2.28 mg/l4h ^[1] Skin: no adverse effect observed (not irritating) ^[1] Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwis specified data extracted from RTECS - Register of Toxic Effect of chemical Substances 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 urticain or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphorytes) immune reaction of the delayed type. Other allergies kin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: idistribution of the substance and the opportunities for contact with it are equal important. 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 from the substance and the opportunities for contact with it are equal important. Asthma-like symptoms within minutes to hours of a documented exposure to the material ends. This may be due to a non-allergic condition of the substance of servicus airways distance 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 reverse airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minima lymphocytic inflammation, without eosinophilia. Exposure to titanium diox		тохісіту	IRRITATION	
Not Available Not Available Not Available	graded sand	Oral(Rat) LD50; 500 mg/kg ^[2]	Not Available	
C.I. Pigment White 6 TOXICITY		тохісіту	IRRITATION	
dermal (hamster) LD50: >=10000 mg/kg ^[2] Eye: no adverse effect observed (not irritating) ^[1] Inhalation(Rat) LC50; >=2.28 mg/l4h ^[1] Skin (rabbit) Oral(Rat) LD50; >=2000 mg/kg ^[1] Skin: no adverse effect observed (not irritating) ^[1] Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwiss specified data extracted from RTECS - Register of Toxic Effect of chemical Substances 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 involve antibody-mediated immune reactions. The significance of the coatal allergen is not simply determined by its sensitisation potential: involve antibody-mediated immune reactions. The significance of the coatal allergen is not simply determined by its sensitisation potential: it distribution of the substance and the opportunities for contact with it are equally important. 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 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 reverse airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes caus dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated only outermost layer of the skin, suggesting that healthy s	metakaolin	Not Available	Not Available	
C.I. Pigment White 6 Inhalation(Rat) LC50; >=228 mg/l4h ^[1] Skin (rabbit) Oral(Rat) LD50; >=2000 mg/kg ^[1] Skin: no adverse effect observed (not irritating) ^[1] 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 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: to distribution of the substance and the opportunities for contact with it are equally important. 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 for the 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 reverse airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minime lymphocytic inflammation, without eosinophilia. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes caus dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated only outermost layer of the skin, suggesting that healthy skin may be an effective barrier. There is no substantive data on genetic damage		тохісіту	IRRITATION	
Inhalation(Rat) LC50; >2.28 mg/l4h ^[1] Oral(Rat) LD50; >=2000 mg/kg ^[1] Skin: no adverse effect observed (not irritating) ^[1] Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwiss specified data extracted from RTECS - Register of Toxic Effect of chemical Substances 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 reactions 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: distribution of the substance and the opportunities for contact with it are equally important. 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 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 revers airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes caus dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated onl outermost layer of the skin, suggest		dermal (hamster) LD50: >=10000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]	
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 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. 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 as the substance and provides an exposure to the material ends. This may be due to a non-allergic condition of the substance in an exposure to the material ends. This may be due to a non-allergic condition of the substance 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 revers airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes caus dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated only outermost layer of the skin, suggesting that healthy skin may be an effective barrier. There is no substantive data on genetic damage, though cases	C.I. Pigment White 6	Inhalation(Rat) LC50; >2.28 mg/l4h ^[1]	Skin (rabbit)	
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: it distribution of the substance and the opportunities for contact with it are equally important. 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 reverse airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes caused dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated onloutermost layer of the skin, suggesting that healthy skin may be an effective barrier. There is no substantive data on genetic damage, though cases have been reported in experimental animals. 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.		Oral(Rat) LD50; >=2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]	
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: it distribution of the substance and the opportunities for contact with it are equally important. 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 reverse airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes caus dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated only outermost layer of the skin, suggesting that healthy skin may be an effective barrier. There is no substantive data on genetic damage, though cases have been reported in experimental animals. 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.	Legend:	,	·	
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	C.I. PIGMENT WHITE 6	Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes causing dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated only the outermost layer of the skin, suggesting that healthy skin may be an effective barrier. There is no substantive data on genetic damage, though cases have been reported in experimental animals. 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.		

PORTLAND CEMENT & **GRADED SAND & METAKAOLIN**

No significant acute toxicological data identified in literature search.

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

Legend:

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

SECTION 12 Ecological information

Toxicity

TOXICITY					
Ardex Optima Powder	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available

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	Endpoint	Test Duration (hr)	Species	Value	Source
metakaolin	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	3.75-7.58mg/l	4
	BCF	1008h	Fish	<1.1-9.6	7
C.I. Pigment White 6	EC50	48h	Crustacea	1.9mg/l	2
	LC50	96h	Fish	1.85-3.06mg/l	4
	NOEC(ECx)	504h	Crustacea	0.02mg/l	4
	EC50	96h	Algae or other aquatic plants	179.05mg/l	2

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
C.I. Pigment White 6	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
C.I. Pigment White 6	LOW (BCF = 10)

Mobility in soil

Ingredient	Mobility
C.I. Pigment White 6	LOW (KOC = 23.74)

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 Management Authority for disposal.
- ▶ Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

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.

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

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		
portland cement	Not Available		
graded sand	Not Available		
metakaolin	Not Available		

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Product name	Group
C.I. Pigment White 6	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
portland cement	Not Available
graded sand	Not Available
metakaolin	Not Available
C.I. Pigment White 6	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
HSR002544	Construction Products 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.

portland cement is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

New Zeal

New Zealand Workplace Exposure Standards (WES)

graded sand is found on the following regulatory lists

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

New Zealand Approved Hazardous Substances with controls

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

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

metakaolin is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

C.I. Pigment White 6 is found on the following regulatory lists

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 2B: Possibly carcinogenic to humans

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

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

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	No (metakaolin)	
Canada - DSL	No (metakaolin)	
Canada - NDSL	No (portland cement; graded sand; metakaolin; C.I. Pigment White 6)	
China - IECSC	No (metakaolin)	

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National Inventory	Status		
Europe - EINEC / ELINCS / NLP	No (metakaolin)		
Japan - ENCS	No (portland cement; metakaolin)		
Korea - KECI	No (metakaolin)		
New Zealand - NZIoC	Yes		
Philippines - PICCS	No (portland cement; metakaolin)		
USA - TSCA	No (metakaolin)		
Taiwan - TCSI	No (metakaolin)		
Mexico - INSQ	No (metakaolin)		
Vietnam - NCI	No (metakaolin)		
Russia - FBEPH	No (metakaolin)		
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)		

SECTION 16 Other information

Revision Date	09/03/2021
Initial Date	09/03/2021

SDS Version Summary

•				
Version	Date of Update	Sections Updated		
2.1.1.1	09/03/2021	Classification, Ingredients		
2.1.2.1	29/04/2021	Regulation Change		
2.1.2.2	30/05/2021	Template Change		
2.1.2.3	04/06/2021	Template Change		
2.1.2.4	05/06/2021	Template Change		
2.1.2.5	09/06/2021	Template Change		
2.1.2.6	11/06/2021	Template Change		
2.1.3.6	14/06/2021	Regulation Change		
2.1.3.7	15/06/2021	Template Change		
2.1.3.8	05/07/2021	Template Change		

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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