



Ardex LQ 92 Ardex (Ardex Australia)

Chemwatch: 5448-74
Version No: 2.1.1.1
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: 03/02/2021
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S.GHS.AUS.EN

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

Product Identifier

Product name	Ardex LQ 92
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	Levelling of uneven concrete surfaces prior to the application of floor tiles with conventional ceramic tile adhesives.
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Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)
Address	20 Powers Road Seven Hills NSW 2147 Australia
Telephone	1800 224 070
Fax	1300 780 102
Website	Not Available
Email	Not Available

Emergency telephone number

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

SECTION 2 Hazards identification

Classification of the substance or mixture

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

ChemWatch Hazard Ratings

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

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

Poisons Schedule	Not Applicable
Classification [1]	Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Serious Eye Damage Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Carcinogenicity Category 1A
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

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

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

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/attention.
P310	Immediately call a POISON CENTER or doctor/physician.
P321	Specific treatment (see advice on this label).

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

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

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7.	30-60	<u>graded sand</u>
65997-15-1	10-30	<u>portland cement</u>
471-34-1	10-30	<u>calcium carbonate</u>
65997-16-2	1-10	<u>calcium aluminate cement</u>
7778-18-9	1-10	<u>calcium sulfate</u>
14808-60-7	<1	<u>silica crystalline - quartz</u>
Not Available	balance	Ingredients determined not to be hazardous

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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 iron and its derivatives:

- ▶ Always treat symptoms rather than history.
- ▶ In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- ▶ Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- ▶ Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- ▶ Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- ▶ Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- ▶ Activated charcoal does not effectively bind iron.
- ▶ Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- ▶ Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

For acute or short term repeated exposures to dichromates and chromates:

- ▶ Absorption occurs from the alimentary tract and lungs.
- ▶ The kidney excretes about 60% of absorbed chromate within 8 hours of ingestion. Urinary excretion may take up to 14 days.
- ▶ Establish airway, breathing and circulation. Assist ventilation.
- ▶ Induce emesis with Ipecac Syrup if patient is not convulsing, in coma or obtunded and if the gag reflex is present.
- ▶ Otherwise use gastric lavage with endotracheal intubation.
- ▶ Fluid balance is critical. Peritoneal dialysis, haemodialysis or exchange transfusion may be effective although available data is limited.
- ▶ British Anti-Lewisite, ascorbic acid, folic acid and EDTA are probably not effective.
- ▶ There are no antidotes.
- ▶ Primary irritation, including chrome ulceration, may be treated with ointments comprising calcium-sodium-EDTA. This, together with the use of frequently renewed dressings, will ensure rapid healing of any ulcer which may develop.

The mechanism of action involves the reduction of Cr (VI) to Cr(III) and subsequent chelation; the irritant effect of Cr(III)/ protein complexes is thus avoided. [ILO Encyclopedia]

[Ellenhorn and Barceloux: Medical Toxicology]

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterix, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

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

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

- ▶ Injury should be irrigated for 20-30 minutes.

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

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility

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

Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Solid which exhibits difficult combustion or is difficult to ignite. ▶ Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. ▶ Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. ▶ A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. <p>Decomposes on heating and produces: carbon monoxide (CO) carbon dioxide (CO₂) sulfur oxides (SO_x) silicon dioxide (SiO₂) metal oxides other pyrolysis products typical of burning organic material.</p> <p>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.</p>
HAZCHEM	Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Clear area of personnel and move upwind. ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear full body protective clothing with breathing apparatus. ▶ Prevent, by all means available, spillage from entering drains or water courses.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. ▶ 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.
Other information	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys. ▶ Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	graded sand	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m ³	Not Available	Not Available	Not Available

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

Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1,300 mg/m3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
graded sand	25 mg/m3 / 50 mg/m3	Not Available
portland cement	5,000 mg/m3	Not Available
calcium carbonate	Not Available	Not Available
calcium aluminate cement	Not Available	Not Available
calcium sulfate	Not Available	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available


Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium aluminate cement	E	≤ 0.01 mg/m ³

Notes:

Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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. ▶ 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
Hands/feet protection	<ul style="list-style-type: none"> ▶ Elbow length PVC gloves <p>NOTE:</p> <ul style="list-style-type: none"> ▶ 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. <p>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.</p> <p>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.</p> <p>Personal hygiene is a key element of effective hand care.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent] ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent] ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same

level with locations where direct exposure is likely.

- ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.
- ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- ▶ Overalls.
- ▶ P.V.C apron.
- ▶ Barrier cream.
- ▶ Skin cleansing cream.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

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

Ardex LQ 92

Material	CPI
BUTYL	A
NEOPRENE	A
NEOPRENE/NATURAL	A
NITRILE	A
PE	A
PE/EVAL/PE	A
PVC	A
TEFLON	A
VITON	A
NATURAL RUBBER	B
NATURAL+NEOPRENE	B

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

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

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

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

Respiratory protection

Type BAX-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	BAX P1 Air-line*	-	BAX PAPR-P1 -
up to 50 x ES	Air-line**	BAX P2	BAX PAPR-P2
up to 100 x ES	-	BAX P3	-
		Air-line*	-
100+ x ES	-	Air-line**	BAX PAPR-P3

* - Negative pressure demand ** - Continuous flow

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

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- ▶ 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.
- ▶ 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	Grey powder; insoluble in water. Loose Bulk Density: 1.3 approx.		
Physical state	Divided Solid	Relative density (Water = 1)	2.6 approx.
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not 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 Available
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ 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	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p>
Ingestion	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
Skin Contact	<p>The material may accentuate any pre-existing dermatitis condition</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>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.</p> <p>The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.</p>
Eye	<p>If applied to the eyes, this material causes severe eye damage.</p>
Chronic	<p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems.</p> <p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>There is sufficient evidence to suggest that this material directly causes cancer in humans.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>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.</p> <p>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.</p> <p>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).</p> <p>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.</p> <p>Pure calcium carbonate does not cause the disease pneumoconiosis probably due to its rapid elimination from the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation.</p> <p>High blood concentrations of calcium ion may give rise to dilation of blood vessels and depress heart function, leading to low blood pressure and fainting (syncope). Calcium ions enhance the effects of digitalis on the heart, and may precipitate digitalis poisoning. Calcium salts also reduce the absorption of tetracyclines. In newborns, giving calcium during treatment has resulted in calcification of soft tissue.</p> <p>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.</p> <p>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.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p>

Ardex LQ 92	TOXICITY	IRRITATION
	Not Available	Not Available
graded sand	TOXICITY	IRRITATION
	Oral(Rat) LD50; =500 mg/kg ^[2]	Not Available

Ardex LQ 92

	TOXICITY	IRRITATION
portland cement	Not Available	Not Available
calcium carbonate	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
		Skin (rabbit): 500 mg/24h-moderate Skin: no adverse effect observed (not irritating) ^[1]
calcium aluminate cement	dermal (rat) LD50: >2000 mg/kg ^[1]	Not Available
	Oral(Rat) LD50; >2000 mg/kg ^[1]	
calcium sulfate	Oral(Rat) LD50; >1581 mg/kg ^[1]	Not Available
silica crystalline - quartz	Oral(Rat) LD50; =500 mg/kg ^[2]	Not Available
Legend:	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

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.
CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.
CALCIUM SULFATE	Gypsum (calcium sulfate dehydrate) irritates the skin, eye, mucous membranes, and airways. A series of studies involving Gypsum industry workers in Poland reported chronic, non-specific airways diseases. Repeat dose toxicity: Examination of workers at a gypsum manufacturing plant found restrictive defects on long-function tests in those who were chronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to be protective on quartz toxicity in animal testing.
SILICA CRYSTALLINE - QUARTZ	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours. * Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.
GRADED SAND & PORTLAND CEMENT & CALCIUM ALUMINATE CEMENT	No significant acute toxicological data identified in literature search.
PORTLAND CEMENT & CALCIUM CARBONATE & CALCIUM ALUMINATE CEMENT & CALCIUM SULFATE	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.

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

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

SECTION 12 Ecological information

Toxicity

Ardex LQ 92

	Endpoint	Test Duration (hr)	Species	Value	Source
Ardex LQ 92	Not Available	Not Available	Not Available	Not Available	Not Available
graded sand	Not Available	Not Available	Not Available	Not Available	Not Available
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
calcium carbonate	LC50	96	Fish	>56000mg/L	4
	EC50	72	Algae or other aquatic plants	>14mg/L	2
	EC10	72	Algae or other aquatic plants	>14mg/L	2
	NOEL	1332.0	Not Available	1.0% w/w	4
calcium aluminate cement	LC50	96	Fish	>100mg/L	2
	EC50	48	Crustacea	5.4mg/L	2
	EC50	72	Algae or other aquatic plants	3.6mg/L	2
	NOEC	72	Algae or other aquatic plants	2.6mg/L	2
calcium sulfate	LC50	96	Fish	>79mg/L	2
	EC50	72	Algae or other aquatic plants	>79mg/L	2
	EC0	96	Crustacea	=1255.000mg/L	1
	NOEL	3696	Not Available	1.25g/eu	4
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
calcium sulfate	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
calcium sulfate	LOW (LogKOW = -2.2002)

Mobility in soil

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> ▶ 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.
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SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
graded sand	Not Available
portland cement	Not Available
calcium carbonate	Not Available
calcium aluminate cement	Not Available
calcium sulfate	Not Available
silica crystalline - quartz	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
graded sand	Not Available
portland cement	Not Available
calcium carbonate	Not Available
calcium aluminate cement	Not Available
calcium sulfate	Not Available
silica crystalline - quartz	Not Available

SECTION 15 Regulatory information

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

graded sand is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australian Inventory of Industrial Chemicals (AIIC)
 Chemical Footprint Project - Chemicals of High Concern List
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

portland cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium aluminate cement is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

calcium sulfate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
 Australian Inventory of Industrial Chemicals (AIIC)
 Chemical Footprint Project - Chemicals of High Concern List
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (graded sand; portland cement; calcium aluminate cement; calcium sulfate; silica crystalline - quartz)
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; calcium aluminate cement)
USA - TSCA	Yes

National Inventory	Status
Taiwan - TCSI	Yes
Mexico - INSQ	No (calcium aluminate cement)
Vietnam - NCI	Yes
Russia - ARIPS	No (calcium aluminate cement)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 Other information

Revision Date	03/02/2021
Initial Date	03/02/2021

SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	03/02/2021	Classification, Fire Fighter (fire/explosion hazard)

Other information

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

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

Definitions and abbreviations

PC—TWA: Permissible Concentration-Time Weighted Average
 PC—STEL: Permissible Concentration-Short Term Exposure Limit
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index

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