



# CEMPOXY UA MORTAR

## EPOXY MORTAR

### Cemix Cemproxy UA Mortar - Part A

#### Cemix Product Ltd

Chemwatch: 5604-41

Version No: 2.1

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

Chemwatch Hazard Alert Code: 3

Issue Date: 05/05/2023

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S.GHS.NZL.EN.E

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

### Product Identifier

Product name	Cemix Cemproxy UA Mortar - Part A
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	Industrial application.
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### Details of the manufacturer or supplier of the safety data sheet

Registered company name	Cemix Product Ltd
Address	19 Alfred Street Onehunga Auckland 1061 New Zealand
Telephone	+64 9 636 1000
Fax	+64 9 636 0000
Website	<a href="http://www.cemix.co.nz">www.cemix.co.nz</a>
Email	info@cemix.co.nz

### Emergency telephone number

Association / Organisation	Cemix Product Ltd
Emergency telephone number(s)	0800 ASK CEMIX
Other emergency telephone number(s)	0800 764 766

## SECTION 2 Hazards identification

### Classification of the substance or mixture

Classification [1]	Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2, Carcinogenicity Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	6.4A, 6.5B (contact), 6.7A, 6.9A, 9.1C

### Label elements

Hazard pictogram(s)	
Signal word	Danger

### Hazard statement(s)

## Cemix Cempoxy UA Mortar - Part A

H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H350	May cause cancer.
H372	Causes damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

## Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

## Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

## Precautionary statement(s) Storage

P405	Store locked up.
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## 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	45-65	<u>silica crystalline - quartz</u>
25068-38-6	5-15	<u>bisphenol A/ diglycidyl ether resin, liquid</u>
28064-14-4	1-<5	<u>bisphenol F diglycidyl ether copolymer</u>
26761-45-5	<2	<u>glycidyl neodecanoate</u>
8007-24-7	<0.5	<u>cashew nutshell liquid</u>
Not Available	balance	Ingredients determined not to be hazardous
<b>Legend:</b>	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

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Wash out immediately with fresh running water.</li> <li>▶ 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.</li> <li>▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> </ul>

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- ▶ Seek medical advice.

**Indication of any immediate medical attention and special treatment needed**

Treat symptomatically.

**SECTION 5 Firefighting measures****Extinguishing media**

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

**Special hazards arising from the substrate or mixture****Fire Incompatibility**

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

**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposes on heating and produces: carbon dioxide (CO<sub>2</sub>) silicon dioxide (SiO<sub>2</sub>) other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.</p>

**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**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by all means available, spillage from entering drains or water courses.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse / absorb vapour.</li> <li>▶ Contain or absorb spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>

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

**SECTION 7 Handling and storage****Precautions for safe handling**

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Avoid contact with moisture.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> </ul>

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- ▶ Keep containers securely sealed.
- ▶ Store in a cool, dry, well-ventilated area.
- ▶ Store away from incompatible materials and foodstuff containers.
- ▶ Protect containers against physical damage and check regularly for leaks.
- ▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

## Conditions for safe storage, including any incompatibilities

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Packing as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>▶ Avoid cross contamination between the two liquid parts of product (kit).</li> <li>▶ If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.</li> <li>▶ This excess heat may generate toxic vapour</li> <li>▶ Avoid reaction with amines, mercaptans, strong acids and oxidising agents</li> </ul>

## 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)	silica crystalline - quartz	Silica-Crystalline (all forms) respirable dust	0.025 mg/m3	Not Available	Not Available	carcinogen category 1 - Known or presumed human carcinogen; α-quartz and cristobalite are confirmed carcinogens. Significant risk to workers will remain at WES-TWA exposures of 0.025mg/m3. The US Occupational Safety and Health Administration (OSHA) has estimated the lifetime silicosis mortality risk for workers exposed at this level for 8 hours per day at between 4 and 22 deaths per 1,000 workers and the lifetime lung cancer mortality risk for workers exposed at this level for 8 hours per day at between 3 and 23 deaths per 1,000 workers.
New Zealand Workplace Exposure Standards (WES)	bisphenol A/ diglycidyl ether resin, liquid	Respirable dust (not otherwise classified)	3 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	bisphenol A/ diglycidyl ether resin, liquid	Inhalable dust (not otherwise classified)	10 mg/m3	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
bisphenol A/ diglycidyl ether resin, liquid	Not Available	Not Available
bisphenol F diglycidyl ether copolymer	Not Available	Not Available
glycidyl neodecanoate	Not Available	Not Available
cashew nutshell liquid	Not Available	Not Available

## Exposure controls

<b>Appropriate engineering controls</b>	<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. 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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> <li>▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.</li> <li>▶ Work should be undertaken in an isolated system such as a "glove-box". Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.</li> <li>▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.</li> <li>▶ Open-vessel systems are prohibited.</li> <li>▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.</li> <li>▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</li> <li>▶ 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.</li> <li>▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas).</li> <li>▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air.</li> <li>▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.</li> </ul>
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<p><b>Individual protection measures, such as personal protective equipment</b></p>	
<p><b>Eye and face protection</b></p>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].</li> </ul>
<p><b>Skin protection</b></p>	<p>See Hand protection below</p>
<p><b>Hands/feet protection</b></p>	<p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <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. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>· Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>· Excellent when breakthrough time &gt; 480 min</li> <li>· Good when breakthrough time &gt; 20 min</li> <li>· Fair when breakthrough time &lt; 20 min</li> <li>· Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>When handling liquid-grade epoxy resins wear chemically protective gloves, boots and aprons.</p> <p>The performance, based on breakthrough times, of:</p> <ul style="list-style-type: none"> <li>· Ethyl Vinyl Alcohol (EVAL laminate) is generally excellent</li> <li>· Butyl Rubber ranges from excellent to good</li> <li>· Nitrile Butyl Rubber (NBR) from excellent to fair.</li> <li>· Neoprene from excellent to fair</li> <li>· Polyvinyl (PVC) from excellent to poor</li> </ul> <p>As defined in ASTM F-739-96</p> <ul style="list-style-type: none"> <li>· Excellent breakthrough time &gt; 480 min</li> <li>· Good breakthrough time &gt; 20 min</li> <li>· Fair breakthrough time &lt; 20 min</li> <li>· Poor glove material degradation</li> </ul> <p>Gloves should be tested against each resin system prior to making a selection of the most suitable type. Systems include both the resin and any hardener, individually and collectively)</p> <ul style="list-style-type: none"> <li>· <b>DO NOT use cotton or leather (which absorb and concentrate the resin), natural rubber (latex), medical or polyethylene gloves (which absorb the resin).</b></li> <li>· <b>DO NOT use barrier creams containing emulsified fats and oils as these may absorb the resin; silicone-based barrier creams should be reviewed prior to use.</b></li> </ul> <p>Replacement time should be considered when selecting the most appropriate glove. It may be more effective to select a glove with lower chemical resistance but which is replaced frequently than to select a more resistant glove which is reused many times</p>
<p><b>Body protection</b></p>	<p>See Other protection below</p>
<p><b>Other protection</b></p>	<ul style="list-style-type: none"> <li>▶ 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]</li> <li>▶ 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]</li> <li>▶ 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.</li> <li>▶ 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</li> </ul>

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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.
- ▶ Eye wash unit.

### Respiratory protection

Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, 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	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
- 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.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Grey liquid with mild characteristic odour; does not mix with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.9-2.1
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Applicable	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available

Continued...

## Cemix Cempoxy UA Mortar - Part A

<b>Solubility in water</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available
<b>Heat of Combustion (kJ/g)</b>	Not Available	<b>Ignition Distance (cm)</b>	Not Available
<b>Flame Height (cm)</b>	Not Available	<b>Flame Duration (s)</b>	Not Available
<b>Enclosed Space Ignition Time Equivalent (s/m3)</b>	Not Available	<b>Enclosed Space Ignition Deflagration Density (g/m3)</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 Toxicological information

## Information on toxicological effects

<b>a) Acute Toxicity</b>	Based on available data, the classification criteria are not met.
<b>b) Skin Irritation/Corrosion</b>	Based on available data, the classification criteria are not met.
<b>c) Serious Eye Damage/Irritation</b>	There is sufficient evidence to classify this material as eye damaging or irritating
<b>d) Respiratory or Skin sensitisation</b>	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
<b>e) Mutagenicity</b>	Based on available data, the classification criteria are not met.
<b>f) Carcinogenicity</b>	There is sufficient evidence to classify this material as carcinogenic
<b>g) Reproductivity</b>	Based on available data, the classification criteria are not met.
<b>h) STOT - Single Exposure</b>	Based on available data, the classification criteria are not met.
<b>i) STOT - Repeated Exposure</b>	There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure
<b>j) Aspiration Hazard</b>	Based on available data, the classification criteria are not met.

<b>Inhaled</b>	<p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>In animal testing, exposure to aerosols of reactive diluents (especially o-cresol glycidyl ether, CAS RN:2210-79-9) has been reported to affect the adrenal gland, central nervous system, kidney, liver, ovaries, spleen, testes, thymus and respiratory tract.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p> <p>Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. The disease is rapidly progressive and spreads widely through the lungs within months of the initial exposure and causing death within 1 to 2 years.</p>
<b>Ingestion</b>	Accidental ingestion of the material may be damaging to the health of the individual.
<b>Skin Contact</b>	<p>This material can cause inflammation of the skin on contact in some persons.</p> <p>The material may accentuate any pre-existing dermatitis condition</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>
<b>Eye</b>	This material can cause eye irritation and damage in some persons.
<b>Chronic</b>	<p>Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure.</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>Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.</p> <p>This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>Based on experience with similar materials, there is a possibility that exposure to the material may reduce fertility in humans at levels which do not cause other toxic effects.</p> <p>This product contains a polymer with reactive functional groups (aldehydes and phenolics) regarded as being of moderate concern.</p> <p>Aldehydes are reactive, soluble and are highly irritating.</p> <p>Glycidyl ethers can cause genetic damage and cancer.</p> <p>This material contains a substantial amount of polymer considered to be of low concern. These are classified under having MWs of between 1000 to 10000 with less than 25% of molecules with MWs under 1000 and less than 10% under 500; or having a molecular weight average of over 10000.</p> <p>Bisphenol A diglycidyl ethers (BADGEs) produce a sensitization dermatitis (skin inflammation) characterized by eczema with blisters and papules, with considerable itching of the back of the hand. This may persist for 10-14 days after withdrawal from exposure and recur immediately on re-exposure. The dermatitis may last longer following each exposure, but is unlikely to become more intense. Lower molecular weight species produce sensitization more readily. Animal testing has shown an increase in the development of some tumours. For some reactive diluents, prolonged or repeated skin contact may result in absorption of potentially harmful amounts or allergic skin reactions.</p> <p>Exposure to some reactive diluents (notably, neopentylglycol diglycidyl ether, CAS RN: 17557-23-2) has caused cancer in some animal testing.</p> <p>Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk.</p> <p>Bisphenol A may have effects similar to female sex hormones and when administered to pregnant women, may damage the foetus. It may also damage male reproductive organs and sperm.</p>

## Cemix Cempoxy UA Mortar - Part A

Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections.

Bisphenol F, bisphenol A, fluorine-containing bisphenol A (bisphenol AF) and other diphenylalkanes were found to have oestrogen-like effects. Bisphenol F is present in the environment and as a contaminant of food, so humans may therefore be exposed to bisphenol. Testing shows bisphenol F has genetic toxicity as well as the ability to disrupt hormonal balance.

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. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

Cemix Cempoxy UA Mortar - Part A	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
silica crystalline - quartz	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	Not Available
bisphenol A/ diglycidyl ether resin, liquid	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >1200 mg/kg <sup>[2]</sup>	Eye (Rodent - rabbit): 100mg - Mild
	Oral (Mouse) LD50: >500 mg/kg <sup>[2]</sup>	Eye (Rodent - rabbit): 100mg - Mild
		Eye (Rodent - rabbit): 100mg - Mild
		Eye (Rodent - rabbit): 20mg/24H - Moderate
		Eye (Rodent - rabbit): 5mg/24H - Severe
		Skin (Rodent - guinea pig): 2750mg/55D (intermittent)
bisphenol F diglycidyl ether copolymer	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: 4000 mg/kg <sup>[2]</sup>	Not Available
glycidyl neodecanoate	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >4 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Inhalation (Rat) LC50: >0.25 mg/l4h <sup>[2]</sup>	Skin (Rodent - rabbit): 0.5mL - Moderate
cashew nutshell liquid	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
	Oral (Rat) LD50: >2000 mg/kg <sup>[2]</sup>	Skin: adverse effect observed (irritating) <sup>[1]</sup>

**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

SILICA CRYSTALLINE - QUARTZ	<b>WARNING:</b> For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b>
	<p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (&lt;5 um) 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.</p> <p>Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.</p> <p>* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).</p> <p>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.</p>
BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID	<p>Foetotoxicity has been observed in animal studies Oral (rabbit, female) NOEL 180 mg/kg (teratogenicity); NOEL (maternal 60 mg/kg)</p> <p>The substance is classified by IARC as Group 3:</p> <p><b>NOT</b> classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p> <p>Animal testing over 13 weeks showed bisphenol A diglycidyl ether (BADGE) caused mild to moderate, chronic, inflammation of the skin.</p> <p>Reproductive and Developmental Toxicity: Animal testing showed BADGE given over several months caused reduction in body weight but had no reproductive effects.</p> <p>Cancer-causing potential: It has been concluded that bisphenol A diglycidyl ether cannot be classified with respect to its cancer-causing potential in humans.</p> <p>Genetic toxicity: Laboratory tests on genetic toxicity of BADGE have so far been negative.</p> <p>Immunotoxicity: Animal testing suggests regular injections of diluted BADGE may result in sensitization.</p> <p>Consumer exposure: Consumer exposure to BADGE is almost exclusively from migration of BADGE from can coatings into food. Testing has not found any evidence of hormonal disruption.</p>

<p><b>GLYCIDYL NEODECANOATE</b></p>	<p>Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation.</p> <p>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 hyperactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.</p> <p>Fatty acid glycidyl esters (GEs) are potential carcinogens, due to the fact that they readily hydrolyze into the free form glycidol (2,3-epoxypropanol) in the gastrointestinal tract, which has been found to induce tumours in various rat tissues. Therefore, significant effort has been devoted to inhibit and eliminate the formation of GEs</p> <p>Exposure to glycidol may also cause central nervous system depression, followed by central nervous system stimulation.</p> <p>Although harmful effects on humans and animals have not been demonstrated, the corresponding hydrolysates, 3-MCPD and glycidol, have been identified as rodent genotoxic carcinogens, ultimately resulting in the formation of kidney tumours (3-MCPD) and tumours at other tissue sites (glycidol). Therefore, 3-MCPD and glycidol have been categorised as "possible human carcinogens (group 2B) and "probably carcinogenic to humans (group 2A), respectively, by the International Agency for Research on Cancer (IARC).</p> <p>Diacylglyceride (DAG) based oils produced by one company were banned from the global market due to "high levels" of GEs.</p> <p>For glycidyl neodecanoate</p> <p>The material has a low order of acute toxicity by the oral, dermal, and inhalation routes of exposure. It is mildly irritating to the eyes and non-irritating to the skin. Dermal sensitisation has been observed in guinea pigs and has been reported in humans following occupational exposure. In vitro genotoxicity testing indicated weak mutagenic activity in point mutation assays with metabolic activation using Salmonella, but not in E. coli or yeast. Mutagenic activity was not observed in an in vitro mammalian cell assay. A weak ability to produce chromosomal damage was observed in cultured rat liver cells, but no DNA damage was produced in an in vivo rat liver assay. A low order of toxicity was observed in subchronic dietary testing with a No Observed Adverse Effect Level (NOAEL) of 1000 ppm in the diet. At high concentrations of 5000 and 10000 ppm in the diet, kidney effects were observed that were more prominent in males than in females. No effects were noted in reproductive organs of either sex. Further testing to evaluate potential developmental or reproductive effects has not been identified.</p> <p>Acute Toxicity</p> <p>The material has a low order of acute toxicity by the oral, dermal, and inhalation routes of exposure. In rats, the oral LD50 was greater than 10 ml/kg (approximately 10 g/kg) and the dermal LD50 was greater than 4 ml/kg (approximately 4 g/kg). The rat 4-hour inhalation LC50 was greater than 0.24 mg/L (approximately 240 mg/m3), a concentration exceeding the saturated vapor pressure. Due to the low vapor pressure resulting in a low level of maximal attainable vapor concentration, inhalation exposure is expected to pose a negligible hazard.</p> <p>Repeated Dose Toxicity</p> <p>A low order of toxicity was observed in rats following five-week dietary testing. Treatment-related effects were limited to the upper two dietary dose levels of 5,000 and 10,000 ppm (approximately 478 and 888 mg/kg/day body weight, respectively). Dose-related effects at these two dietary levels included: decreased food intake and body weights, minor changes in hematology and clinical chemistry, increased liver and kidney weights and nephrotoxicity to the proximal tubules of the kidneys that was more pronounced in males than in females. The Lowest Observed Adverse Effect Level (LOAEL) was 5,000 ppm in the diet (approximately 478 mg/kg/day body weight) and the No Observed Adverse Effect Level (NOAEL) was 1,000 ppm in the diet (approximately 96 mg/kg/day body weight).</p> <p>* HPV Chemical Challenge Program 2003</p> <p>For 1,2-butylene oxide (ethyloxirane):</p> <p>In animal testing, ethyloxirane increased the incidence of tumours of the airways in animals exposed via inhalation. However, tumours were not observed in mice chronically exposed via skin. Two structurally related substances, oxirane (ethylene oxide) and methyloxirane (propylene oxide), which are also direct-acting alkylating agents, have been classified as causing cancer.</p>
<p><b>CASHEW NUTSHELL LIQUID</b></p>	<p>For cashew nutshell liquid (test substance Cardolite NX 4708 – distilled cashew nut shell liquid)</p> <p>No female sex hormone-like effects was observed at all concentrations tested. The substance was found not to cause mutations. Injection into the skin caused moderate to severe redness and peeling.</p> <p>Cardolite NC-700 produced a sensitization rate of 70% and was classified as a strong sensitizer.</p> <p>The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited. The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronide and excreted in the urine. The expected metabolism of the salicylates do not present toxicological concerns. Animal testing shows that acute toxicity by skin contact is very low, while acute toxicity by mouth is moderate. Salicylates do not possess genetic toxicity, and generally do not have the potential to cause cancer. The reproductive and developmental toxicity data on methyl salicylate shows that high doses which are toxic to the mother may cause toxicity to the embryo and birth defects. At concentrations likely to be encountered through their use as fragrance ingredients, salicylates are considered to be non-irritating to the skin. The salicylates in general have no, or very limited, potential to sensitize skin. They do not possess light-mediated toxicity and do not cause light-mediated irritation or allergies.</p>
<p><b>BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID &amp; BISPHENOL F DIGLYCIDYL ETHER COPOLYMER &amp; GLYCIDYL NEODECANOATE &amp; CASHEW NUTSHELL LIQUID</b></p>	<p>The following information refers to contact allergens as a group and may not be specific to this product.</p> <p>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.</p>
<p><b>BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID &amp; BISPHENOL F DIGLYCIDYL ETHER COPOLYMER</b></p>	<p>The chemical structure of hydroxylated diphenylalkanes or bisphenols consists of two phenolic rings joined together through a bridging carbon. This class of endocrine disruptors that mimic oestrogens is widely used in industry, particularly in plastics.</p> <p>Bisphenol A (BPA) and some related compounds exhibit oestrogenic activity in human breast cancer cell line MCF-7, but there were remarkable differences in activity. Several derivatives of BPA exhibited significant thyroid hormonal activity towards rat pituitary cell line GH3, which releases growth hormone in a thyroid hormone-dependent manner. However, BPA and several other derivatives did not show such activity. Results suggest that the 4-hydroxyl group of the A-phenyl ring and the B-phenyl ring of BPA derivatives are required for these hormonal activities, and substituents at the 3,5-positions of the phenyl rings and the bridging alkyl moiety markedly influence the activities.</p> <p>Bisphenols promoted cell proliferation and increased the synthesis and secretion of cell type-specific proteins. When ranked by proliferative potency, the longer the alkyl substituent at the bridging carbon, the lower the concentration needed for maximal cell yield; the most active compound contained two propyl chains at the bridging carbon. Bisphenols with two hydroxyl groups in the para position and an angular configuration are suitable for appropriate hydrogen bonding to the acceptor site of the oestrogen receptor.</p> <p>In vitro cell models were used to evaluate the ability of 22 bisphenols (BPs) to induce or inhibit estrogenic and androgenic activity. BPA, Bisphenol AF (BPAF), bisphenol Z (BPZ), bisphenol C (BPC), tetramethyl bisphenol A (TMBPA), bisphenol S (BPS), bisphenol E (BPE), 4,4-bisphenol F (4,4-BPF), bisphenol AP (BPAP), bisphenol B (BPB), tetrachlorobisphenol A (TCBPA), and benzylparaben (PHBB) induced estrogen receptor (ER)alpha and/or ERbeta-mediated activity. With the exception of BPS, TCBPA, and PHBB, these same BPs were also androgen receptor (AR) antagonists. Only 3 BPs were found to be ER antagonists. Bisphenol P (BPP) selectively inhibited ERbeta-mediated activity and 4-(4-phenylmethoxyphenyl)sulfonylphenol (BPS-MPE) and 2,4-bisphenol S (2,4-BPS) selectively inhibited ERalpha-mediated activity. None of the BPs induced AR-mediated activity.</p>
<p><b>BISPHENOL F DIGLYCIDYL ETHER COPOLYMER &amp; GLYCIDYL NEODECANOATE</b></p>	<p>Oxiranes (including glycidyl ethers and alkyl oxides, and epoxides) share many common characteristics with respect to animal toxicology. One such oxirane is ethyloxirane; data presented here may be taken as representative.</p>
<p><b>GLYCIDYL NEODECANOATE &amp; CASHEW NUTSHELL LIQUID</b></p>	<p>No significant acute toxicological data identified in literature search.</p>

## Cemix Cempoxy UA Mortar - Part A

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

Cemix Cempoxy UA Mortar - Part A	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
bisphenol A/ diglycidyl ether resin, liquid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	~2mg/l	2
	EC50(ECx)	48h	Crustacea	~2mg/l	2
bisphenol F diglycidyl ether copolymer	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
glycidyl neodecanoate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	4.8mg/l	1
	EC50	72h	Algae or other aquatic plants	~1.2mg/l	2
	EC50	96h	Algae or other aquatic plants	3.5mg/l	1
	NOEC(ECx)	96h	Algae or other aquatic plants	1mg/l	1
LC50	96h	Fish	~5mg/l	2	
cashew nutshell liquid	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	40.46mg/l	Not Available
	EC50	72h	Algae or other aquatic plants	5.82mg/l	Not Available
	EC50(ECx)	72h	Algae or other aquatic plants	5.82mg/l	Not Available
LC50	96h	Fish	1000mg/l	Not Available	

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

**DO NOT discharge into sewer or waterways.**

## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
bisphenol A/ diglycidyl ether resin, liquid	HIGH	HIGH
glycidyl neodecanoate	HIGH	HIGH

## Bioaccumulative potential

Ingredient	Bioaccumulation
bisphenol A/ diglycidyl ether resin, liquid	LOW (LogKOW = 2.6835)
glycidyl neodecanoate	LOW (LogKOW = 3.7305)
cashew nutshell liquid	LOW (LogKOW = 8.37)

## Mobility in soil

Ingredient	Mobility
bisphenol A/ diglycidyl ether resin, liquid	LOW (Log KOC = 51.43)
glycidyl neodecanoate	LOW (Log KOC = 105.5)

Continued...

**Cemix Cempxoxy UA Mortar - Part A**

**SECTION 13 Disposal considerations**

**Waste treatment methods**

<b>Product / Packaging disposal</b>	<p><b>Waste Management</b></p> <p>Production waste from epoxy resins and resin systems should be treated as hazardous waste in accordance with National regulations. Fire retarded resins containing halogenated compounds should also be treated as special waste. Accidental spillage of resins, curing agents and their formulations should be contained and absorbed by special mineral absorbents to prevent them from entering the environment. Contaminated or surplus product should not be washed down the sink, but preferably be fully reacted to form cross-linked solids which is non-hazardous and can be more easily disposed.</p> <p>Finished articles made from fully cured epoxy resins are hard, infusible solids presenting no hazard to the environment. However, finished articles from flame-retarded material containing halogenated resins should be considered hazardous waste, and disposed as required by National laws. Articles made from epoxy resins, like other thermosets, can be recycled by grinding and used as fillers in other products. Another way of disposal and recovery is combustion with energy recovery.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> </ul> <p>Removal of bisphenol A (BPA) from aqueous solutions was accomplished by adsorption of enzymatically generated quinone derivatives on chitosan beads. The use of chitosan in the form of beads was found to be more effective because heterogeneous removal of BPA with chitosan beads was much faster than homogeneous removal of BPA with chitosan solutions, and the removal efficiency was enhanced by increasing the amount of chitosan beads dispersed in the BPA solutions and BPA was completely removed by quinone adsorption in the presence of chitosan beads more than 0.10 cm<sup>3</sup>/cm<sup>3</sup>. In addition, a variety of bisphenol derivatives were completely or effectively removed by the procedure constructed in this study, although the enzyme dose or the amount of chitosan beads was further increased as necessary for some of the bisphenol derivatives used.</p> <p>M. Suzuki, and E. Musashi J Appl Polym Sci, 118(2):721 - 732; October 2010</p> <ul style="list-style-type: none"> <li>▶ Recycle wherever possible.</li> <li>▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.</li> <li>▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material).</li> <li>▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.</li> </ul>
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Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

**Disposal Requirements**

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

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.

Only dispose to the environment if a tolerable exposure limit has been set for the substance.

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

**SECTION 14 Transport information**

**Labels Required**

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

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

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

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

**14.7. Maritime transport in bulk according to IMO instruments**

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

Not Applicable

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

Product name	Group
silica crystalline - quartz	Not Available
bisphenol A/ diglycidyl ether resin, liquid	Not Available
bisphenol F diglycidyl ether copolymer	Not Available
glycidyl neodecanoate	Not Available
cashew nutshell liquid	Not Available

**14.7.3. Transport in bulk in accordance with the IGC Code**

Product name	Ship Type
silica crystalline - quartz	Not Available
bisphenol A/ diglycidyl ether resin, liquid	Not Available
bisphenol F diglycidyl ether copolymer	Not Available
glycidyl neodecanoate	Not Available
cashew nutshell liquid	Not Available

## Cemix Cempoxy UA Mortar - Part A

## 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
HSR002679	Surface Coatings and Colourants Carcinogenic Group Standard 2020

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

## silica crystalline - quartz 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)

## bisphenol A/ diglycidyl ether resin, liquid is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List  
 International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)  
 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 Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods  
 New Zealand Workplace Exposure Standards (WES)

## bisphenol F diglycidyl ether copolymer is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List  
 New Zealand Inventory of Chemicals (NZIoC)  
 New Zealand Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods

## glycidyl neodecanoate is found on the following regulatory lists

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 Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods

## cashew nutshell liquid is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

## Additional Regulatory Information

Not Applicable

## 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 - AIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica crystalline - quartz; bisphenol A/ diglycidyl ether resin, liquid; bisphenol F diglycidyl ether copolymer; glycidyl neodecanoate; cashew nutshell liquid)
China - IECSC	Yes

## Cemix Cempoxy UA Mortar - Part A

National Inventory	Status
Europe - EINEC / ELINCS / NLP	No (bisphenol F diglycidyl ether copolymer)
Japan - ENCS	No (cashew nutshell liquid)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (cashew nutshell liquid)
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	No (bisphenol F diglycidyl ether copolymer; cashew nutshell liquid)
Vietnam - NCI	Yes
Russia - FBEPH	Yes
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

<b>Revision Date</b>	05/05/2023
<b>Initial Date</b>	05/05/2023

## SDS Version Summary

Version	Date of Update	Sections Updated
2.1	05/05/2023	Hazards identification - Classification

## Other information

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

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

## Definitions and abbreviations

- ▶ PC - TWA: Permissible Concentration-Time Weighted Average
- ▶ PC - STEL: Permissible Concentration-Short Term Exposure Limit
- ▶ IARC: International Agency for Research on Cancer
- ▶ ACGIH: American Conference of Governmental Industrial Hygienists
- ▶ STEL: Short Term Exposure Limit
- ▶ TEEL: Temporary Emergency Exposure Limit,
- ▶ IDLH: Immediately Dangerous to Life or Health Concentrations
- ▶ ES: Exposure Standard
- ▶ OSF: Odour Safety Factor
- ▶ NOAEL: No Observed Adverse Effect Level
- ▶ LOAEL: Lowest Observed Adverse Effect Level
- ▶ TLV: Threshold Limit Value
- ▶ LOD: Limit Of Detection
- ▶ OTV: Odour Threshold Value
- ▶ BCF: BioConcentration Factors
- ▶ BEI: Biological Exposure Index
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code
  
- ▶ 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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TEL (+61 3) 9572 4700.



# CEMPOXY UA MORTAR

## EPOXY MORTAR

### Cemix Cempoxy UA Mortar - Part B

#### Cemix Product Ltd

Chemwatch: 9004-81

Version No: 2.1

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

Chemwatch Hazard Alert Code: 3

Initial Date: 19/02/2026

Revision Date: 19/02/2026

Print Date: 19/02/2026

S.GHS.NZL.EN.E

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

### Product Identifier

Product name	Cemix Cempoxy UA Mortar - Part B
Chemical Name	Not Applicable
Synonyms	Not Available
Proper shipping name	CORROSIVE LIQUID, N.O.S. (contains ethylenediamine)
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	Industrial application. Use according to manufacturer's directions.
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### Details of the manufacturer or importer of the safety data sheet

Registered company name	Cemix Product Ltd
Address	19 Alfred Street Onehunga Auckland 1061 New Zealand
Telephone	+64 9 636 1000
Fax	+64 9 636 0000
Website	<a href="http://www.cemix.co.nz">www.cemix.co.nz</a>
Email	info@cemix.co.nz

### Emergency telephone number

Association / Organisation	Cemix Product Ltd
Emergency telephone number(s)	0800 ASK CEMIX
Other emergency telephone number(s)	0800 764 766

## SECTION 2 Hazards identification

### Classification of the substance or mixture

Classification <sup>[1]</sup>	Corrosive to Metals Category 1, Skin Corrosion/Irritation Category 1B, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 1, Sensitisation (Respiratory) Category 1, Carcinogenicity Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 1, Hazardous to the Aquatic Environment Long-Term Hazard Category 3
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	8.1A, 8.2B, 8.3A, 6.5A (respiratory), 6.5B (contact), 6.7A, 6.9A, 9.1C

### Label elements

Hazard pictogram(s)	
Signal word	Danger

## Cemix Cempxoy UA Mortar - Part B

## Hazard statement(s)

H290	May be corrosive to metals.
H314	Causes severe skin burns and eye damage.
H317	May cause an allergic skin reaction.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.
H350	May cause cancer.
H372	Causes damage to organs through prolonged or repeated exposure.
H412	Harmful to aquatic life with long lasting effects.

## Precautionary statement(s) Prevention

P260	Do not breathe mist/vapours/spray.
P264	Wash all exposed external body areas thoroughly after handling.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P284	[In case of inadequate ventilation] wear respiratory protection.
P234	Keep only in original packaging.
P270	Do not eat, drink or smoke when using this product.
P273	Avoid release to the environment.
P202	Do not handle until all safety precautions have been read and understood.
P272	Contaminated work clothing should not be allowed out of the workplace.

## Precautionary statement(s) Response

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P303+P361+P353	IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water [or shower].
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P308+P313	IF exposed or concerned: Get medical advice/ attention.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P363	Wash contaminated clothing before reuse.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.
P390	Absorb spillage to prevent material damage.

## Precautionary statement(s) Storage

P405	Store locked up.
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## 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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No further product hazard information.

## SECTION 3 Composition / information on ingredients

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
14808-60-7	30-70	<u>silica crystalline - quartz</u>
103758-98-1	5-15	<u>fatty acids C18/ tall oil/ tetraethylenepentamine oligomer</u>
107-15-3	1-5	<u>ethylenediamine</u>
25068-38-6	<2	<u>bisphenol A/ diglycidyl ether resin, liquid</u>
8007-24-7	<2	<u>cashew nutshell liquid</u>
100-51-6	<1	<u>benzyl alcohol</u>
Not Available	balance	Ingredients determined not to be hazardous

**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

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> </ul>
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Continued...

## Cemix Cempoxy UA Mortar - Part B

	<ul style="list-style-type: none"> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul> <p>Catechols structurally related to urushiol may produce severe lesions on contact. Since the catechols quickly attach to skin proteins, washing more than an hour after exposure does not alter the course of the dermatitis. Bullous lesions should be protected with bulky dressings and not iatrogenically ruptured. The dressing may be soaked off with cool water to prevent disruption of the bullae. Skin lesions should be observed for signs of secondary infection (i.e. increasing redness, warmth, pain)</p> <p>Before the urushiol has been absorbed by the skin, it can be removed with soap and water. It is important to do this quickly, as 50% of the urushiol can be absorbed within 10 minutes. Once urushiol has penetrated the skin, attempting to remove it with water is ineffective. After being absorbed by the skin it is recognized by the immune system's dendritic cells, otherwise called Langerhans cells. These cells then migrate to the lymph nodes, where they present the urushiol to T-lymphocytes and thus recruit them to the skin, and the T-lymphocytes cause pathology through the production of cytokines and cytotoxic damage to the skin.</p>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> <li>▶ Inhalation of vapours or aerosols (mists, fumes) may cause lung oedema.</li> <li>▶ Corrosive substances may cause lung damage (e.g. lung oedema, fluid in the lungs).</li> <li>▶ As this reaction may be delayed up to 24 hours after exposure, affected individuals need complete rest (preferably in semi-recumbent posture) and must be kept under medical observation even if no symptoms are (yet) manifested.</li> <li>▶ Before any such manifestation, the administration of a spray containing a dexamethasone derivative or beclomethasone derivative may be considered.</li> </ul> <p><b>This must definitely be left to a doctor or person authorised by him/her.</b> (ICSC13719)</p>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

**Indication of any immediate medical attention and special treatment needed**

for urushiol (and structurally related catechols):

- ▶ Fluorinated steroid gels may be applied two or three times daily for mild cases of contact allergic dermatitis, but are probably not effective for more severe lesions.
- ▶ Cold water compresses or soaks three to four times daily are recommended for weeping or pruritic lesions during the acute phase. The addition of Burow's solution or Domeboro's solution may provide additional relief.
- ▶ Tepid (32 C) showers are preferred to hot showers since heat may cause vasodilation, erythema and oedema.
- ▶ Calamine lotion may be useful to help dry lesions between soaks, but topical antihistamines are not recommended because of possible sensitisation.
- ▶ Zirconium-containing products produce granulation and are therefore counter-indicated.
- ▶ Adequate doses of systemic corticosteroids given early in severe oedematous cases provide quick relief and may blunt the usual course. At least 40 mg of prednisone (0.5-0.75 mg/kg) daily often is necessary. The dose is tapered during the second and third weeks. The dose may be decreased by 10 mg every 4 days until 20 mg is reached. then 20 mg is given every other day for 1 week. If no rebound occurs, prednisone is discontinued. Prolonged therapy (5-6 weeks) may be needed.
- ▶ Oral antihistamines do not alter the course of the lesions though they may be given for their sedative and antipruritic effects.

for salicylate intoxication:

- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. **Do not give ipecac after charcoal.**
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et al.: *Clinical Toxicology of Commercial Products*]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. **NOTE:** Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.

Continued...

HyperTox 3.0 <https://www.ozemail.com.au/-ouad/SALI0001.HTA>

Treat symptomatically.

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

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

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

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

For exposures to quaternary ammonium compounds;

- ▶ For ingestion of concentrated solutions (10% or higher): Swallow promptly a large quantity of milk, egg whites / gelatin solution. If not readily available, a slurry of activated charcoal may be useful. Avoid alcohol. Because of probable mucosal damage omit gastric lavage and emetic drugs.
- ▶ For dilute solutions (2% or less): If little or no emesis appears spontaneously, administer syrup of Ipecac or perform gastric lavage.
- ▶ If hypotension becomes severe, institute measures against circulatory shock.
- ▶ If respiration laboured, administer oxygen and support breathing mechanically. Oropharyngeal airway may be inserted in absence of gag reflex. Epiglottic or laryngeal edema may necessitate a tracheotomy.
- ▶ Persistent convulsions may be controlled by cautious intravenous injection of diazepam or short-acting barbiturate drugs. [Gosselin et al, Clinical Toxicology of Commercial Products]

## SECTION 5 Firefighting measures

### Extinguishing media

- ▶ Water spray or fog.
- ▶ Foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

### 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

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>Do not approach containers suspected to be hot.</b></li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ carbon dioxide (CO<sub>2</sub>)</li> <li>nitrogen oxides (NO<sub>x</sub>)</li> <li>silicon dioxide (SiO<sub>2</sub>)</li> <li>▶ other pyrolysis products typical of burning organic material.</li> </ul> <p>May emit corrosive fumes.</p> <ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposes on heating and produces:</p>

## 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

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Drains for storage or use areas should have retention basins for pH adjustments and dilution of spills before discharge or disposal of material.</li> <li>▶ Check regularly for spills and leaks.</li> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> </ul>

Continued...

**Cemix Cempxoy UA Mortar - Part B**

- ▶ Prevent, by all means available, spillage from entering drains or water courses.
- ▶ Consider evacuation (or protect in place).
- ▶ No smoking, naked lights or ignition sources.
- ▶ Increase ventilation.
- ▶ Stop leak if safe to do so.
- ▶ Water spray or fog may be used to disperse / absorb vapour.
- ▶ Contain or absorb spill with sand, earth or vermiculite.
- ▶ Collect recoverable product into labelled containers for recycling.
- ▶ Collect solid residues and seal in labelled drums for disposal.
- ▶ Wash area and prevent runoff into drains.
- ▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- ▶ If contamination of drains or waterways occurs, advise emergency services.

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

**SECTION 7 Handling and storage**

**Precautions for safe handling**

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> <li>▶ Avoid skin contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Avoid contact with moisture.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry, well-ventilated area.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ <b>DO NOT store near acids, or oxidising agents</b></li> <li>▶ No smoking, naked lights, heat or ignition sources.</li> </ul>

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Glass container is suitable for laboratory quantities</li> <li>▶ Lined metal can, lined metal pail/ can.</li> <li>▶ Plastic pail.</li> <li>▶ Polyliner drum.</li> <li>▶ Packing as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul> <p>For low viscosity materials</p> <ul style="list-style-type: none"> <li>▶ Drums and jerricans must be of the non-removable head type.</li> <li>▶ Where a can is to be used as an inner package, the can must have a screwed enclosure.</li> </ul> <p>For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):</p> <ul style="list-style-type: none"> <li>▶ Removable head packaging;</li> <li>▶ Cans with friction closures and</li> <li>▶ low pressure tubes and cartridges</li> </ul> <p>may be used.</p> <p>-</p> <p>Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.</p>
<b>Storage incompatibility</b>	<ul style="list-style-type: none"> <li>- Quaternary ammonium cations are unreactive toward even strong electrophiles, oxidants, and acids. They also are stable toward most nucleophiles. The latter is indicated by the stability of the hydroxide salts such as tetramethylammonium hydroxide and tetrabutylammonium hydroxide.</li> <li>- Quaternary ammonium compounds are deactivated by anionic detergents (including common soaps).</li> <li>- With exceptionally strong bases, quat cations degrade. They undergo Sommelet-Häuser rearrangement and Stevens rearrangement, as well as dealkylation under harsh conditions. Quaternary ammonium cations containing N-C-C-H units can also undergo the Hofmann elimination and Emde degradation.</li> </ul> <ul style="list-style-type: none"> <li>▶ Avoid strong acids, bases.</li> <li>▶ Avoid contact with copper, aluminium and their alloys.</li> <li>▶ Avoid reaction with oxidising agents</li> </ul>

**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)	silica crystalline - quartz	Silica-Crystalline (all forms) respirable dust	0.025 mg/m3	Not Available	Not Available	carcinogen category 1 - Known or presumed human carcinogen α-quartz and cristobalite are confirmed carcinogens. Significant risk to workers will remain at WES-TWA exposures of 0.025mg/m3. The US Occupational Safety and Health Administration (OSHA) has

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
						estimated the lifetime silicosis mortality risk for workers exposed at this level for 8 hours per day at between 4 and 22 deaths per 1,000 workers and the lifetime lung cancer mortality risk for workers exposed at this level for 8 hours per day at between 3 and 23 deaths per 1,000 workers.
New Zealand Workplace Exposure Standards (WES)	ethylenediamine	1,2-Diaminoethane (Ethylenediamine)	10 ppm / 25 mg/m <sup>3</sup>	Not Available	Not Available	skin - Skin absorption dsen - Dermal sensitiser rsen - Respiratory sensitiser
New Zealand Workplace Exposure Standards (WES)	bisphenol A/ diglycidyl ether resin, liquid	Respirable dust (not otherwise classified)	3 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	bisphenol A/ diglycidyl ether resin, liquid	Inhalable dust (not otherwise classified)	10 mg/m <sup>3</sup>	Not Available	Not Available	Not Available

## Exposure controls

<b>Appropriate engineering controls</b>	<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. 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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.</p> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"> <li>▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.</li> <li>▶ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.</li> <li>▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.</li> <li>▶ Open-vessel systems are prohibited.</li> <li>▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.</li> <li>▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated. Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</li> <li>▶ 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.</li> <li>▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas).</li> <li>▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air.</li> <li>▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.</li> </ul>
<b>Individual protection measures, such as personal protective equipment</b>	
<b>Eye and face protection</b>	<p>When handling very small quantities of the material eye protection may not be required.</p> <p>For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:</p> <ul style="list-style-type: none"> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ Face shield. Full face shield may be required for supplementary but never for primary protection of eyes.</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> <li>▶ When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <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. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> </ul>

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- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

When handling liquid-grade epoxy resins wear chemically protective gloves, boots and aprons.

The performance, based on breakthrough times, of:

- Ethyl Vinyl Alcohol (EVAL laminate) is generally excellent
- Butyl Rubber ranges from excellent to good
- Nitrile Butyl Rubber (NBR) from excellent to fair.
- Neoprene from excellent to fair
- Polyvinyl (PVC) from excellent to poor

As defined in ASTM F-739-96

- Excellent breakthrough time > 480 min
- Good breakthrough time > 20 min
- Fair breakthrough time < 20 min
- Poor glove material degradation

Gloves should be tested against each resin system prior to making a selection of the most suitable type. Systems include both the resin and any hardener, individually and collectively)

- **DO NOT use cotton or leather (which absorb and concentrate the resin), natural rubber (latex), medical or polyethylene gloves (which absorb the resin).**
- **DO NOT use barrier creams containing emulsified fats and oils as these may absorb the resin; silicone-based barrier creams should be reviewed prior to use.**

Replacement time should be considered when selecting the most appropriate glove. It may be more effective to select a glove with lower chemical resistance but which is replaced frequently than to select a more resistant glove which is reused many times

- ▶ Rubber gloves (nitrile or low-protein, powder-free latex, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- ▶ Double gloving should be considered.
- ▶ PVC gloves.
- ▶ Change gloves frequently and when contaminated, punctured or torn.
- ▶ Wash hands immediately after removing gloves.
- ▶ Protective shoe covers. [AS/NZS 2210]
- ▶ Head covering.

**Body protection**

See Other protection below

**Other protection**

- ▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]
- ▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]
- ▶ Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.
- ▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.
- ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- ▶ Overalls.
- ▶ PVC Apron.
- ▶ PVC protective suit may be required if exposure severe.
- ▶ Eyewash unit.
- ▶ Ensure there is ready access to a safety shower.

**Recommended material(s)**

**GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the: **"Forsberg Clothing Performance Index"**.

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

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Material	CPI
BUTYL	A
NEOPRENE	C
PE	C
PVC	C
SARANEX-23	C
TEFLON	C

**Respiratory protection**

Type AK-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, 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	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face

Continued...

VITON	C
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\* 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.

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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
  - ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
  - ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
  - ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
  - ▶ Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
  - ▶ The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
  - ▶ Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used
  - 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.
- Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.  
Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.  
Filtration rate: Filters at least 99.95% of airborne particles  
Suitable for:
- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
  - Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
  - Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
  - Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos
- Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.  
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## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Black liquid with amine odour; does not mix with water.		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.9-2.1
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Applicable	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Applicable	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available

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<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Immiscible	<b>pH as a solution (1%)</b>	Not Applicable
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available
<b>Heat of Combustion (kJ/g)</b>	Not Available	<b>Ignition Distance (cm)</b>	Not Available
<b>Flame Height (cm)</b>	Not Available	<b>Flame Duration (s)</b>	Not Available
<b>Enclosed Space Ignition Time Equivalent (s/m3)</b>	Not Available	<b>Enclosed Space Ignition Deflagration Density (g/m3)</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 Toxicological information

## Information on toxicological effects

<b>a) Acute Toxicity</b>	Based on available data, the classification criteria are not met.
<b>b) Skin Irritation/Corrosion</b>	There is sufficient evidence to classify this material as skin corrosive or irritating.
<b>c) Serious Eye Damage/Irritation</b>	There is sufficient evidence to classify this material as eye damaging or irritating
<b>d) Respiratory or Skin sensitisation</b>	There is sufficient evidence to classify this material as sensitising to skin or the respiratory system
<b>e) Mutagenicity</b>	Based on available data, the classification criteria are not met.
<b>f) Carcinogenicity</b>	There is sufficient evidence to classify this material as carcinogenic
<b>g) Reproductivity</b>	Based on available data, the classification criteria are not met.
<b>h) STOT - Single Exposure</b>	Based on available data, the classification criteria are not met.
<b>i) STOT - Repeated Exposure</b>	There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure
<b>j) Aspiration Hazard</b>	Based on available data, the classification criteria are not met.

<b>Inhaled</b>	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane. Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma".</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p> <p>Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. The disease is rapidly progressive and spreads widely through the lungs within months of the initial exposure and causing death within 1 to 2 years.</p>
<b>Ingestion</b>	<p>Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow.</p> <p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.</p>
<b>Skin Contact</b>	<p>Cationic surfactants cause skin irritation, and, in high concentrations, caustic burns.</p> <p>Up to 65% of the US population is sensitive to Toxicodendron oleoresins indicating that this genus contains the most potent common dermatitis producing plants. Atopic individuals readily acquire Toxicodendron dermatitis. The main allergic principal of the Toxicodendrons is urushiol. Structurally related catechols are expected to produce similar effects.</p> <p>Urushiol is a family of haptens that almost immediately penetrate the skin and conjugate with skin proteins to form complete antigens. No amount of washing will remove the catechol-protein complex formed. Immunocompetent lymphocytes carry these complexes to the reticuloendothelial system where humoral factors produce a generalised state of cutaneous sensitivity. A delayed hypersensitivity reaction subsequently occurs. Typically a burning pruritic erythema in the configuration of linear scratch marks appears about 24 to 48 hours postexposure. Dependent on individual sensitivity, onset may occur as early as 6 to 12 hours or be delayed for up to six days. Raised lesions (papules) follow with vesiculation. Lesions usually first appear on exposed regions but secondary lesions may appear on genitals and other areas to which the catechols have spread. These lesions may develop in clumps (the eyelids and dorsum of the hand are more sensitive than the palm and hairy areas. Within 3 days, the skin's moisture inactivates the oleoresin on the skin. The lesions may leak fluid (which is non-antigenic) until a crust forms. Urticaria is not common. The dermatitis is self-limiting in most cases and disappears within 2 to 3 weeks. Hyperpigmentation is common in black-skinned peoples but not amongst Caucasians. Secondary infection is common. On rare occasions urticaria, scarlatiniform eruptions or erythema multiforme may result from the systemic absorption of these catechols. Complications involving the kidney include membranous nephropathy, proliferative glomerulonephritis arteritis (particularly when commercial poison oak extract has been given); patients showing these renal complications also have shown proteinuria, oedema, lethargy, and in several cases, fever, anuria, congestive heart failure and death [Ellenhorn]</p> <p>Bisphenol A diglycidyl ether (BADGE) may produce contact dermatitis characterized by redness and swelling, with weeping followed by crusting and scaling. A liquid resin with a molecular weight of 350 produced severe skin irritation when applied daily for 4 hours over 20 days. Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Animal testing showed that a 30% fatty acid amide was a moderate skin irritant. In products intended for prolonged contact with the skin, the concentration of cocoamide DEA should not exceed 5%.</p>

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	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. The material can produce chemical burns following direct contact with the skin.	
<b>Eye</b>	If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris. Mild cases often resolve; severe cases can be prolonged with complications such as persistent swelling, scarring, permanent cloudiness, bulging of the eye, cataracts, eyelids glued to the eyeball and blindness. The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.	
<b>Chronic</b>	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure. Inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. There is sufficient evidence to suggest that this material directly causes cancer in humans. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility. Based on experience with animal studies, exposure to the material may result in toxic effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Bisphenol A may have effects similar to female sex hormones and when administered to pregnant women, may damage the foetus. It may also damage male reproductive organs and sperm. Imidazole is structurally related, and has been used to counteract the effects of histamine. Imidazoles have been reported to disrupt male fertility, through disruption of the function of the testes. This material contains a substantial amount of polymer considered to be of low concern. These are classified under having MWs of between 1000 to 10000 with less than 25% of molecules with MWs under 1000 and less than 10% under 500; or having a molecular weight average of over 10000. Bisphenol A diglycidyl ethers (BADGEs) produce a sensitization dermatitis (skin inflammation) characterized by eczema with blisters and papules, with considerable itching of the back of the hand. This may persist for 10-14 days after withdrawal from exposure and recur immediately on re-exposure. The dermatitis may last longer following each exposure, but is unlikely to become more intense. Lower molecular weight species produce sensitization more readily. Animal testing has shown an increase in the development of some tumours. For some reactive diluents, prolonged or repeated skin contact may result in absorption of potentially harmful amounts or allergic skin reactions. Exposure to some reactive diluents (notably, neopentylglycol diglycidyl ether, CAS RN: 17557-23-2) has caused cancer in some animal testing. Chronic exposure to salicylates produce problems with metabolism, central nervous system disturbances, or kidney damage. Those with pre-existing damage to the eye, skin or kidney are especially at risk. Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections. Prolonged or repeated skin contact may cause degreasing, followed by drying, cracking and skin inflammation. 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. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity). Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed. Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.</p>	
<b>Cemix Cempoxy UA Mortar - Part B</b>	<b>TOXICITY</b> Not Available	<b>IRRITATION</b> Not Available
<b>silica crystalline - quartz</b>	<b>TOXICITY</b> Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	<b>IRRITATION</b> Not Available
<b>fatty acids C18/ tall oil/ tetraethylenepentamine oligomer</b>	<b>TOXICITY</b> Not Available	<b>IRRITATION</b> Not Available
<b>ethylenediamine</b>	<b>TOXICITY</b> Dermal (rabbit) LD50: 750 mg/kg <sup>[2]</sup> Inhalation (Mouse) LC50: 0.3 mg/L4h <sup>[2]</sup> Oral (Guinea) LD50: 470 mg/kg <sup>[2]</sup>	<b>IRRITATION</b> Eye (Rodent - rabbit): 750ug - Severe Eye (Rodent - rabbit): 750ug/24H - Severe Eye: adverse effect observed (irreversible damage) <sup>[1]</sup> Skin (Rodent - rabbit): 10mg/24H - Severe Skin (Rodent - rabbit): 450mg - Moderate Skin: adverse effect observed (corrosive) <sup>[1]</sup>

## Cemix Cempoxy UA Mortar - Part B

	TOXICITY	IRRITATION
bisphenol A/ diglycidyl ether resin, liquid	dermal (rat) LD50: >1200 mg/kg <sup>[2]</sup>	Eye (Rodent - rabbit): 100mg - Mild
	Oral (Mouse) LD50; >500 mg/kg <sup>[2]</sup>	Eye (Rodent - rabbit): 100mg - Mild
		Eye (Rodent - rabbit): 100mg - Mild
		Eye (Rodent - rabbit): 20mg/24H - Moderate
		Eye (Rodent - rabbit): 5mg/24H - Severe
		Skin (Rodent - guinea pig): 2750mg/55D (intermittent)
		Skin (Rodent - rabbit): 2mg/24H - Severe
		Skin (Rodent - rabbit): 500uL/24H - Moderate
cashew nutshell liquid	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
	Oral (Rat) LD50: >2000 mg/kg <sup>[2]</sup>	Skin: adverse effect observed (irritating) <sup>[1]</sup>
benzyl alcohol	Dermal (rabbit) LD50: 2000 mg/kg <sup>[2]</sup>	Eye (Rodent - rat): 0.1mL
	Inhalation (Rat) LC50: >4.178 mg/L4h <sup>[2]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup>
	Oral (Rat) LD50: 1230 mg/kg <sup>[2]</sup>	Skin (Human - man): 16mg/48H - Mild
		Skin (Human): 1%/2D
		Skin (Mammal - pig): 100% - Moderate
		Skin (Rodent - rabbit): 100mg/24H - Moderate
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

**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

SILICA CRYSTALLINE - QUARTZ	<p><b>WARNING:</b> For inhalation exposure <u>ONLY</u>: This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b></p> <p>The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (&lt;5 um) 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.</p> <p>Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.</p> <p>* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).</p> <p>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.</p>
	<p><b>FATTY ACIDS C18/ TALL OIL/ TETRAETHYLENEPENTAMINE OLIGOMER</b></p> <p>For imidazoline surfactants (amidoamine/ imidazoline - AAI)</p> <p>All substances within the AAI group show the same reactive groups, show similar composition of amide, imidazoline, and some dimer structures of both, with the length of original EA amines used for production as biggest difference. Inherent reactivity and toxicity is not expected to differ much between these substances.</p> <p>All in vivo skin irritation/corrosion studies performed on AAI substances all indicate them to be corrosive following 4 hour exposure. There do not seem to be big differences in response with the variation on EA length used for the production of the AAI.</p> <p>The available data for AAI substances indicate that for AAI based on shorter polyethyleneamines (EA), higher toxicity is observed compared to AAI based on longer EA. The forming of imidazoline itself does not seem to play a significant role. For cross-reading in general Fatty acid reaction product with diethylenetriamine (AAI-DETA) therefore represents the worst case. In series of 28-day and combined repeated dose/reproduction screening toxicity studies (OECD 422) AAI-DETA has shown the highest level of toxicity</p> <p>Acute oral exposure of tall oil + triethylenepentamine (TEPA) show limited acute toxicity, with a LD50 above 2000 mg/kg bw. Hence no classification is required.</p> <p>Acute dermal testing with corrosive materials is not justified. As a consequence no classification can be made for acute dermal toxicity. Effects will be characterised by local tissue damage. Systemic uptake via skin is likely to be very limited. The low acute oral toxicity indicate a low systemic toxicity.</p> <p>For dermal exposure no good overall NOAEL can be established as effects are rather characterized by local corrosive effects that are related to duration, quantity and concentration, than by systemic toxicity due to dermal uptake. The mode of action for AAI follows from its structure, consisting of an apolar fatty acid chain and a polar end of a primary amine from the polyethyleneamine. The structure can disrupt the cytoplasmic membrane, leading to lyses of the cell content and consequently the death of the cell.</p> <p>The AAI are protonated under environmental conditions which causes them to strongly adsorb to organic matter. This leads to a low dermal absorption.</p> <p>No classification for acute dermal toxicity is therefore indicated.</p> <p>Also for acute inhalation toxicity information for classification is lacking, and is testing not justified. Due to very low vapour pressure is the likelihood of exposure low.</p> <p>AAI do not contain containing aliphatic, alicyclic and aromatic hydrocarbons and have a relatively high viscosity and so do not indicate an immediate concern for aspiration hazard.</p> <p>Various studies with different AAI indicate that these substances can cause dermal sensitisation.</p> <p>All substances within the AAI group show the same reactive groups, show similar composition of amide, imidazoline, and some dimer structures of both, with the length of original EA amines used for production as biggest difference. Inherent reactivity and toxicity is not expected to differ much between these substances, aspects which determine sensitization.</p> <p>The actual risk of sensitisation is probably low, as AAI are corrosive to skin and consequently exposure will be low due to necessary protective measures to limit dermal exposure.</p> <p>The likelihood for exposure via inhalation and thus experience respiratory irritation or becoming sensitised to AAI, is very low considering the high boiling point (&gt; 300 deg C) and very low vapour pressure (0.00017 mPa at 25 deg C for diethylenetriamine (DETA) based AAI). In case of high exposure by inhalation, local effects will be more prominent than possible systemic effects considering the low systemic toxicity seen in acute oral toxicity testing</p> <p>However, some calculations can be made for systemic effects following short-term inhalation exposure by extrapolating information from an OECD 422 study on "tall oil reaction products with tetraethylenepentamine showing a NOAEL of 300 mg/kg/day. This would certainly be protective for levels of acute inhalation expected to lead to similar systemic exposure levels.</p> <p>The corrected 8 hr inhalation NOAEC for workers is NOAEL (300 mg/kg) * 1.76 mg/m3 = 529 mg/m3 (assuming no difference in absorption following oral and inhalation exposure). Assessment factors further applied: No interspecies factor is needed due to allometric scaling</p>

Continued...

## Cemix Cempoxy UA Mortar - Part B

applied in calculation of corrected NOAEC. Further combined inter-/intra-species for workers AF = 3 (ECETOC concept). As this involves acute exposures, no extrapolation for duration is needed.

This results in a DNEL of 529/3 = 176 mg/m<sup>3</sup>. A short term/acute exposure at this level can be assumed not to lead to systemic toxicity.

Repeat dose toxicity:  
A combined repeated dose/reproduction screening toxicity study according to OECD 422 with Fatty acid reaction products with tetraethylene-pentamine resulted to a NOAEL of 300 mg/kg bw/day, the highest dose tested. Also available data from the group of Amidoamine/Imidazoline (AAI) substances, including 90-day studies in rat and dogs on a similar substance, indicate very low toxicity. Consequently, serious toxicity is not observed at levels requiring consideration classification for STOTS-RE

Genotoxicity:  
Tall oil, reaction products with tetraethylenepentamine is not mutagenic in the Salmonella typhimurium reverse mutation assay (based on test with Fatty acids C16-18, C18 unsaturated reaction products with tetraethylenepentamine), is not clastogenic in human lymphocytes, and not mutagenic in the TK mutation test with L5178Y mouse lymphoma cells.

It can therefore be concluded that tall oil, reaction products with tetraethylenepentamine not genotoxic.

Toxicity to reproduction:  
The database of relevant studies available for the group of amidoamine/ imidazolines (AAI) include various OECD 422 studies and an OECD 414 study, that all show no concerns regarding reproduction or developmental toxicity. Also all already available data from the group of AAI substances, including a 90-day study in dogs on a similar substance, indicate low toxicity and no adverse effects on reproductive organs.

REACH Dossier  
Ethyleneamines are very reactive and can cause chemical burns, skin rashes and asthma-like symptoms. It is readily absorbed through the skin and may cause eye blindness and irreparable damage. As such, they require careful handling. In general, the low-molecular weight polyamines have been positive in the Ames assay (for genetic damage); however, this is probably due to their ability to chelate copper.

For quaternary ammonium compounds (QACs):  
Quaternary ammonium compounds are synthetically made surfactants. Studies show that its solubility, toxicity and irritation depend on chain length and bond type while effect on histamine depends on concentration. QACs may cause muscle paralysis with no brain involvement. There is a significant association between the development of asthma symptoms and the use of QACs as disinfectant. Laboratory testing shows that the fatty acid amide, cocoamide DEA, causes occupational allergic contact dermatitis, and that allergy to this substance is becoming more common.

Alkanolamides are manufactured by condensation of diethanolamine and the methyl ester of long chain fatty acids.

The chemicals in the Fatty Nitrogen Derived (FND) Amides are generally similar in terms of physical and chemical properties, environmental fate and toxicity. Its low acute oral toxicity is well established across all subcategories by the available data and show no apparent organ specific toxicity, mutation, reproductive or developmental defects.

Amine adducts have much reduced volatility and are less irritating to the skin and eyes than amine hardeners. However commercial amine adducts may contain a percentage of unreacted amine and all unnecessary contact should be avoided.

Amine adducts are prepared by reacting excess primary amines with epoxy resin.

## ETHYLENEDIAMINE

Acute toxicity of ethylenediamine (LD50, rat, oral range from 637 mg/kg to 1850 mg/kg; LC50, rat, inhalation >29 mg/l and LD50, rabbit, dermal 560 mg/kg) is considered to be low to moderate. Due to the high alkalinity, ethylenediamine is corrosive to the skin and eyes. It is a dermal and respiratory sensitiser in humans and has been reported to cross-sensitize for chemicals of similar structure. In repeat dose studies, decreased body weight along with decreased water and feed consumption were observed. Every attempt was made to minimise the irritating nature of EDA and reduce the pH by using EDA-2HCL. Hepatocellular pleomorphism was noted in every study following dietary administration of longer than 13 weeks duration. Gavage administration resulted in effects in the eyes and kidneys. Kidney effects consisted of degenerative and regenerative changes in the tubular epithelium. The Lowest-Observable-Adverse-Effect -Level (LOAEL) is 100 mg/kg/day with a No-Observable-Effect-Level (NOEL) of 20 mg/kg/day observed in the chronic dietary feeding study. Ethylenediamine was rapidly excreted with most of the material eliminated in the urine within 24 hours. Ethylenediamine has produced weakly positive results, 2-3 times greater than control values, in several Ames tests, which may or may not be related to an impurity. Subsequent studies conducted with purer material were negative. All other tests including several in vitro assays (CHO gene mutation, sister chromatid exchange with CHO cells and UDS with primary rat hepatocytes) and a rat dominant lethal assay were negative. The weight of evidence from both in vitro and in vivo tests indicates that ethylenediamine is unlikely to be genotoxic. In chronic bioassays via two routes of exposure there was no carcinogenic effect. In developmental toxicity studies, growth retardation was noted at maternally toxic levels. However, there was no evidence of developmental toxicity at maternally toxic doses when compared with a pair-fed control. There was no effect on reproductive parameters at levels, which produced parental toxicity.

Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Some people may be genetically more prone than others, and exposure to other irritants may aggravate symptoms. Allergy causing activity is due to interactions with proteins. Attention should be paid to atopic diathesis, characterised by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

Acute toxicity of ethylenediamine (EDA) is considered to be low to moderate. In animal testing, it affected the eyes (causing clouding of the lens and atrophy of the retina) and kidneys. EDA is also capable of causing hypersensitivity to the airway and asthma in the work environment, although the levels required for this to occur are not known. EDA is corrosive to the skin and eyes due to its high alkalinity. It sensitises the skin and airways in humans and cross-sensitisation can occur with chemicals that are structurally similar. Weight loss has been reported in animal testing. Evidence generally shows that ethylenediamine is unlikely to cause genetic, developmental or reproductive damage.

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 severe 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. Repeated exposures may produce severe ulceration.

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

## BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID

Foetotoxicity has been observed in animal studies Oral (rabbit, female) NOEL 180 mg/kg (teratogenicity); NOEL (maternal 60 mg/kg

The chemical structure of hydroxylated diphenylalkanes or bisphenols consists of two phenolic rings joined together through a bridging carbon. This class of endocrine disruptors that mimic oestrogens is widely used in industry, particularly in plastics.

Bisphenol A (BPA) and some related compounds exhibit oestrogenic activity in human breast cancer cell line MCF-7, but there were remarkable differences in activity. Several derivatives of BPA exhibited significant thyroid hormonal activity towards rat pituitary cell line GH3, which releases growth hormone in a thyroid hormone-dependent manner. However, BPA and several other derivatives did not show such activity. Results suggest that the 4-hydroxyl group of the A-phenyl ring and the B-phenyl ring of BPA derivatives are required for these hormonal activities, and substituents at the 3,5-positions of the phenyl rings and the bridging alkyl moiety markedly influence the activities. Bisphenols promoted cell proliferation and increased the synthesis and secretion of cell type-specific proteins. When ranked by proliferative potency, the longer the alkyl substituent at the bridging carbon, the lower the concentration needed for maximal cell yield; the most active compound contained two propyl chains at the bridging carbon. Bisphenols with two hydroxyl groups in the para position and an angular configuration are suitable for appropriate hydrogen bonding to the acceptor site of the oestrogen receptor.

In vitro cell models were used to evaluate the ability of 22 bisphenols (BPs) to induce or inhibit estrogenic and androgenic activity. BPA, Bisphenol AF (BPAF), bisphenol Z (BPZ), bisphenol C (BPC), tetramethyl bisphenol A (TMBPA), bisphenol S (BPS), bisphenol E (BPE), 4,4-bisphenol F (4,4-BPF), bisphenol AP (BPAP), bisphenol B (BPB), tetrachlorobisphenol A (TCBPA), and benzylparaben (PHBB) induced

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	<p>estrogen receptor (ER)alpha and/or ERbeta-mediated activity. With the exception of BPS, TCBPA, and PHBB, these same BPs were also androgen receptor (AR) antagonists. Only 3 BPs were found to be ER antagonists. Bisphenol P (BPP) selectively inhibited ERbeta-mediated activity and 4-(4-phenylmethoxyphenyl)sulfonylphenol (BPS-MPE) and 2,4-bisphenol S (2,4-BPS) selectively inhibited ERalpha-mediated activity. None of the BPs induced AR-mediated activity.</p> <p>The substance is classified by IARC as Group 3:  <b>NOT</b> classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p> <p>Animal testing over 13 weeks showed bisphenol A diglycidyl ether (BADGE) caused mild to moderate, chronic, inflammation of the skin.</p> <p>Reproductive and Developmental Toxicity: Animal testing showed BADGE given over several months caused reduction in body weight but had no reproductive effects.</p> <p>Cancer-causing potential: It has been concluded that bisphenol A diglycidyl ether cannot be classified with respect to its cancer-causing potential in humans.</p> <p>Genetic toxicity: Laboratory tests on genetic toxicity of BADGE have so far been negative.</p> <p>Immunotoxicity: Animal testing suggests regular injections of diluted BADGE may result in sensitization.</p> <p>Consumer exposure: Consumer exposure to BADGE is almost exclusively from migration of BADGE from can coatings into food. Testing has not found any evidence of hormonal disruption.</p>
CASHEW NUTSHELL LIQUID	<p>For cashew nutshell liquid (test substance Cardolite NX 4708 – distilled cashew nut shell liquid)</p> <p>No female sex hormone-like effects was observed at all concentrations tested. The substance was found not to cause mutations. Injection into the skin caused moderate to severe redness and peeling.</p> <p>Cardolite NC-700 produced a sensitization rate of 70% and was classified as a strong sensitizer.</p> <p>The salicylates are well absorbed by mouth, and oral bioavailability is assumed to be total. In humans, absorption through skin is more limited. The salicylates are expected to be broken down to salicylic acid, mostly in the liver, and then conjugated with glycine or glucuronic acid and excreted in the urine. The expected metabolism of the salicylates do not present toxicological concerns. Animal testing shows that acute toxicity by skin contact is very low, while acute toxicity by mouth is moderate. Salicylates do not possess genetic toxicity, and generally do not have the potential to cause cancer. The reproductive and developmental toxicity data on methyl salicylate shows that high doses which are toxic to the mother may cause toxicity to the embryo and birth defects. At concentrations likely to be encountered through their use as fragrance ingredients, salicylates are considered to be non-irritating to the skin. The salicylates in general have no, or very limited, potential to sensitize skin. They do not possess light-mediated toxicity and do not cause light-mediated irritation or allergies.</p>
BENZYL ALCOHOL	<p>Adverse reactions to fragrances in perfumes and fragranced cosmetic products include allergic contact dermatitis, irritant contact dermatitis, sensitivity to light, immediate contact reactions, and pigmented contact dermatitis. Airborne and nonnubial contact dermatitis occurs. Contact allergy is a lifelong condition, so symptoms may occur on re-exposure. Allergic contact dermatitis can be severe and widespread, with significant impairment of quality of life and potential consequences for fitness for work.</p> <p>If the perfume contains a sensitizing component, intolerance to perfumes by inhalation may occur. Symptoms may include general unwellness, coughing, phlegm, wheezing, chest tightness, headache, shortness of breath with exertion, acute respiratory illness, hayfever, asthma and other respiratory diseases. Perfumes can induce excess reactivity of the airway without producing allergy or airway obstruction. Breathing through a carbon filter mask had no protective effect.</p> <p>Occupational asthma caused by perfume substances, such as isoamyl acetate, limonene, cinnamaldehyde and benzaldehyde, tend to give persistent symptoms, even though the exposure is below occupational exposure limits. Prevention of contact sensitization to fragrances is an important objective of public health risk management.</p> <p>Hands: Contact sensitization may be the primary cause of hand eczema or a complication of irritant or atopic hand eczema. However hand eczema is a disease involving many factors, and the clinical significance of fragrance contact allergy in severe, chronic hand eczema may not be clear.</p> <p>Underarm: Skin inflammation of the armpits may be caused by perfume in deodorants and, if the reaction is severe, it may spread down the arms and to other areas of the body. In individuals who consulted a skin specialist, a history of such first-time symptoms was significantly related to the later diagnosis of perfume allergy.</p> <p>Face: An important manifestation of fragrance allergy from the use of cosmetic products is eczema of the face. In men, after-shave products can cause eczema around the beard area and the adjacent part of the neck. Men using wet shaving as opposed to dry have been shown to have an increased risk of allergic to fragrances.</p> <p>Irritant reactions: Some individual fragrance ingredients, such as citral, are known to be irritant. Fragrances may cause a dose-related contact urticaria (hives) which is not allergic; cinnamal, cinnamic alcohol and Myroxylon pereirae are known to cause hives, but others, including menthol, vanillin and benzaldehyde have also been reported.</p> <p>Pigmentary anomalies: Type IV allergy is responsible for "pigmented cosmetic dermatitis", referring to increased pigmentation on the face and neck. Testing showed a number of fragrance ingredients were associated, including jasmine absolute, ylang-ylang oil, cananga oil, benzyl salicylate, hydroxycitronellal, sandalwood oil, geraniol and geranium oil.</p> <p>Light reactions: Musk ambrette produced a number of allergic reactions mediated by light and was later banned from use in Europe.</p> <p>Furocoumarins (psoralens) in some plant-derived fragrances have caused phototoxic reactions, with redness. There are now limits for the amount of furocoumarins in fragrances. Phototoxic reactions still occur, but are rare.</p> <p>General/respiratory: Fragrances are volatile, and therefore, in addition to skin exposure, a perfume also exposes the eyes and the nose / airway. It is estimated that 2-4% of the adult population is affected by respiratory or eye symptoms by such an exposure. It is known that exposure to fragrances may exacerbate pre-existing asthma. Asthma-like symptoms can be provoked by sensory mechanisms. A significant association was found between respiratory complaints related to fragrances and contact allergy to fragrance ingredients and hand eczema.</p> <p>Fragrance allergens act as haptens, low molecular weight chemicals that cause an immune response only when attached to a carrier protein. However, not all sensitizing fragrance chemicals are directly reactive, but require previous activation. A prohaptens is a chemical that itself causes little or no sensitization, but is transformed into a hapten in the skin (bioactivation), usually via enzyme catalysis. It is not always possible to know whether a particular allergen that is not directly reactive acts as a prehaptens , or both.</p> <p>Prohaptens: Compounds that are bioactivated in the skin and thereby form haptens are referred to prohaptens. The possibility of a prohaptens being activated cannot be avoided by outside measures. Activation processes increase the risk for cross-reactivity between fragrance substances. Various enzymes play roles in both activating and deactivating prohaptens. Skin-sensitizing prohaptens can be recognized and grouped into chemical classes based on knowledge of xenobiotic bioactivation reactions, clinical observations and/or studies of sensitization.</p> <p>QSAR prediction: Prediction of sensitization activity of these substances is complex, especially for those substances that can act both as pre- and prohaptens.</p> <p>CYP1A2 is a member of the cytochrome P450 super family, is one of the best characterized. It is responsible for the metabolism of commonly drugs belonging to classes such as antidepressants, antipsychotics, mood stabilizers, beta blockers and sedative/hypnotics CYP1A2 also metabolises a number of procarcinogens (such as those in cigarettes). Cigarette smoking may lead to three fold increase in 1A2 activity, which explains why smokers require higher doses of beta blockers than non-smokers</p> <p>Drugs that inhibit CYP1A2 will predictably increase the plasma concentrations of the medications or decrease in clearance of substrates. Drugs such as ciprofloxacin, fluvoxamine, verapamil cimetidine , caffeine and isoniazid are inhibitors of CYP1A2 enzyme. Vegetables such as grape fruit juice, cumic and turmeric are inhibitors of the CYP1A2 enzyme which may leads to increase plasma concentration of psychotropics</p> <p>Inhibition of NF-kB in vivo can be detrimental. NF-kB controls multiple functions in homeostasis including a functional immune response, cell cycle, and cell death. Genetic studies in mice and analysis of naturally occurring mutations in humans point to specific developmental and immune consequences due to altering NF-kB activity.</p> <p>The same functions that make NF-kB attractive for developing inhibitors for treating disease also play a role in homeostasis, and disruption of the NF-kB pathway during development or in adults leads to unfavorable and potentially unhealthy consequences.</p> <p>NF-kB plays a role in multiple homeostatic cellular processes including response to stimuli, cell proliferation, and death, regulating communication between cells, but is also tightly linked with other signaling pathways within the cell, such as p38 and JNK. In addition to mediating proinflammatory responses, NF-kB may regulate apoptotic and cell cycle changes induced by cellular stress, DNA damage or oncogenes by communication with the tumor suppressor p53. Disruption of normal cellular responses by inhibiting NF-kB can have adverse consequences such as immune suppression and tissue damage.</p> <p>Understanding the consequences of lack of NF-kB activity in adult humans comes from observation of naturally occurring genetic deficiencies in this pathway. Mutations have been discovered in humans in signaling molecules upstream of NF-kB resulting in defects in development or immunity. Genetic defects have also been discovered in genes that immediately affect NF-kB activation including IKK</p>

## Cemix Cempoxy UA Mortar - Part B

gamma (NEMO), a subunit of the IKK complex, and IκBα. The IKK gamma mutations result in a defective IKK complex and the IκBα mutation results in an IκBα protein that cannot be phosphorylated and degraded. Both genetic defects result in suppressed NF-κB activation and ectodermal dysplasia with immunodeficiency. In general patients with these genetic defects have multiple immunological defects including impaired innate immunity, impaired antibody production, and ultimately severe bacterial infections. Understanding the immune defects and susceptibilities in patients with genetic defects in the NF-κB pathway will help prepare for potential adverse effects of pharmacologic NF-κB inhibitors.

The requirement for NF-κB in the development and maintenance of the immune system is well documented. NF-κB is required for survival during fetal development and for normal lymphocyte generation in adult mice. Removal of the p65 (RelA) subunit of NF-κB or the IKKβ gene results in death during fetal development primarily due to massive liver apoptosis.

Fetal liver stem cells from p65 or IKKβ deficient mice have been transplanted into irradiated hosts revealing a specific requirement of NF-κB for T-cells, B-cells, and common lymphoid progenitor development but not for myeloid cells or stem cells. The failure to produce lymphocytes is mediated through hypersensitivity to TNF due to lack of NF-κB activity. Lymphocyte depletion with chemical or genetic inhibition of NF-κB have implications for therapeutic potential use in humans. The double-sided nature of NF-κB inhibition is clear in this instance where chemical inhibition in vivo mimics genetic experiments inducing rapid TNF-dependent apoptosis. Rapid induction of apoptosis may be an advantage for treating some forms of cancer, but at the same time cause depletion of some lymphocyte populations. In addition to controlling lymphocyte development, NF-κB plays a major role in both adaptive and innate immunity. Various signaling pathways responding to receptor recognition of immune challenge converge on NF-κB which then regulates genes that control the immune response. Both T-cell receptor and B-cell receptors activate NF-κB through phosphorylation of CARMA1 by PKCθ and PKCβ respectively, resulting in recruitment and activation of IKK and ultimately expression of genes that control cellular activation, proliferation, and survival. In addition, NF-κB plays a role in T-cell response to costimulatory signals. Cells respond to pathogenic microorganisms in part through recognition by Toll-like receptors (TLRs). TLR-family members recognize different molecular structures present in microbes and respond by activating signaling pathways including NF-κB leading to expression of anti-microbial effector molecules, as well as molecules that help in development of the adaptive immune response. Inhibition of NF-κB during TLR stimulation can lead to macrophage apoptosis, a mechanism used by some pathogens to help evade immune response. NF-κB is clearly required for normal mature B-cell and T-cell maintenance and function, including regulatory, memory, and natural killer-like T cells. Inhibition of NF-κB activation in lymphocytes results in defects in growth, survival, and cytokine production and blocks multiple steps in germinal center formation. Given the diverse roles NF-κB plays in immune response to pathogens it is not surprising to find mice genetically deficient in components of the NF-κB pathway are susceptible to parasitic and bacterial infection.

The role of NF-κB in inhibition of apoptosis is one of the factors that make it a potential target for cancer therapy. NF-κB deficient mice die during embryogenesis in part due to TNF-mediated liver damage. Adult mice with impaired NF-κB targeted to the liver have normal liver function, but have severe liver damage after challenge with concanavalin A, a pan-T cell activator. Liver damage occurs due to sustained activation of JNK due to accumulation of reactive oxygen species (ROS) in the absence of normal NF-κB activation.

The aryl alkyl alcohol (AAA) fragrance ingredients have diverse chemical structures, with similar metabolic and toxicity profiles. The AAA fragrances demonstrate low acute and subchronic toxicity by skin contact and swallowing. At concentrations likely to be encountered by consumers, AAA fragrance ingredients are non-irritating to the skin. The potential for eye irritation is minimal. With the exception of benzyl alcohol, phenethyl and 2-phenoxyethyl AAA alcohols, testing in humans indicate that AAA fragrance ingredients generally have no or low sensitization potential. Available data indicate that the potential for photosensitization is low.

Testing suggests that at current human exposure levels, this group of chemicals does not cause maternal or developmental toxicity. Animal testing shows no cancer-causing evidence, with little or no genetic toxicity. It has been concluded that these materials would not present a safety concern at current levels of use, as fragrance ingredients.

This is a member or analogue of a group of benzyl derivatives generally regarded as safe (GRAS), based partly on their self-limiting properties as flavouring substances in food. In humans and other animals, they are rapidly absorbed, broken down and excreted, with a wide safety margin. They also lack significant potential to cause genetic toxicity and mutations. The intake of benzyl derivatives as natural components of traditional foods is actually higher than the intake as intentionally added flavouring substances.

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.

Unlike benzylic alcohols, the beta-hydroxyl group of the members of benzyl alkyl alcohols contributes to break down reactions but do not undergo phase II metabolic activation. Though structurally similar to cancer causing ethyl benzene, phenethyl alcohol is only of negligible concern due to limited similarity in their pattern of activity.

For benzoates:

Benzyl alcohol, benzoic acid and its sodium and potassium salt have a common metabolic and excretion pathway. All but benzyl alcohol are considered to be unharmed and of low acute toxicity. They may cause slight irritation by oral, dermal or inhalation exposure except sodium benzoate which doesn't irritate the skin. Studies showed increased mortality, reduced weight gain, liver and kidney effects at higher doses, also, lesions of the brains, thymus and skeletal muscles may occur with benzyl alcohol. However, they do not cause cancer, genetic or reproductive toxicity. Developmental toxicity may occur but only at maternal toxic level.

**FATTY ACIDS C18/ TALL OIL/ TETRAETHYLENEPENTAMINE OLIGOMER & ETHYLENEDIAMINE & BISPHENOL A/ DIGLYCIDYL ETHER RESIN, LIQUID & CASHEW NUTSHELL LIQUID & BENZYL ALCOHOL**

The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

**FATTY ACIDS C18/ TALL OIL/ TETRAETHYLENEPENTAMINE OLIGOMER & CASHEW NUTSHELL LIQUID**

No significant acute toxicological data identified in literature search.

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

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

## SECTION 12 Ecological information

### Toxicity

Cemix Cempoxy UA Mortar - Part B	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...

## Cemix Cempoxy UA Mortar - Part B

	Endpoint	Test Duration (hr)	Species	Value	Source	
	silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source	
	fatty acids C18/ tall oil/ tetraethylenepentamine oligomer	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source	
	ethylenediamine	EC50	72h	Algae or other aquatic plants	645mg/l	1
		EC50	48h	Crustacea	17mg/l	1
		NOEC(ECx)	504h	Crustacea	2mg/l	1
		EC50	96h	Algae or other aquatic plants	61mg/l	1
		LC50	96h	Fish	>11.5mg/l	4
	Endpoint	Test Duration (hr)	Species	Value	Source	
	bisphenol A/ diglycidyl ether resin, liquid	EC50(ECx)	48h	Crustacea	~2mg/l	2
EC50		48h	Crustacea	~2mg/l	2	
	Endpoint	Test Duration (hr)	Species	Value	Source	
	cashew nutshell liquid	EC50	72h	Algae or other aquatic plants	5.82mg/l	Not Available
		EC50	48h	Crustacea	40.46mg/l	Not Available
		LC50	96h	Fish	1000mg/l	Not Available
		EC50(ECx)	72h	Algae or other aquatic plants	5.82mg/l	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source	
	benzyl alcohol	EC50	72h	Algae or other aquatic plants	500mg/l	2
		EC50	48h	Crustacea	230mg/l	2
		NOEC(ECx)	336h	Fish	5.1mg/l	2
		EC50	96h	Algae or other aquatic plants	76.828mg/l	2
		LC50	96h	Fish	10mg/l	2
<b>Legend:</b>	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. US EPA, Ecotox database - Aquatic Toxicity Data 4. ECETOC Aquatic Hazard Assessment Data 5. NITE (Japan) - Bioconcentration Data 6. METI (Japan) - Bioconcentration Data 7. Vendor Data					

Prevent, by any means available, spillage from entering drains or water courses.

**DO NOT discharge into sewer or waterways.**

Harmful to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
ethylenediamine	LOW	LOW
bisphenol A/ diglycidyl ether resin, liquid	HIGH	HIGH
benzyl alcohol	LOW	LOW

#### Bioaccumulative potential

Ingredient	Bioaccumulation
ethylenediamine	LOW (BCF = 0.07)
bisphenol A/ diglycidyl ether resin, liquid	LOW (LogKOW = 2.6835)
cashew nutshell liquid	LOW (LogKOW = 8.37)
benzyl alcohol	LOW (LogKOW = 1.1)

#### Mobility in soil

Ingredient	Mobility
ethylenediamine	LOW (Log KOC = 24.72)
bisphenol A/ diglycidyl ether resin, liquid	LOW (Log KOC = 51.43)
benzyl alcohol	LOW (Log KOC = 15.66)

## SECTION 13 Disposal considerations

#### Waste treatment methods

Product / Packaging disposal	
	▶ Containers may still present a chemical hazard/ danger when empty.

Continued...

## Cemix Cempxoy UA Mortar - Part B

- ▶ Return to supplier for reuse/ recycling if possible.
- Otherwise:
- ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
  - ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.
- Waste Management**
- Production waste from epoxy resins and resin systems should be treated as hazardous waste in accordance with National regulations. Fire retarded resins containing halogenated compounds should also be treated as special waste. Accidental spillage of resins, curing agents and their formulations should be contained and absorbed by special mineral absorbents to prevent them from entering the environment. Contaminated or surplus product should not be washed down the sink, but preferably be fully reacted to form cross-linked solids which is non-hazardous and can be more easily disposed.
- Finished articles made from fully cured epoxy resins are hard, infusible solids presenting no hazard to the environment. However, finished articles from flame-retarded material containing halogenated resins should be considered hazardous waste, and disposed as required by National laws. Articles made from epoxy resins, like other thermosets, can be recycled by grinding and used as fillers in other products. Another way of disposal and recovery is combustion with energy recovery.
- ▶ **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.
- Removal of bisphenol A (BPA) from aqueous solutions was accomplished by adsorption of enzymatically generated quinone derivatives on chitosan beads. The use of chitosan in the form of beads was found to be more effective because heterogeneous removal of BPA with chitosan beads was much faster than homogeneous removal of BPA with chitosan solutions, and the removal efficiency was enhanced by increasing the amount of chitosan beads dispersed in the BPA solutions and BPA was completely removed by quinone adsorption in the presence of chitosan beads more than 0.10 cm<sup>3</sup>/cm<sup>3</sup>. In addition, a variety of bisphenol derivatives were completely or effectively removed by the procedure constructed in this study, although the enzyme dose or the amount of chitosan beads was further increased as necessary for some of the bisphenol derivatives used.
- M. Suzuki, and E. Musashi J Appl Polym Sci, 118(2):721 - 732; October 2010
- ▶ Recycle wherever possible.
  - ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
  - ▶ Treat and neutralise at an approved treatment plant.
  - ▶ Treatment should involve: Neutralisation with suitable dilute acid followed by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed apparatus (after admixture with suitable combustible material).
  - ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

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

**Disposal Requirements**

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

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.

Only dispose to the environment if a tolerable exposure limit has been set for the substance.

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

**SECTION 14 Transport information****Labels Required**

	
<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	2X

**Land transport (UN)**

14.1. <b>UN number or ID number</b>	1760	
14.2. <b>UN proper shipping name</b>	CORROSIVE LIQUID, N.O.S. (contains ethylenediamine)	
14.3. <b>Transport hazard class(es)</b>	Class	8
	Subsidiary Hazard	Not Applicable
14.4. <b>Packing group</b>	III	
14.5. <b>Environmental hazard</b>	Not Applicable	
14.6. <b>Special precautions for user</b>	Special provisions	223; 274
	Limited quantity	5 L

**Air transport (ICAO-IATA / DGR)**

14.1. <b>UN number</b>	1760	
14.2. <b>UN proper shipping name</b>	Corrosive liquid, n.o.s. * (contains ethylenediamine)	
14.3. <b>Transport hazard class(es)</b>	ICAO/IATA Class	8
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	8L

## Cemix Cempoxy UA Mortar - Part B

14.4. Packing group	III	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Special provisions	A3 A803
	Cargo Only Packing Instructions	856
	Cargo Only Maximum Qty / Pack	60 L
	Passenger and Cargo Packing Instructions	852
	Passenger and Cargo Maximum Qty / Pack	5 L
	Passenger and Cargo Limited Quantity Packing Instructions	Y841
	Passenger and Cargo Limited Maximum Qty / Pack	1 L

## Sea transport (IMDG-Code / GGVSee)

14.1. UN number	1760	
14.2. UN proper shipping name	CORROSIVE LIQUID, N.O.S. (contains ethylenediamine)	
14.3. Transport hazard class(es)	IMDG Class	8
	IMDG Subsidiary Hazard	Not Applicable
14.4. Packing group	III	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	EMS Number	F-A, S-B
	Special provisions	223 274
	Limited Quantities	5 L

## 14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

Product name	Group
silica crystalline - quartz	Not Applicable
fatty acids C18/ tall oil/ tetraethylenepentamine oligomer	Not Applicable
ethylenediamine	Not Applicable
bisphenol A/ diglycidyl ether resin, liquid	Not Applicable
cashew nutshell liquid	Not Applicable
benzyl alcohol	Not Applicable

## 14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
silica crystalline - quartz	Not Applicable
fatty acids C18/ tall oil/ tetraethylenepentamine oligomer	Not Applicable
ethylenediamine	Not Applicable
bisphenol A/ diglycidyl ether resin, liquid	Not Applicable
cashew nutshell liquid	Not Applicable
benzyl alcohol	Not Applicable

## 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
HSR002493	Additives Process Chemicals and Raw Materials Corrosive Carcinogenic Group Standard 2020

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

## silica crystalline - quartz 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

## Cemix Cempxoy UA Mortar - Part B

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)

**fatty acids C18/ tall oil/ tetraethylenepentamine oligomer is found on the following regulatory lists**

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods

**ethylenediamine is found on the following regulatory lists**

Chemical Footprint Project - Chemicals of High Concern List

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)

**bisphenol A/ diglycidyl ether resin, liquid is found on the following regulatory lists**

Chemical Footprint Project - Chemicals of High Concern List

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

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 Land Transport Rule: Dangerous Goods 2005 - Schedule 1 Quantity limits for dangerous goods

New Zealand Workplace Exposure Standards (WES)

**cashew nutshell liquid is found on the following regulatory lists**

New Zealand Inventory of Chemicals (NZIoC)

**benzyl alcohol is found on the following regulatory lists**

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 Land Transport Rule: Dangerous Goods 2005 - Schedule 4 Quantity Limits for Dangerous Goods in Excepted Quantities

New Zealand Land Transport Rule; Dangerous Goods 2005 - Schedule 2 Dangerous Goods in Limited Quantities and Consumer Commodities

**Additional Regulatory Information**

Not Applicable

**Hazardous Substance Location**

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

Hazard Class	Quantity (Compliance Certificate)	Quantity (Compliance Certificate - Farms >4 ha)
8.2B	250 kg or 250 L	3500 kg or 3500 L

**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	
8.2B	120	1	3	

**Tracking Requirements**

Not Applicable

**National Inventory Status**

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer)
Canada - NDSL	No (silica crystalline - quartz; fatty acids C18/ tall oil/ tetraethylenepentamine oligomer; bisphenol A/ diglycidyl ether resin, liquid; cashew nutshell liquid; benzyl alcohol)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer; cashew nutshell liquid)
Korea - KECI	No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer; cashew nutshell liquid)

National Inventory	Status
USA - TSCA	TSCA Inventory 'Active' substance(s) (silica crystalline - quartz; ethylenediamine; bisphenol A/ diglycidyl ether resin, liquid; cashew nutshell liquid; benzyl alcohol); No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer)
Taiwan - TCSI	Yes
Mexico - INSQ	No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer; cashew nutshell liquid)
Vietnam - NCI	Yes
Russia - FBEPH	No (fatty acids C18/ tall oil/ tetraethylenepentamine oligomer)
UAE - Control List (Banned/Restricted Substances)	No (silica crystalline - quartz; fatty acids C18/ tall oil/ tetraethylenepentamine oligomer; ethylenediamine; bisphenol A/ diglycidyl ether resin, liquid; cashew nutshell liquid; benzyl alcohol)
<b>Legend:</b>	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

## SECTION 16 Other information

<b>Revision Date</b>	19/02/2026
<b>Initial Date</b>	19/02/2026

### 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
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code
  
- ▶ 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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