



# SAND FOR LOCKING PAVER JOINTS

Chemwatch: 5437-39

Version No: 2.1.1.1 Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Issue Date: 19/11/2020 Print Date: 26/11/2020 L.GHS.NZL.EN

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

Product Identifier	
Product name	Cemix Pavetight Sand
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	Construction product.
Details of the supplier of the sa	afety data sheet  Cemix (a part of Ardex NZ)
Address	19 Alfred Street Onehunga Auckland 1061 New Zealand
Telephone	+64 9 636 1000
Fax	+64 9 636 0000
Website	www.cemix.co.nz
Email	Not Available
Emergency telephone number	
Association / Organisation	Cemix (a part of Ardex NZ)
Emergency telephone numbers	0800 ASK CEMIX
Other emergency telephone numbers	Not Available

# **SECTION 2 Hazards identification**

# Classification of the substance or mixture

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

Classification <sup>[1]</sup>	Skin Corrosion/Irritation Category 3, Eye Irritation Category 2, Skin Sensitizer Category 1, Carcinogenicity Category 1, Reproductive Toxicity Category 1, Specific target organ toxicity - single exposure Category 1, Specific target organ toxicity - repeated exposure Category 1		
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	6.3B, 6.4A, 6.5B (contact), 6.7A, 6.8A, 6.9A		

# Label elements

Hazard pictogram(s)





Hazard statement(s)

# **Cemix Pavetight Sand**

Issue Date: 19/11/2020 Print Date: 26/11/2020

H316	Causes mild skin irritation.
H319	Causes serious eye irritation.
H317	May cause an allergic skin reaction.
H350	May cause cancer.
H360	May damage fertility or the unborn child.
H370	Causes damage to organs.
H372	Causes damage to organs through prolonged or repeated exposure.

# Precautionary statement(s) Prevention

Obtain special instructions before use.	
Oo not breathe dust/fume.	
fear protective gloves/protective clothing/eye protection/face protection.	
Do not eat, drink or smoke when using this product.	
Contaminated work clothing should not be allowed out of the workplace.	

# Precautionary statement(s) Response

P308+P311	IF exposed or concerned: Call a POISON CENTER/doctor/physician/first aider.			
P321	ecific treatment (see advice on this label).			
P302+P352	N 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.			

# 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.

# **SECTION 3 Composition / information on ingredients**

# Substances

See section below for composition of Mixtures

# Mixtures

CAS No	%[weight]	Name
14808-60-7	>90	silica crystalline - quartz
65997-15-1	1-5	portland cement
25213-24-5	1-5	polyvinyl alcohol
Not Available	balance	Ingredients determined not to be hazardous

# **SECTION 4 First aid measures**

# Description of first aid measures

Description of first aid measur	es
Eye Contact	If this product comes in contact with the eyes:  Immediately hold eyelids apart and flush the eye continuously with running water.  Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.  Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.  Transport to hospital or doctor without delay.  Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs:  Immediately flush body and clothes with large amounts of water, using safety shower if available.  Quickly remove all contaminated clothing, including footwear.  Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.  Transport to hospital, or doctor.
Inhalation	<ul> <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> </ul>
Ingestion	<ul> <li>Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK.</li> <li>At least 3 tablespoons in a glass of water should be given.</li> <li>Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded due to the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor.</li> <li>NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent</li> </ul>

Chemwatch: 5437-39 Page 3 of 11 Issue Date: 19/11/2020 Version No: 2.1.1.1

#### Cemix Pavetight Sand

Print Date: 26/11/2020

aspiration

NOTE: Wear protective gloves when inducing vomiting.

- ▶ REFER FOR MEDICAL ATTENTION WITHOUT DELAY.
- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. (ICSC20305/20307)

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

Treat symptomatically

For acute and short term repeated exposures to methanol:

- Toxicity results from accumulation of formaldehyde/formic acid.
- Clinical signs are usually limited to CNS, eyes and GI tract Severe metabolic acidosis may produce dyspnea and profound systemic effects which may become intractable. All symptomatic patients should have arterial pH measured. Evaluate airway, breathing and circulation.
- Stabilise obtunded patients by giving naloxone, glucose and thiamine
- Decontaminate with Ipecac or lavage for patients presenting 2 hours post-ingestion. Charcoal does not absorb well; the usefulness of cathartic is not established.
- Forced diuresis is not effective; haemodialysis is recommended where peak methanol levels exceed 50 mg/dL (this correlates with serum bicarbonate levels below 18 meg/L).
- Ethanol, maintained at levels between 100 and 150 mg/dL, inhibits formation of toxic metabolites and may be indicated when peak methanol levels exceed 20 mg/dL. An intravenous solution of ethanol in D5W is optimal.
- Folate, as leucovorin, may increase the oxidative removal of formic acid. 4-methylpyrazole may be an effective adjunct in the treatment. 8.Phenytoin may be preferable to diazepam for controlling seizure.

[Ellenhorn Barceloux: Medical Toxicology]

**BIOLOGICAL EXPOSURE INDEX - BEI** 

Sampling Time Comment Determinant Index 1. Methanol in urine B, NS 15 ma/l End of shift B, NS Before the shift at end of workweek 2. Formic acid in urine 80 mg/gm creatinine

B: Background levels occur in specimens collected from subjects **NOT** exposed.

NS: Non-specific determinant - observed following exposure to other materials.

#### **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

#### Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses Fire Fighting Use fire fighting procedures suitable for surrounding area. **DO NOT** approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. ▶ Solid which exhibits difficult combustion or is difficult to ignite. Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. ▶ Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. Fire/Explosion Hazard Decomposes on heating and produces: carbon monoxide (CO) carbon dioxide (CO2) silicon dioxide (SiO2) other pyrolysis products typical of burning organic material.

hazardous substances from the fire absorbed on the alumina particles.

When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain

# **SECTION 6 Accidental release measures**

#### Personal precautions, protective equipment and emergency procedures

May emit poisonous fumes. May emit corrosive fumes.

See section 8

# **Environmental precautions**

See section 12

#### Cemix Pavetight Sand

Issue Date: 19/11/2020 Print Date: 26/11/2020

#### Methods and material for containment and cleaning up

# **Minor Spills**

- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).

- Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus **Major Spills** 
  - 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.

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

#### **SECTION 7 Handling and storage**

### Precautions for safe handling

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- ► DO NOT enter confined spaces until atmosphere has been checked.

#### Safe handling

- DO NOT allow material to contact humans, exposed food or food utensils. Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some
- other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
- Establish good housekeeping practices.
- Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
- Luse continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion.

# Other information

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

# Conditions for safe storage, including any incompatibilities

Suitable container

- Polyethylene or polypropylene container.
- ► Check all containers are clearly labelled and free from leaks.
- Storage incompatibility
- ► Avoid reaction with oxidising agents

# SECTION 8 Exposure controls / personal protection

# Control parameters

#### Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	silica crystalline - quartz	Quartz respirable dust	0.05 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	portland cement	Portland cement	3 mg/m3	Not Available	Not Available	dsen-Dermal sensitiser
New Zealand Workplace Exposure Standards (WES)	portland cement	Portland cement respirable dust	1 mg/m3	Not Available	Not Available	dsen-Dermal sensitiser

# Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
polyvinyl alcohol	Polyvinyl alcohol	24 mg/m3	270 mg/m3	1.600 mg/m3

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
portland cement	5,000 mg/m3	Not Available
polyvinyl alcohol	Not Available	Not Available

# MATERIAL DATA

# **Exposure controls**

Appropriate engineering
controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Issue Date: 19/11/2020 Print Date: 26/11/2020

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.

#### Personal protection











# Eye and face protection

- Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the
- ▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.
- Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face
- Alternatively a gas mask may replace splash goggles and face shields.
- ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task.

#### Skin protection

See Hand protection below

# ► Elbow length PVC gloves

#### NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

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

#### Hands/feet protection

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

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- ▶ polychloroprene.
- nitrile rubber.
- butvl rubber.
- fluorocaoutchouc
- polyvinyl chloride

#### **Body protection**

Other protection

See Other protection below

- Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]
- Figure 2 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]
- Figure 2 Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.
- Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.
- Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- Overalls.
- P.V.C apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

#### Recommended material(s)

#### **GLOVE SELECTION INDEX**

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the computergenerated selection:

Cemix Pavetight Sand

Material	СРІ
BUTYL	А
BUTYL/NEOPRENE	А
PE/EVAL/PE	А
PVDC/PE/PVDC	А
SARANEX-23	А
SARANEX-23 2-PLY	А
TEFLON	А
VITON/NEOPRENE	А
NEOPRENE	В
NAT+NEOPR+NITRILE	С

#### Respiratory protection

Type AX-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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

\* - Negative pressure demand \*\* - Continuous flow

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

If inhalation risk above the TLV exists, wear approved dust respirator. Use respirators with protection factors appropriate for the exposure level.

# Version No: 2.1.1.1

#### **Cemix Pavetight Sand**

Issue Date: **19/11/2020**Print Date: **26/11/2020** 

NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
PVA	С
PVC	С

- \* 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

\*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.

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

# **SECTION 9 Physical and chemical properties**

#### Information on basic physical and chemical properties

Appearance	Grey coloured powder; insoluble in water.		
• • • • • • • • • • • • • • • • • • • •			
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

# **SECTION 10 Stability and reactivity**

Reactivity	See section 7
Chemical stability	<ul> <li>Unstable in the presence of incompatible materials.</li> <li>Product is considered stable.</li> <li>Hazardous polymerisation will not occur.</li> </ul>
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

### **SECTION 11 Toxicological information**

# Information on toxicological effects

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by narcosis, reduced alertness, loss of reflexes, lack of coordination and vertigo.

#### Inhaled

Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result

Page 7 of 11

Cemix Pavetight Sand

Issue Date: 19/11/2020 Print Date: 26/11/2020

in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing. coughing and breathing difficulties leading to or symptomatic of impaired respiratory function. Ingestion Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the Skin Contact microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. Contact with aluminas (aluminium oxides) may produce a form of irritant dermatitis accompanied by pruritus. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Eve Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals. On the basis, primarily, of animal experiments, the material may be regarded as carcinogenic to humans. There is sufficient evidence to provide a strong presumption that human exposure to the material may result in cancer on the basis of: - appropriate long-term animal studies - other relevant information Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production. Very fine Al2O3 powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure. When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO3). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (e.g., rhodonite) In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 um and a diameter Chronic of less than 3 um was relatively low. Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis. Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO]. Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung. The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive

lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silicotuberculosis)

Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, 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 (1/50,000 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 (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe.

Long-term exposure to methanol vapour, at concentrations exceeding 3000 ppm, may produce cumulative effects characterised by gastrointestinal disturbances (nausea, vomiting), headache, ringing in the ears, insomnia, trembling, unsteady gait, vertigo, conjunctivitis and clouded or double vision. Liver and/or kidney injury may also result. Some individuals show severe eye damage following prolonged exposure to 800 ppm of the vapour.

There is sufficient evidence to establish a causal relationship between human exposure to the material and subsequent developmental toxic effects in the off-spring

Levels above 10 ug/m3 of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons

Cemix Pavetight Sand

TOXICITY	IRRITATION
Not Available	Not Available

Chemwatch: 5437-39 Version No: 2.1.1.1

Page 8 of 11

#### Cemix Pavetight Sand

Issue Date: 19/11/2020 Print Date: 26/11/2020

	TOXICITY	IRRITATION
	0.3 mg/kg <sup>[2]</sup>	Not Available
silica crystalline - quartz	50 mg/kg <sup>[2]</sup>	
	Oral (rat) LD50: =500 mg/kg <sup>[2]</sup>	
	TOXICITY	IRRITATION
portland cement	Not Available	Not Available
	TOXICITY	IRRITATION
polyvinyl alcohol	Dermal (rabbit) LD50: >7940 mg/kg <sup>[2]</sup>	Skin: moderate
	Oral (rat) LD50: >20,000 mg/kg <sup>[2]</sup>	
Legend:	Value obtained from Europe ECHA Registered Substa specified data extracted from RTECS - Register of Toxic	nces - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless other

WARNING: For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS

#### SILICA CRYSTALLINE -QUARTZ

The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<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.

Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.

\* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).

NOTE: the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.

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.

# PORTLAND CEMENT

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. 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. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. No significant acute toxicological data identified in literature search.

# POLYVINYL ALCOHOL

\* Monsanto The substance has been investigated as a tumorigen. Subcutaneous injection of polyvinyl alcohol (PVA) (molecular weights 37000-185000, 1 ml of 5% PVA in physiological saline) into female rats for 28 days produced elevated blood pressure in some rats from each treatment group. The polymer with a molecular weight of 133000 was associated with widespread cardiovascular lesions, severe polydipsia, severe glomerulonephritis, and enlargement of the heart, kidney, liver and spleen. The polymer with a molecular weight of 185000 was associated with renal glomerular swelling and enlargement of the heart, kidney, liver and spleen. The polymer with a molecular weight of 37000 was not associated with lesions. It was concluded that the pathologic effects of subcutaneous injection of PVA in rats, particularly in the kidney and in the production of necrotic syndrome, were dependent on molecular weight rather than chemical structure.

Intravascularly injected PVA foam spheres for elective embolisation of vascular malformations resulted in inflammation and necrosis of the blood vessels in which they were lodged.

Foamed PVA has been used in reconstructive surgery for many years for conditions such as rectal collapse and repair of large hernias without reported toxic effects.

Subcutaneously implanted PVA sponges in rats have been associated with the appearance of local sarcoma in some studies but not in others. In one study, it was reported that implantation of 2 mm thick sponge produced substantially more sarcoma than a 5 mm thick sponge.

The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

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

Legend:

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

- Data available to make classification

### **SECTION 12 Ecological information**

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Cemix Pavetight Sand	Endpoint	Test Duration (hr)	Species	Value	Source

# Page 9 of 11

# **Cemix Pavetight Sand**

Issue Date: **19/11/2020**Print Date: **26/11/2020** 

	Not Available	Not Available	Not Available	Not Available	Not Available
	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
	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
polyvinyl alcohol	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	V3.12 (QSAR	) - Aquatic Toxicity Data (Estimated) 4. U	A Registered Substances - Ecotoxicological In. S EPA, Ecotox database - Aquatic Toxicity Dat. (Japan) - Bioconcentration Data 8. Vendor Dat	a 5. ECETOC Aquatic Hazard	

DO NOT discharge into sewer or waterways.

#### Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
polyvinyl alcohol	LOW	LOW

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation
polyvinyl alcohol	LOW (BCF = 7.5)

# Mobility in soil

Ingredient	Mobility
polyvinyl alcohol	HIGH (KOC = 1)

### **SECTION 13 Disposal considerations**

#### Waste treatment methods

Product / Packaging disposal

- ▶ DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- ▶ Where in doubt contact the responsible authority.

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

Edubio Rodanioa		
Marine Pollutant	NO	
HAZCHEM	Not Applicable	

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

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

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

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

Not Applicable

# **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

Version No: 2.1.1.1

# **Cemix Pavetight Sand**

Issue Date: **19/11/2020**Print Date: **26/11/2020** 

HSR Number	Group Standard	
HSR002545	Construction Products (Toxic [6.7A]) Group Standard 2017	

# 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)

# portland cement is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

#### polyvinyl alcohol is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

New Zealand Inventory of Chemicals (NZIoC)

# **Hazardous Substance Location**

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

Hazard Class	Quantities
Not Applicable	Not Applicable

#### **Certified Handler**

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

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

#### Maximum quantities of certain hazardous substances permitted on passenger service vehicles

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

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

# **Tracking Requirements**

Not Applicable

# **National Inventory Status**

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

### **SECTION 16 Other information**

Revision Date	19/11/2020
Initial Date	19/11/2020

Chemwatch: 5437-39 Page 11 of 11 Issue Date: 19/11/2020 Version No: 2.1.1.1 Print Date: 26/11/2020

# **Cemix Pavetight Sand**

Version	Issue Date	Sections Updated
2.1.1.1	19/11/2020	Acute Health (inhaled), Classification, Ingredients

#### Other information

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

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

#### **Definitions and abbreviations**

PC-TWA: Permissible Concentration-Time Weighted Average PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value LOD: Limit Of Detection OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

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