



MASONRY MORTAR MIX

FOR ALL SORTS OF MASONRY APPLICATIONS LIKE LAYING BRICKS,
CONCRETE BLOCKS, ETC.

Chemwatch Hazard Alert Code: 3

Chemwatch: 5268-55
Version No: 3.1.1.1
Safety Data Sheet according to HSNO Regulations

Issue Date: 08/11/2017
Print Date: 13/11/2017
L.GHS.NZLEN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

| | |
|-------------------------------|--------------------------|
| Product name | Cemix Masonry Mortar Mix |
| Synonyms | Not Available |
| Other means of identification | Not Available |

Relevant identified uses of the substance or mixture and uses advised against

| | |
|--------------------------|--|
| Relevant identified uses | For all sorts of masonry applications like laying bricks, concrete blocks etc. |
|--------------------------|--|

Details of the supplier of the safety data sheet

| | |
|-------------------------|---|
| Registered company name | 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 | Not Available |
| 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 [1] | Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation) |
| Legend: | 1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI |
| Determined by Chemwatch using GHS/HSNO criteria | 6.3A, 6.5B(contact), 6.9 (respiratory), 8.3A |

Label elements

| | |
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| Hazard pictogram(s) |  |
|---------------------|---|

| | |
|-------------|---------------|
| SIGNAL WORD | DANGER |
|-------------|---------------|

Hazard statement(s)

| | |
|------|--------------------------------------|
| H315 | Causes skin irritation. |
| H318 | Causes serious eye damage. |
| H317 | May cause an allergic skin reaction. |

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|------|-----------------------------------|
| H335 | May cause respiratory irritation. |
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Precautionary statement(s) Prevention

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| P271 | Use only outdoors or in a well-ventilated area. |
| P280 | Wear protective gloves/protective clothing/eye protection/face protection. |
| P261 | Avoid breathing dust/fumes. |
| P272 | Contaminated work clothing should not be allowed out of the workplace. |

Precautionary statement(s) Response

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| P305+P351+P338 | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. |
| P310 | Immediately call a POISON CENTER or doctor/physician. |
| P362 | Take off contaminated clothing and wash before reuse. |
| P302+P352 | IF ON SKIN: Wash with plenty of soap and water. |
| P333+P313 | If skin irritation or rash occurs: Get medical advice/attention. |
| P304+P340 | IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. |

Precautionary statement(s) Storage

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

Precautionary statement(s) Disposal

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|------|---|
| P501 | Dispose of contents/container in accordance with local regulations. |
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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. | 60-80 | <u>graded sand</u> |
| 65997-15-1 | 20-40 | <u>portland cement</u> |
| 1317-65-3 | 1-2 | <u>limestone</u> |
| Not Available | 4-5 | Ingredients determined not to be hazardous |

SECTION 4 FIRST AID MEASURES

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

Description of first aid measures

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|---------------------|--|
| Eye Contact | <p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with running water. ▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. |
| Skin Contact | <p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ Immediately remove all contaminated clothing, including footwear. ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation. |
| Inhalation | <ul style="list-style-type: none"> ▶ If fumes or combustion products are inhaled remove from contaminated area. ▶ Lay patient down. Keep warm and rested. ▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▶ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▶ Transport to hospital, or doctor, without delay. |
| Ingestion | <ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice. |

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:

- ▶ Always treat symptoms rather than history.
- ▶ In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- ▶ Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.

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- ▶ Hepatic damage may progress to failure with hypoprotrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- ▶ Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- ▶ Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater than 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex) are the usual means of decontamination.
- ▶ Activated charcoal does not effectively bind iron.
- ▶ Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- ▶ Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

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

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

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

[Ellenhorn and Barceloux: Medical Toxicology]

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

[Ellenhorn and Barceloux: Medical Toxicology]

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

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

Alkalis continue to cause damage after exposure.

INGESTION:

- ▶ Milk and water are the preferred diluents

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

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

* Catharsis and emesis are absolutely contra-indicated.

* Activated charcoal does not absorb alkali.

* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

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

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

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

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

Special hazards arising from the substrate or mixture

| | |
|-----------------------------|-------------|
| Fire Incompatibility | None known. |
|-----------------------------|-------------|

Advice for firefighters

| | |
|------------------------------|---|
| Fire Fighting | <ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Use fire fighting procedures suitable for surrounding area. ▶ DO NOT approach containers suspected to be hot. ▶ Cool fire exposed containers with water spray from a protected location. |
| Fire/Explosion Hazard | <ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>Decomposition may produce toxic fumes of:</p> <p>silicon dioxide (SiO₂)</p> <p>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.</p> <p>May emit poisonous fumes.</p> <p>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

| | |
|---------------------|---|
| Minor Spills | <ul style="list-style-type: none"> ▶ Clean up all spills immediately. ▶ Avoid breathing dust and contact with skin and eyes. ▶ Wear protective clothing, gloves, safety glasses and dust respirator. ▶ Use dry clean up procedures and avoid generating dust. ▶ Sweep up, shovel up or ▶ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). ▶ Place spilled material in clean, dry, sealable, labelled container. |
| Major Spills | <p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ CAUTION: Advise personnel in area. ▶ Alert Emergency Services and tell them location and nature of hazard. ▶ Control personal contact by wearing protective clothing. ▶ Prevent, by any means available, spillage from entering drains or water courses. ▶ Recover product wherever possible. |

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

SECTION 7 HANDLING AND STORAGE**Precautions for safe handling**

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|--------------------------|--|
| Safe handling | <ul style="list-style-type: none"> ▶ Avoid all personal contact, including inhalation. ▶ Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. ▶ Prevent concentration in hollows and sumps. ▶ DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to contact humans, exposed food or food utensils. |
| Other information | <ul style="list-style-type: none"> ▶ Store in original containers. ▶ Keep containers securely sealed. ▶ Store in a cool, dry area protected from environmental extremes. ▶ Store away from incompatible materials and foodstuff containers. ▶ 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

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| Suitable container | <p>Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.</p> <p>NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.</p> |
| Storage incompatibility | <ul style="list-style-type: none"> ▶ WARNING: Avoid or control reaction with peroxides. All <i>transition metal</i> peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively. ▶ The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono- or poly-fluorobenzene show extreme sensitivity to heat and are explosive. ▶ Avoid reaction with borohydrides or cyanoborohydrides ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid contact with copper, aluminium and their alloys. |

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION**Control parameters****OCCUPATIONAL EXPOSURE LIMITS (OEL)****INGREDIENT DATA**

| Source | Ingredient | Material name | TWA | STEL | Peak | Notes |
|--|-----------------|---------------------------------------|----------|---------------|---------------|---------------|
| New Zealand Workplace Exposure Standards (WES) | portland cement | Portland cement | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | limestone | Calcium carbonate (Limestone, Marble) | 10 mg/m3 | Not Available | Not Available | Not Available |


EMERGENCY LIMITS

| Ingredient | Material name | TEEL-1 | TEEL-2 | TEEL-3 |
|-------------|---|-------------|-----------|-------------|
| graded sand | Silica, crystalline-quartz; (Silicon dioxide) | 0.075 mg/m3 | 33 mg/m3 | 200 mg/m3 |
| limestone | Limestone; (Calcium carbonate; Dolomite) | 45 mg/m3 | 500 mg/m3 | 3,000 mg/m3 |
| limestone | Carbonic acid, calcium salt | 45 mg/m3 | 210 mg/m3 | 1,300 mg/m3 |

| Ingredient | Original IDLH | Revised IDLH |
|--|---------------|---------------|
| graded sand | Not Available | Not Available |
| portland cement | 5,000 mg/m3 | Not Available |
| limestone | Not Available | Not Available |
| Ingredients determined not to be hazardous | Not Available | Not Available |

MATERIAL DATA

Exposure controls

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|---|---|
| Appropriate engineering controls | <p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. 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> |
| Personal protection |  |
| Eye and face protection | <ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ 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. |
| Skin protection | See Hand protection below |
| Hands/feet protection | <p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly.</p> <ul style="list-style-type: none"> ▶ Neoprene rubber gloves <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber. ▶ fluorocautchouc. ▶ polyvinyl chloride. |
| Body protection | See Other protection below |
| Other protection | <ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit. |
| Thermal hazards | Not Available |

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

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

* - Negative pressure demand ** - Continuous flow

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

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|-------------------------|----------------------------------|--|----------------------|
| Appearance | Grey powder; insoluble in water. | | |
| Physical state | Divided Solid | Relative density (Water = 1) | 1.0 |
| Odour | Not Available | Partition coefficient n-octanol / water | Not Available |
| Odour threshold | Not Available | Auto-ignition temperature (°C) | >350 (ignition temp) |
| pH (as supplied) | 10-11 | Decomposition temperature | Not Available |

Cemix Masonry Mortar Mix

| | | | |
|---|----------------|---|----------------|
| 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 Available | Taste | Not Available |
| Evaporation rate | Not Applicable | Explosive properties | Not Available |
| Flammability | Not Available | Oxidising properties | Not Available |
| Upper Explosive Limit (%) | Not Available | Surface Tension (dyn/cm or mN/m) | Not Applicable |
| Lower Explosive Limit (%) | Not Available | Volatile Component (%vol) | Not Available |
| Vapour pressure (kPa) | Not Available | Gas group | Not Available |
| Solubility in water (g/L) | Immiscible | pH as a solution (1%) | Not Available |
| Vapour density (Air = 1) | Not Available | VOC g/L | Not Available |

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

| | |
|---------------------|--|
| Inhaled | <p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>Inhalation may result in chrome ulcers or sores of nasal mucosa and lung damage.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.</p> |
| Ingestion | Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract Ingestion may result in nausea, abdominal irritation, pain and vomiting |
| Skin Contact | <p>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 microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts.</p> <p>Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related.</p> <p>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, 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.</p> |
| Eye | When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation. |
| Chronic | <p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.</p> <p>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.</p> <p>Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers.</p> <p>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.</p> <p>The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis(aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals.</p> <p>Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another.</p> |

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Cemix Masonry Mortar Mix

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 µm and a diameter of less than 3 µm 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].

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.

Chronic excessive iron exposure has been associated with haemosiderosis and consequent possible damage to the liver and pancreas. Haemosiderin is a golden-brown insoluble protein produced by phagocytic digestion of haematin (an iron-based pigment). Haemosiderin is found in most tissues, especially in the liver, in the form of granules. Other sites of haemosiderin deposition include the pancreas and skin. A related condition, haemochromatosis, which involves a disorder of metabolism of these deposits, may produce cirrhosis of the liver, diabetes, and bronze pigmentation of the skin - heart failure may eventually occur.

Such exposure may also produce conjunctivitis, choroiditis, retinitis (both inflammatory conditions involving the eye) and siderosis of tissues if iron remains in these tissues.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

| | | |
|--------------------------|---|------------------------------------|
| Cemix Masonry Mortar Mix | TOXICITY | IRRITATION |
| | Not Available | Not Available |
| graded sand | TOXICITY | IRRITATION |
| | Not Available | Not Available |
| portland cement | TOXICITY | IRRITATION |
| | Not Available | Not Available |
| limestone | TOXICITY | IRRITATION |
| | Oral (rat) LD50: 6450 mg/kg ^[2] | Skin (rabbit): 500 mg/24h-moderate |
| Legend: | 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances | |

| | |
|-------------------------------|--|
| PORTLAND CEMENT | The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. 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. |
| | 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. |
| LIMESTONE | The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. Eye (rabbit) 0.75: mg/24h - No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. |
| GRADED SAND & PORTLAND CEMENT | 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 available but does not fill the criteria for classification
 ✓ – Data available to make classification
 ☒ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

| | ENDPOINT | TEST DURATION (HR) | SPECIES | VALUE | SOURCE |
|--------------------------|---------------|--------------------|-------------------------------|---------------|---------------|
| Cemix Masonry Mortar Mix | Not Available | Not Available | Not Available | Not Available | Not Available |
| graded sand | Not Available | Not Available | Not Available | Not Available | Not Available |
| portland cement | Not Available | Not Available | Not Available | Not Available | Not Available |
| limestone | LC50 | 96 | Fish | >56000mg/L | 4 |
| | EC50 | 72 | Algae or other aquatic plants | >14mg/L | 2 |
| | NOEC | 72 | Algae or other aquatic plants | 14mg/L | 2 |

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

| Ingredient | Persistence: Water/Soil | Persistence: Air |
|------------|---------------------------------------|---------------------------------------|
| | No Data available for all ingredients | No Data available for all ingredients |

Bioaccumulative potential

| Ingredient | Bioaccumulation |
|------------|---------------------------------------|
| | No Data available for all ingredients |

Mobility in soil

| Ingredient | Mobility |
|------------|---------------------------------------|
| | No Data available for all ingredients |

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

| | |
|------------------------------|--|
| Product / Packaging disposal | <ul style="list-style-type: none"> ▶ Containers may still present a chemical hazard/ danger when empty. ▶ Return to supplier for reuse/ recycling if possible. Otherwise: <ul style="list-style-type: none"> ▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. ▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product. ▶ DO NOT allow wash water from cleaning or process equipment to enter drains. ▶ It may be necessary to collect all wash water for treatment before disposal. ▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▶ Where in doubt contact the responsible authority. ▶ Recycle wherever possible or consult manufacturer for recycling options. ▶ Consult State Land Waste Management Authority for disposal. ▶ Bury residue in an authorised landfill. ▶ Recycle containers if possible, or dispose of in an authorised landfill. |
|------------------------------|--|

Ensure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.

SECTION 14 TRANSPORT INFORMATION

Labels Required

| | |
|------------------|----------------|
| Marine Pollutant | NO |
| HAZCHEM | Not Applicable |

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

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

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**Transport in bulk according to Annex II of MARPOL and the IBC code**

Not Applicable

SECTION 15 REGULATORY INFORMATION**Safety, health and environmental regulations / legislation specific for the substance or mixture**

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

| HSR Number | Group Standard |
|------------|---|
| HSR002544 | Construction Products (Subsidiary Hazard) Group Standard 2006 |

GRADED SAND(14808-60-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

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

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

PORTLAND CEMENT(65997-15-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

LIMESTONE(1317-65-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

Location Test Certificate

Subject to Regulation 55 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations, a location test certificate is required when quantity greater than or equal to those indicated below are present.

| Hazard Class | Quantity beyond which controls apply for closed containers | Quantity beyond which controls apply when use occurring in open containers |
|----------------|--|--|
| Not Applicable | Not Applicable | Not Applicable |

Approved Handler

Subject to Regulation 56 of the Hazardous Substances (Classes 1 to 5 Controls) Regulations and Regulation 9 of the Hazardous Substances (Classes 6, 8, and 9 Controls) Regulations, the substance must be under the personal control of an Approved Handler when present in a quantity greater than or equal to those indicated below.

| Class of substance | Quantities |
|--------------------|----------------|
| Not Applicable | Not Applicable |

Refer Group Standards for further information

Tracking Requirements

Not Applicable

| National Inventory | Status |
|-------------------------------|--|
| Australia - AICS | Y |
| Canada - DSL | Y |
| Canada - NDSL | N (portland cement; graded sand) |
| China - IECSC | Y |
| Europe - EINEC / ELINCS / NLP | Y |
| Japan - ENCS | N (portland cement) |
| Korea - KECI | Y |
| New Zealand - NZIoC | Y |
| Philippines - PICCS | N (portland cement) |
| USA - TSCA | Y |
| Legend: | Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets) |

SECTION 16 OTHER INFORMATION**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

Continued...

Cemix Masonry Mortar Mix

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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