



## ARDEX WPM 002 Superflex 2 Part Powder Ardex (Ardex Australia)

Chemwatch: 5439-86

Version No: 2.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 4

Issue Date: 13/01/2021

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

#### Product Identifier

Product name	ARDEX WPM 002 Superflex 2 Part Powder
Chemical Name	Not Applicable
Synonyms	Superflex Bathroom & Balcony Two Part Powder (former name)
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	The powder component of two part Superflex waterproof coating. When mixed with the liquid in accordance with manufacturers directions, can be applied over conventional surfaces in internal wet areas and balconies. Will dry to form a flexible and tough waterproof membrane. Applied by brush or roller.
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#### Details of the supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)
Address	20 Powers Road Seven Hills NSW 2147 Australia
Telephone	1800 224 070
Fax	1300 780 102
Website	<a href="#">Not Available</a>
Email	Not Available

#### Emergency telephone number

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

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

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

#### ChemWatch Hazard Ratings

	Min	Max
Flammability	0	
Toxicity	1	
Body Contact	3	
Reactivity	0	
Chronic	4	

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

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

#### Label elements

## ARDEX WPM 002 Superflex 2 Part Powder

Hazard pictogram(s)	
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Signal word	<b>Danger</b>
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## Hazard statement(s)

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

## Precautionary statement(s) Prevention

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

## Precautionary statement(s) Response

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

## Precautionary statement(s) Storage

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

## Precautionary statement(s) Disposal

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

## Substances

See section below for composition of Mixtures

## Mixtures

CAS No	%[weight]	Name
14808-60-7.	30-60	<u>graded sand</u>
65997-15-1	10-30	<u>portland cement</u>
1317-65-3	10-30	<u>calcium carbonate</u>
7727-43-7	10-30	<u>barium sulfate</u>
65997-16-2	1-10	<u>calcium aluminate cement</u>
13397-24-5	1-10	<u>gypsum</u>
14808-60-7	<1	<u>silica crystalline - quartz</u>
13463-67-7	<1	<u>titanium dioxide</u>
Not Available	balance	Ingredients determined not to be hazardous

## SECTION 4 First aid measures

## Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
Skin Contact	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>

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<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▸ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▸ Lay patient down. Keep warm and rested.</li> <li>▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.</li> <li>▸ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▸ If swallowed do <b>NOT</b> induce vomiting.</li> <li>▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▸ Observe the patient carefully.</li> <li>▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▸ Seek medical advice.</li> </ul>

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

Treat symptomatically.

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

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

INGESTION:

- Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

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

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**

<b>Fire Incompatibility</b>	None known.
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**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▸ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▸ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▸ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▸ Use fire fighting procedures suitable for surrounding area.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▸ Non combustible.</li> <li>▸ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of: sulfur oxides (SOx) silicon dioxide (SiO<sub>2</sub>) metal oxides</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>Decomposes at high temperatures to produce barium oxide. Barium oxide is strongly alkaline and, upon contact with water, is exothermic. When barium oxide reacts with oxygen to give a peroxide, there is a fire and explosion risk.</p> <p>May emit poisonous fumes. May emit corrosive fumes.</p>
<b>HAZCHEM</b>	Not Applicable

**SECTION 6 Accidental release measures****Personal precautions, protective equipment and emergency procedures**

See section 8

**Environmental precautions**

See section 12

**Methods and material for containment and cleaning up**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▸ Remove all ignition sources.</li> <li>▸ Clean up all spills immediately.</li> <li>▸ Avoid contact with skin and eyes.</li> <li>▸ Control personal contact with the substance, by using protective equipment.</li> </ul>
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## Major Spills

Moderate hazard.

- ▶ **CAUTION:** Advise personnel in area.
- ▶ Alert Emergency Services and tell them location and nature of hazard.
- ▶ Control personal contact by wearing protective clothing.

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

## SECTION 7 Handling and storage

## Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> </ul>
Other information	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry area protected from environmental extremes.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> </ul>

## Conditions for safe storage, including any incompatibilities

Suitable container	<p>Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.</p> <p><b>NOTE:</b> 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"> <li>▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>▶ Avoid contact with copper, aluminium and their alloys.</li> </ul>

## SECTION 8 Exposure controls / personal protection

## Control parameters

## Occupational Exposure Limits (OEL)

## INGREDIENT DATA

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

## Emergency Limits

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1,300 mg/m3
barium sulfate	Barium sulfate	15 mg/m3	170 mg/m3	990 mg/m3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
titanium dioxide	Titanium oxide; (Titanium dioxide)	30 mg/m3	330 mg/m3	2,000 mg/m3

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

## Occupational Exposure Banding


Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
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Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium aluminate cement	E	≤ 0.01 mg/m <sup>3</sup>
<b>Notes:</b> <i>Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.</i>		

## Exposure controls

<b>Appropriate engineering controls</b>	<p>Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.</p>
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> <li>▶ Full face shield (20 cm, 8 in minimum) may be required for supplementary but never for primary protection of eyes; these afford face protection.</li> <li>▶ Alternatively a gas mask may replace splash goggles and face shields.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.</li> <li>▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <p>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.</p> <p>Personal hygiene is a key element of effective hand care.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▶ polychloroprene.</li> <li>▶ nitrile rubber.</li> <li>▶ butyl rubber.</li> </ul>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> </ul>

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

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

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- ▶ 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.

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## SECTION 9 Physical and chemical properties

## Information on basic physical and chemical properties

<b>Appearance</b>	Grey powdered cement mixture with insignificant odour. A strong alkaline action when wet with water.		
<b>Physical state</b>	Divided Solid	<b>Relative density (Water = 1)</b>	1.5 approx.
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Applicable
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Applicable
<b>Initial boiling point and boiling range (°C)</b>	100	<b>Molecular weight (g/mol)</b>	Not Applicable
<b>Flash point (°C)</b>	Not Applicable	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Applicable	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Applicable
<b>Lower Explosive Limit (%)</b>	Not Applicable	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Negligible	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Partly miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available

## SECTION 10 Stability and reactivity

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

## SECTION 11 Toxicological information

## Information on toxicological effects

<b>Inhaled</b>	<p>The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.</p> <p>Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Levels above 10 micrograms per cubic metre of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible people.</p> <p>Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.</p> <p>Effects on lungs are significantly enhanced in the presence of respirable particles.</p>
<b>Ingestion</b>	<p>Accidental ingestion of the material may be damaging to the health of the individual.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
<b>Skin Contact</b>	<p>The material may accentuate any pre-existing dermatitis condition</p> <p>Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>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 or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> <p>The material may cause moderate inflammation of the skin either following direct contact or after a delay of some time. Repeated exposure can cause contact dermatitis which is characterised by redness, swelling and blistering.</p>

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<b>Eye</b>	If applied to the eyes, this material causes severe eye damage.
<b>Chronic</b>	<p>Studies show that inhaling this substance for over a long period (e.g. in an occupational setting) may increase the risk of cancer. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm.</p> <p>Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos.</p> <p>In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO<sub>3</sub>).</p> <p>Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis.</p> <p>Pure calcium carbonate does not cause the disease pneumoconiosis probably due to its rapid elimination from the body. However, its unsterilised particulates can infect the lung and airway to cause inflammation.</p> <p>Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections.</p> <p>High blood concentrations of calcium ion may give rise to dilation of blood vessels and depress heart function, leading to low blood pressure and fainting (syncope). Calcium ions enhance the effects of digitalis on the heart, and may precipitate digitalis poisoning. Calcium salts also reduce the absorption of tetracyclines. In newborns, giving calcium during treatment has resulted in calcification of soft tissue.</p> <p>Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present.</p> <p>Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk.</p> <p>Chromium (III) is an essential trace mineral. Chronic exposure to chromium (III) irritates the airways, malnourishes the liver and kidneys, causes fluid in the lungs, and adverse effects on white blood cells, and also increases the risk of developing lung cancer.</p> <p>Barium compounds may cause high blood pressure, airway irritation and damage the liver, spleen and bone marrow. Prolonged exposure may cause a lung inflammation and scarring.</p> <p>Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</p>

<b>ARDEX WPM 002 Superflex 2 Part Powder</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>graded sand</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral(Rat) LD50; =500 mg/kg <sup>[2]</sup>	Not Available
<b>portland cement</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>calcium carbonate</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 0.75 mg/24h - SEVERE
	Oral(Rat) LD50; >2000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
		Skin (rabbit): 500 mg/24h-moderate
<b>barium sulfate</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Not Available
	Oral(Rat) LD50; 0.307 mg/kg <sup>[1]</sup>	
<b>calcium aluminate cement</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Not Available
	Oral(Rat) LD50; >2000 mg/kg <sup>[1]</sup>	
<b>gypsum</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral(Rat) LD50; >1581 mg/kg <sup>[1]</sup>	Not Available
<b>silica crystalline - quartz</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral(Rat) LD50; =500 mg/kg <sup>[2]</sup>	Not Available
<b>titanium dioxide</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (hamster) LD50: >=10000 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral(Rat) LD50; >=2000 mg/kg <sup>[1]</sup>	Skin (human): 0.3 mg /3D (int)-mild *
<b>Legend:</b>	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.

Continued...



## ARDEX WPM 002 Superflex 2 Part Powder

	Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important.		
CALCIUM CARBONATE	No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects. The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.		
GYPSUM	Gypsum (calcium sulfate dehydrate) irritates the skin, eye, mucous membranes, and airways. A series of studies involving Gypsum industry workers in Poland reported chronic, non-specific airways diseases. Repeat dose toxicity: Examination of workers at a gypsum manufacturing plant found restrictive defects on long-function tests in those who were chronically exposed to gypsum dust. Synergistic/antagonistic effects: Gypsum appears to be protective on quartz toxicity in animal testing.		
SILICA CRYSTALLINE - QUARTZ	<b>WARNING:</b> For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b>  The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (<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.		
TITANIUM DIOXIDE	* IUCLID Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation. Exposure to titanium dioxide is via inhalation, swallowing or skin contact. When inhaled, it may deposit in lung tissue and lymph nodes causing dysfunction of the lungs and immune system. Absorption by the stomach and intestines depends on the size of the particle. It penetrated only the outermost layer of the skin, suggesting that healthy skin may be an effective barrier. There is no substantive data on genetic damage, though cases have been reported in experimental animals. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.  <b>WARNING:</b> This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.		
GRADED SAND & PORTLAND CEMENT & BARIUM SULFATE & CALCIUM ALUMINATE CEMENT & GYPSUM & TITANIUM DIOXIDE	No significant acute toxicological data identified in literature search.		
PORTLAND CEMENT & CALCIUM CARBONATE & CALCIUM ALUMINATE CEMENT & GYPSUM & TITANIUM DIOXIDE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia.		
CALCIUM CARBONATE & TITANIUM DIOXIDE	The material may cause skin irritation after prolonged or repeated exposure and may produce on contact skin redness, swelling, the production of vesicles, scaling and thickening of the skin.		
Acute Toxicity	✗	Carcinogenicity	✓
Skin Irritation/Corrosion	✓	Reproductivity	✗
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

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

## SECTION 12 Ecological information

## Toxicity

ARDEX WPM 002 Superflex 2 Part Powder	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
graded sand	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
portland cement	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
calcium carbonate	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>56000mg/L	4

Continued...



## ARDEX WPM 002 Superflex 2 Part Powder

	EC50	72	Algae or other aquatic plants	>14mg/L	2
	EC10	72	Algae or other aquatic plants	>14mg/L	2
	NOEL	1332.0	Not Available	1.0% w/w	4
barium sulfate	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>3.5mg/L	2
	EC50	48	Crustacea	32.00mg/L	4
	EC50	72	Algae or other aquatic plants	>1.15mg/L	2
	NOEC	72	Algae or other aquatic plants	>=1.15mg/L	2
calcium aluminate cement	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	>100mg/L	2
	EC50	48	Crustacea	5.4mg/L	2
	EC50	72	Algae or other aquatic plants	3.6mg/L	2
	NOEC	72	Algae or other aquatic plants	2.6mg/L	2
gypsum	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEL	6480	Not Available	60.9000-mg/L	4
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
titanium dioxide	Endpoint	Test Duration (hr)	Species	Value	Source
	LC50	96	Fish	-1.85-3.06mg/L	4
	EC50	48	Crustacea	1.9mg/L	2
	EC50	72	Algae or other aquatic plants	-3.75-7.58mg/L	4
	BCF	24	Crustacea	0.66mg/L	4
	NOEC	552	Not Available	0.01-mg/L	4
<b>Legend:</b> 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
gypsum	HIGH	HIGH
titanium dioxide	HIGH	HIGH

## Bioaccumulative potential

Ingredient	Bioaccumulation
gypsum	LOW (LogKOW = -2.2002)
titanium dioxide	LOW (BCF = 10)

## Mobility in soil

Ingredient	Mobility
gypsum	LOW (KOC = 6.124)
titanium dioxide	LOW (KOC = 23.74)

## SECTION 13 Disposal considerations

## Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> <li>▶ <b>DO NOT</b> allow wash water from cleaning or process equipment to enter drains.</li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Management Authority for disposal.</li> <li>▶ Bury residue in an authorised landfill.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>
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## SECTION 14 Transport information

## Labels Required

Continued...

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

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

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

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

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

Not Applicable

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

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

**Transport in bulk in accordance with the ICG Code**

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

## SECTION 15 Regulatory information

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

**graded sand is found on the following regulatory lists**

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

**portland cement is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**calcium carbonate is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**barium sulfate is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

**calcium aluminate cement is found on the following regulatory lists**

Australian Inventory of Industrial Chemicals (AIIC)

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

Australian Inventory of Industrial Chemicals (AIIC)

**silica crystalline - quartz is found on the following regulatory lists**

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

## ARDEX WPM 002 Superflex 2 Part Powder

## titanium dioxide is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

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

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

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

## National Inventory Status

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

## SECTION 16 Other information

<b>Revision Date</b>	13/01/2021
<b>Initial Date</b>	13/01/2021

## SDS Version Summary

Version	Issue Date	Sections Updated
2.1.1.1	13/01/2021	Classification, Ingredients, Physical Properties

## 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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