

# **Dunlop Ultra-White Grout Ardex (Ardex Australia)**

Chemwatch: **5414-30** Version No: **2.1.10.8** 

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

#### Chemwatch Hazard Alert Code: 3

Issue Date: **07/07/2020**Print Date: **20/07/2021**S.GHS.AUS.EN

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

Product Identifier	
Product name	Dunlop Ultra-White Grout
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

#### 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	www.ardexaustralia.com		
Email	technicalservices@ardexaustralia.com		

# Emergency telephone number

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

# **SECTION 2 Hazards identification**

# Classification of the substance or mixture

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

# ChemWatch Hazard Ratings

		Min	Max	
Flammability	1		- !	
Toxicity	1			0 = Minimum
Body Contact	3		- 1	1 = Low
Reactivity	1			2 = Moderate
Chronic	2		i	3 = High 4 = Extreme

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

#### Label elements

#### **Dunlop Ultra-White Grout**

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Signa	l word

d Dange

#### Hazard statement(s)

H318	Causes serious eye damage.
H317	May cause an allergic skin reaction.
H341	Suspected of causing genetic defects.
H335	May cause respiratory irritation.
H315	Causes skin irritation.

#### Precautionary statement(s) Prevention

P201	Obtain special instructions before use.	
P271	lse only outdoors or in a well-ventilated area.	
P280	Wear protective gloves, protective clothing, eye protection and face protection.	
P261	Avoid breathing dust/fumes.	

#### 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/doctor/physician/first aider.		
P302+P352	IF ON SKIN: Wash with plenty of water and soap.		

#### 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.

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

#### Substances

See section below for composition of Mixtures

# Mixtures

CAS No	%[weight]	Name	
65997-15-1	30-60	portland cement	
471-34-1	30-60	calcium carbonate	
13463-67-7	0-5	C.I. Pigment White 6	
1309-48-4.	0-2	magnesium oxide	
1305-78-8	0-2	calcium oxide	
1317-61-9	0-1	C.I. Pigment Black 11	
Not Available	#30nonhaz	Ingredients determined not to be hazardous	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available		

#### **SECTION 4 First aid measures**

# Description of first aid measures

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.

#### If skin contact occurs:

- 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.

### Skin Contact

**Eye Contact** 

- For thermal burns:
- Decontaminate area around burn.Consider the use of cold packs and topical antibiotics.

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For first-degree burns (affecting top layer of skin) ▶ Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides. ▶ Use compresses if running water is not available. Cover with sterile non-adhesive bandage or clean cloth. ▶ Do NOT apply butter or ointments; this may cause infection. Give over-the counter pain relievers if pain increases or swelling, redness, fever occur. For second-degree burns (affecting top two layers of skin) ▶ Cool the burn by immerse in cold running water for 10-15 minutes. Use compresses if running water is not available. Do NOT apply ice as this may lower body temperature and cause further damage. ▶ Do NOT break blisters or apply butter or ointments; this may cause infection. Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape. To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort): Lay the person flat. ► Elevate feet about 12 inches. ▶ Elevate burn area above heart level, if possible. Cover the person with coat or blanket. Seek medical assistance. For third-degree burns Seek immediate medical or emergency assistance. In the mean time: Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound. Separate burned toes and fingers with dry, sterile dressings. Do not soak burn in water or apply ointments or butter; this may cause infection. To prevent shock see above. For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway. Have a person with a facial burn sit up. • Check pulse and breathing to monitor for shock until emergency help arrives. If fumes or combustion products are inhaled remove from contaminated area. Lav 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. Inhalation 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. ▶ 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.

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 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.

Observe the patient carefully.

P 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

INGESTION:

- ▶ Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.
- \* Catharsis and emesis are absolutely contra-indicated.
- \* Activated charcoal does not absorb alkali.
- \* Gastric lavage should not be used.

Supportive care involves the following:

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

SKIN AND EYE:

▶ Injury should be irrigated for 20-30 minutes.

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

#### **SECTION 5 Firefighting measures**

#### Extinguishing media

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

#### Special hazards arising from the substrate or mixture

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

# Advice for firefighters

#### Fire Fighting

- 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.

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▶ 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. Decomposes on heating and produces: carbon monoxide (CO) Fire/Explosion Hazard carbon dioxide (CO2) sulfur oxides (SOx) silicon dioxide (SiO2) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes May emit corrosive fumes. Heating calcium carbonate at high temperatures (825 C.) causes decomposition, releases carbon dioxide gas and leaves a residue of alkaline lime **HAZCHEM** Not Applicable

#### **SECTION 6 Accidental release measures**

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

See section 8

#### **Environmental precautions**

See section 12

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

motificate and material for contaminent and ordaning up		
Minor Spills	<ul> <li>Clean up waste regularly and abnormal spills immediately.</li> <li>Avoid breathing dust and contact with skin and eyes.</li> <li>Wear protective clothing, gloves, safety glasses and dust respirator.</li> <li>Use dry clean up procedures and avoid generating dust.</li> </ul>	
Major Spills	<ul> <li>Clear area of personnel and move upwind.</li> <li>Alert Fire Brigade and tell them location and nature of hazard.</li> <li>Wear full body protective clothing with breathing apparatus.</li> <li>Prevent, by all means available, spillage from entering drains or water courses.</li> </ul>	

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

# **SECTION 7 Handling and storage**

Safe handling	<ul> <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> <li>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)</li> <li>Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.</li> <li>Establish good housekeeping practices.</li> <li>Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.</li> </ul>
Other information	<ul> <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	<ul> <li>Polyethylene or polypropylene container.</li> <li>Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<ul> <li>Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.</li> <li>Avoid contact with copper, aluminium and their alloys.</li> <li>Avoid reaction with oxidising agents</li> </ul>

#### **SECTION 8 Exposure controls / personal protection**

# **Control parameters**

#### Occupational Exposure Limits (OEL)

#### INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
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	C.I. Pigment White 6	Titanium dioxide	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	magnesium oxide	Magnesium oxide (fume)	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium oxide	Calcium oxide	2 mg/m3	Not Available	Not Available	Not Available

#### **Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3	
calcium carbonate	45 mg/m3	210 mg/m3	1,300 mg/m3	
C.I. Pigment White 6	30 mg/m3	330 mg/m3	2,000 mg/m3	
magnesium oxide	30 mg/m3	120 mg/m3	730 mg/m3	
calcium oxide	6 mg/m3	110 mg/m3	660 mg/m3	
C.I. Pigment Black 11	21 mg/m3	230 mg/m3	1,400 mg/m3	

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m3	Not Available
calcium carbonate	Not Available	Not Available
C.I. Pigment White 6	5,000 mg/m3	Not Available
magnesium oxide	750 mg/m3	Not Available
calcium oxide	25 mg/m3	Not Available
C.I. Pigment Black 11	Not Available	Not Available

#### Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
C.I. Pigment Black 11	Е	≤ 0.01 mg/m³
Notes:	Occupational exposure banding is a process of assigning chemicals into s adverse health outcomes associated with exposure. The output of this pro range of exposure concentrations that are expected to protect worker hea	ocess is an occupational exposure band (OEB), which corresponds to a

#### **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.

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.

#### Personal protection









- ► Safety glasses with side shields.
- Eye and face protection 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.

#### Skin protection

#### See Hand protection below

#### 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.

Neoprene rubber gloves

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.
- butyl rubber.

#### 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]

# 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. IAS/NZS 1715 or national equivalent?

- Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.
- Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to

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- 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

#### Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	A-AUS P2	-	A-PAPR-AUS / Class 1 P2
up to 50 x ES	-	A-AUS / Class 1 P2	-
up to 100 x ES	-	A-2 P2	A-PAPR-2 P2 ^

#### ^ - Full-face

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

- · Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- · Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- · Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- · Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- · Use approved positive flow mask if significant quantities of dust becomes airborne.
- · Try to avoid creating dust conditions.

# **SECTION 9 Physical and chemical properties**

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

# **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

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#### **SECTION 11 Toxicological information**

#### Information on toxicological effects

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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.

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

Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage.

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 in excessive exposures.

Effects on lungs are significantly enhanced in the presence of respirable particles.

Ingestion

Inhaled

Accidental ingestion of the material may be damaging to the health of the individual.

Skin Contact

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.

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.

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.

Open cuts, abraded or irritated skin should not be exposed to this material

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.

Eye

If applied to the eyes, this material causes severe eye damage.

Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems.

Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure.

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.

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.

There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

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.

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).

Chronic

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.

Prolonged inhalation of high concentrations of magnesite (magnesium carbonate) dust caused pulmonary deposition and retention. Roasted magnesite (magnesium oxide) produced a greater degree of fibrosis than did crude magnesite. No cases of human systemic poisoning due to exposure to magnesite have been recorded. Pneumoconiosis was found in about 2% of workers exposed to high concentrations of dust from crude or roasted magnesite that also contained 1-3% silicon dioxide.

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.

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.

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.

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.

	TOXICITY	
	TONIGHT	IRRITATION
Dunlop Ultra-White Grout	Not Available	Not Available
	TOXICITY	IRRITATION
portland cement	Not Available	Not Available
	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye (rabbit): 0.75 mg/24h - SEVERE
calcium carbonate	Inhalation(Rat) LC50; >3 mg/l4h <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
	Oral(Rat) LD50; >2000 mg/kg <sup>[1]</sup>	Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
	TOXICITY	IRRITATION
	dermal (hamster) LD50: >=10000 mg/kg <sup>[2]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup>
C.I. Pigment White 6	Inhalation(Rat) LC50; >2.28 mg/l4h <sup>[1]</sup>	Skin (rabbit)
	Oral(Rat) LD50; >=2000 mg/kg <sup>[1]</sup>	Skin: no adverse effect observed (not irritating) <sup>[1]</sup>

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	TOXICITY	IRRITATION	
magnesium oxide	Not Available	Not Available	
	TOXICITY	IRRITATION	
	dermal (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: adverse ef	fect observed (irreversible damage) <sup>[1]</sup>
calcium oxide	Inhalation(Rat) LC50; >3 mg/l4h <sup>[1]</sup>	Skin: adverse e	ffect observed (irritating) <sup>[1]</sup>
	Oral(Rat) LD50; >2000 mg/kg <sup>[1]</sup>		
	тохісіту	IRRITATION	
C.I. Pigment Black 11	Oral(Rat) LD50; >2000 mg/kg <sup>[1]</sup>	Not Available	
Legend:	Nalue obtained from Europe ECHA Registered Sub- specified data extracted from RTECS - Register of To.		ained from manufacturer's SDS. Unless otherwise
CALCIUM CARBONATE	vesicles, scaling and thickening of the skin.	causing pronounced inflammation. R	uce on contact skin redness, swelling, the production of
C.I. PIGMENT WHITE 6	Exposure to titanium dioxide is via inhalation, swallow dysfunction of the lungs and immune system. Absorpt outermost layer of the skin, suggesting that healthy sk cases have been reported in experimental animals. The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limi Substance has been investigated as a mutagen, tumo	ion by the stomach and intestines de in may be an effective barrier. There ited in animal testing.	pends on the size of the particle. It penetrated only the
C.I. PIGMENT BLACK 11	No data of toxicological significance identified in literar	ture search.	
PORTLAND CEMENT & MAGNESIUM OXIDE	The following information refers to contact allergens a Contact allergies quickly manifest themselves as cont eczema involves a cell-mediated (T lymphocytes) imm involve antibody-mediated immune reactions. The sig distribution of the substance and the opportunities for	act eczema, more rarely as urticaria on the delayed type. Other influence of the contact allergen is no	or Quincke's oedema. The pathogenesis of contact ner allergic skin reactions, e.g. contact urticaria,
PORTLAND CEMENT & CALCIUM CARBONATE & MAGNESIUM OXIDE & CALCIUM OXIDE & C.I. PIGMENT BLACK 11	Asthma-like symptoms may continue for months or ev known as reactive airways dysfunction syndrome (RA criteria for diagnosing RADS include the absence of p asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sev lymphocytic inflammation, without eosinophilia.	DS) which can occur after exposure to revious airways disease in a non-ato ocumented exposure to the irritant. Ot	o high levels of highly irritating compound. Main pic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible
PORTLAND CEMENT & C.I. PIGMENT BLACK 11	No significant acute toxicological data identified in liter	rature search.	
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>		×

Legend:

X − Data either not available or does not fill the criteria for classification
✓ − Data available to make classification

# **SECTION 12 Ecological information**

#### Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
Dunlop Ultra-White Grout	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	6h	Fish	4-320mg/l	4
calcium carbonate	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4
	Endpoint	Test Duration (hr)	Species	Value	Source
C.I. Pigment White 6	EC50	72h	Algae or other aquatic plants	3.75-7.58mg/l	4
	BCF	1008h	Fish	<1.1-9.6	7

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	EC50	48h	Crustacea	1.9mg/l	2
	LC50	96h	Fish	1.85-3.06mg/l	4
	NOEC(ECx)	504h	Crustacea	0.02mg/l	4
	EC50	96h	Algae or other aquatic plants	179.05mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
magnesium oxide	Not Available	Not Available	Not Available	Not Available	Not Available
calcium oxide	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	50.6mg/l	2
	EC50	48h	Crustacea	49.1mg/l	2
	EC10(ECx)	72h	Algae or other aquatic plants	>14mg/l	2
	Endpoint	Test Duration (hr)	Species	Value	Source
C.I. Pigment Black 11	EC50	72h	Algae or other aquatic plants	18mg/l	2
	LC50	96h	Fish	0.05mg/l	2
	NOEC(ECx)	504h	Fish	0.52mg/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
C.I. Pigment White 6	HIGH	HIGH

#### **Bioaccumulative potential**

Ingredient	Bioaccumulation	
C.I. Pigment White 6	LOW (BCF = 10)	

#### Mobility in soil

Ingredient	Mobility
C.I. Pigment White 6	LOW (KOC = 23.74)

#### **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.

# **SECTION 14 Transport information**

#### **Labels Required**

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
portland cement	Not Available
calcium carbonate	Not Available
C.I. Pigment White 6	Not Available
magnesium oxide	Not Available
calcium oxide	Not Available

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

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

Monographs - Group 2B: Possibly carcinogenic to humans

Manufactured Nanomaterials (MNMS)

Product name	Group
C.I. Pigment Black 11	Not Available

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

Product name	Ship Type
portland cement	Not Available
calcium carbonate	Not Available
C.I. Pigment White 6	Not Available
magnesium oxide	Not Available
calcium oxide	Not Available
C.I. Pigment Black 11	Not Available

## **SECTION 15 Regulatory information**

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

#### 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)

### C.I. Pigment White 6 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

## magnesium oxide is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

## calcium oxide is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

### C.I. Pigment Black 11 is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

# **National Inventory Status**

National Inventory	Status	
Australia - AIIC / Australia Non-Industrial Use	Yes	
Canada - DSL	Yes	
Canada - NDSL	No (portland cement; C.I. Pigment White 6; magnesium oxide; calcium oxide; C.I. Pigment Black 11)	
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)	
USA - TSCA	Yes	
Taiwan - TCSI	Yes	
Mexico - INSQ	Yes	
Vietnam - NCI	Yes	
Russia - FBEPH	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	07/07/2020
Initial Date	07/07/2020

#### **SDS Version Summary**

Version	Date of Update	Sections Updated
2.1.1.1	07/07/2020	Chronic Health, Classification
2.1.2.1	26/04/2021	Regulation Change
2.1.3.1	03/05/2021	Regulation Change
2.1.4.1	06/05/2021	Regulation Change

Chemwatch: 5414-30 Page 11 of 11 Issue Date: 07/07/2020 Version No: 2.1.10.8 Print Date: 20/07/2021

#### **Dunlop Ultra-White Grout**

Version	Date of Update	Sections Updated
2.1.5.1	10/05/2021	Regulation Change
2.1.5.2	30/05/2021	Template Change
2.1.5.3	04/06/2021	Template Change
2.1.5.4	05/06/2021	Template Change
2.1.6.4	07/06/2021	Regulation Change
2.1.6.5	09/06/2021	Template Change
2.1.6.6	11/06/2021	Template Change
2.1.6.7	15/06/2021	Template Change
2.1.7.7	17/06/2021	Regulation Change
2.1.8.7	21/06/2021	Regulation Change
2.1.8.8	05/07/2021	Template Change
2.1.9.8	14/07/2021	Regulation Change
2.1.10.8	19/07/2021	Regulation Change

#### Other information

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

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

#### **Definitions and abbreviations**

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

ES: Exposure Standard

OSF: Odour Safety Factor

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

TLV: Threshold Limit Value

LOD: Limit Of Detection OTV: Odour Threshold Value

BCF: BioConcentration Factors

BEI: Biological Exposure Index

AIIC: Australian Inventory of Industrial Chemicals

DSL: Domestic Substances List

NDSL: Non-Domestic Substances List

IECSC: Inventory of Existing Chemical Substance in China

EINECS: European INventory of Existing Commercial chemical Substances

ELINCS: European List of Notified Chemical Substances

NLP: No-Longer Polymers

ENCS: Existing and New Chemical Substances Inventory

KECI: Korea Existing Chemicals Inventory

NZIoC: New Zealand Inventory of Chemicals

PICCS: Philippine Inventory of Chemicals and Chemical Substances

TSCA: Toxic Substances Control Act

TCSI: Taiwan Chemical Substance Inventory

INSQ: Inventario Nacional de Sustancias Químicas

NCI: National Chemical Inventory

FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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