



GP CEMENT

GENERAL PURPOSE CEMENT (PORTLAND CEMENT) AS A BINDER IN CONCRETE, CONCRETE MASONRY, MORTAR AND GROUTS. IT IS ALSO USED IN THE MANUFACTURE OF FIBRE CEMENT PRODUCTS, IN SOIL STABILISATION IN BUILDING CONSTRUCTION AND CIVIL ENGINEERING PROJECTS.

Chemwatch Hazard Alert Code: 3

Chemwatch: 5279-26
Version No: 3.1.1.1
Safety Data Sheet according to HSNO Regulations

Issue Date: 18/12/2018
Print Date: 27/12/2018
L.GHS.NZL.EN

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

Product Identifier

Product name	Cemix Cement GP
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses	Cement.
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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

Hazard pictogram(s)	
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SIGNAL WORD	DANGER
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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

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

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

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 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
65997-15-1	>60	<u>portland cement</u>
13397-26-7	<10	<u>calcium carbonate</u>
13397-24-5	5	<u>gypsum</u>

SECTION 4 FIRST AID MEASURES

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

Description of first aid measures

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 dust is inhaled, remove from contaminated area. ▶ Encourage patient to blow nose to ensure clear passage of breathing. ▶ If irritation or discomfort persists seek medical attention.
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 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

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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.
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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>May emit corrosive fumes.</p> <p>May emit poisonous 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

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.

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▶ Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Lined metal can, lined metal pail/ can. ▶ Plastic pail. ▶ Polyliner drum. ▶ Packing as recommended by manufacturer. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates. ▶ Avoid reaction with oxidising agents ▶ Avoid contact with copper, aluminium and their alloys. <p>strong alkalis alcohols</p>

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/m ³	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	calcium carbonate	Calcium carbonate (Limestone, Marble)	10 mg/m ³	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	gypsum	Calcium sulphate (Gypsum, Plaster of Paris)	10 mg/m ³	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	45 mg/m ³	500 mg/m ³	3,000 mg/m ³
calcium carbonate	Carbonic acid, calcium salt	45 mg/m ³	210 mg/m ³	1,300 mg/m ³
gypsum	Calcium sulfate anhydrous; (Drierite; Gypsum; Plaster of Paris)	30 mg/m ³	330 mg/m ³	2,000 mg/m ³

Ingredient	Original IDLH	Revised IDLH
portland cement	5,000 mg/m ³	Not Available
calcium carbonate	Not Available	Not Available
gypsum	Not Available	Not Available

MATERIAL DATA**Exposure controls**

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.

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	<ul style="list-style-type: none"> ▶ nitrile rubber. ▶ butyl rubber. ▶ fluoroacoutchouc. ▶ 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)

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

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES**Information on basic physical and chemical properties**

Appearance	Grey or white powder with no odour; insoluble in water.		
Physical state	Divided Solid	Relative density (Water = 1)	2.93-3.09
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Applicable
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Applicable
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	~12 (slurry)
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Applicable

SECTION 10 STABILITY AND REACTIVITY

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

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Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	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.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.
Skin Contact	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. The material may accentuate any pre-existing dermatitis condition 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, 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.
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	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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. 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. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Cemix Cement GP	TOXICITY	IRRITATION
	Not Available	Not Available
portland cement	TOXICITY	IRRITATION
	Not Available	Not Available
calcium carbonate	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
	Oral (rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate
gypsum	TOXICITY	IRRITATION
	Oral (rat) LD50: >1581 mg/kg ^[1]	Not Available

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.
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CALCIUM CARBONATE	<p>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.</p> <p>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.</p> <p>No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.</p>
GYPSUM	<p>Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous membrane, and respiratory system irritant. Early studies of gypsum miners did not relate pneumoconiosis with chronic exposure to gypsum. Other studies in humans (as well as animals) showed no lung fibrosis produced by natural dusts of calcium sulfate except in the presence of silica. However, a series of studies reported chronic nonspecific respiratory diseases in gypsum industry workers in Gacki, Poland.</p> <p>Unlike other fibers, gypsum is very soluble in the body; its half-life in the lungs has been estimated as minutes. In four healthy men receiving calcium supplementation with calcium sulfate (CaSO₄·1/2H₂O) (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported.</p>
PORTLAND CEMENT & CALCIUM CARBONATE & GYPSUM	<p>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.</p>
PORTLAND CEMENT & GYPSUM	<p>No significant acute toxicological data identified in literature search.</p>

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 Cement GP	Not Available	Not Available	Not Available	Not Available	Not Available
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available
calcium carbonate	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
gypsum	LC50	96	Fish	>1970mg/L	4
	EC50	96	Algae or other aquatic plants	3200mg/L	4
	EC0	96	Crustacea	=1255.000mg/L	1
	NOEC	504	Crustacea	360mg/L	4

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
gypsum	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
gypsum	LOW (LogKOW = -2.2002)

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Mobility in soil

Ingredient	Mobility
gypsum	LOW (KOC = 6.124)

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. <p>Otherwise:</p> <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.
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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

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

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

CALCIUM CARBONATE(13397-26-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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

New Zealand Workplace Exposure Standards (WES)

New Zealand Inventory of Chemicals (NZIoC)

GYPSUM(13397-24-5) IS FOUND ON THE FOLLOWING REGULATORY LISTS

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; gypsum)
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

Ingredients with multiple cas numbers

Name	CAS No
calcium carbonate	471-34-1, 13397-26-7, 15634-14-7, 1317-65-3, 72608-12-9, 878759-26-3, 63660-97-9, 459411-10-0, 198352-33-9, 146358-95-4

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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