APOC ROOFSLOPE DP

ICP Construction Inc.

Version No: **9.11**
Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

Issue Date: **05/12/2023**
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SECTION 1 Identification

Product Identifier

Product name	APOC ROOFSLOPE DP
Synonyms	Not Available
Other means of identification	Not Available

Recommended use of the chemical and restrictions on use

Relevant identified uses	Sloping compound

Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	**ICP Construction Inc.**
Address	150 Dascomb Road Andover, MA 01810 United States
Telephone	1-866-667-5119|1-978-623-9987
Fax	Not Available
Website	www.icpgroup.com
Email	sds@icpgroup.com

Emergency phone number

Association / Organisation	**ChemTel**
Emergency telephone numbers	1-800-255-3924
Other emergency telephone numbers	1-813-248-0585

SECTION 2 Hazard(s) identification

Classification of the substance or mixture

NFPA 704 diamond

Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Carcinogenicity Category 1B, Specific Target Organ Toxicity - Single Exposure Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Germ Cell Mutagenicity Category 2, Specific Target Organ Toxicity - Repeated Exposure Category 1

Label elements

Hazard pictogram(s)	
Signal word	**Danger**

Hazard statement(s)

H350	May cause cancer.

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H371	May cause damage to organs.
H318	Causes serious eye damage.
H335	May cause respiratory irritation.
H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H341	Suspected of causing genetic defects.
H372	Causes damage to organs through prolonged or repeated exposure.

Hazard(s) not otherwise classified

Not Applicable

Precautionary statement(s) Prevention

P202	Do not handle until all safety precautions have been read and understood.
P260	Do not breathe dust/fume/gas/mist/vapors/spray
P271	Use only outdoors or in a well ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

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.
P302+P352	IF ON SKIN: wash with plenty of water.
P304+P340	IF INHALED: Remove person to fresh air and keep 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 to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7	1-5	silica crystalline - quartz
65997-15-1	15-40	portland cement
13397-24-5	1-5	gypsum
1317-65-3	1-5	limestone
65996-69-2	1-5	blast furnace slag

The specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret.

SECTION 4 First-aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: ▸ Immediately hold eyelids apart and flush the eye continuously with running water. ▸ Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. ▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▸ Transport to hospital or doctor without delay. ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin 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.
Inhalation	▸ If fumes or combustion products are inhaled remove from contaminated area. ▸ Lay patient down. Keep warm and rested. ▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. ▸ Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. ▸ Transport to hospital, or doctor, without delay.

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Ingestion	▸ Immediately give a glass of water. ▸ First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Most important symptoms and effects, both acute and delayed

See Section 11

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

For acute or short term repeated exposures to iron and its derivatives:
- Always treat symptoms rather than history.
- In general, however, toxic doses exceed 20 mg/kg of ingested material (as elemental iron) with lethal doses exceeding 180 mg/kg.
- Control of iron stores depend on variation in absorption rather than excretion. Absorption occurs through aspiration, ingestion and burned skin.
- Hepatic damage may progress to failure with hypoprothrombinaemia and hypoglycaemia. Hepatorenal syndrome may occur.
- Iron intoxication may also result in decreased cardiac output and increased cardiac pooling which subsequently produces hypotension.
- Serum iron should be analysed in symptomatic patients. Serum iron levels (2-4 hrs post-ingestion) greater that 100 ug/dL indicate poisoning with levels, in excess of 350 ug/dL, being potentially serious. Emesis or lavage (for obtunded patients with no gag reflex)are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.
- Catharsis (using sodium sulfate or magnesium sulfate) may only be used if the patient already has diarrhoea.
- Deferoxamine is a specific chelator of ferric (3+) iron and is currently the antidote of choice. It should be administered parenterally. [Ellenhorn and Barceloux: Medical Toxicology]

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

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

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

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

Alkalis continue to cause damage after exposure.
INGESTION:
- Milk and water are the preferred diluents

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

* Catharsis and emesis are absolutely contra-indicated.
* Activated charcoal does not absorb alkali.
* Gastric lavage should not be used.

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

SKIN AND EYE:
- Injury should be irrigated for 20-30 minutes.

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

SECTION 5 Fire-fighting 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.

Special protective equipment and precautions for fire-fighters

Fire Fighting	▸ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▸ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse.

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	▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear breathing apparatus plus protective gloves in the event of a fire. ▸ Prevent, by any means available, spillage from entering drains or water courses.
Fire/Explosion Hazard	Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite. Nearly all metals will burn in air under certain conditions. ▸ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▸ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. Decomposition may produce toxic fumes of: silicon dioxide (SiO2) metal oxides 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. May emit poisonous fumes. May emit corrosive fumes.

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	▸ Clean up waste regularly and abnormal spills immediately. ▸ Avoid breathing dust and contact with skin and eyes. ▸ Wear protective clothing, gloves, safety glasses and dust respirator.
Major Spills	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Wear full body protective clothing with breathing apparatus.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	▸ Avoid all personal contact, including inhalation. ▸ Wear protective clothing when risk of exposure occurs. ▸ Use in a well-ventilated area.
Other information	▸ Store in original containers. ▸ Keep containers securely sealed. ▸ Store in a cool, dry area protected from environmental extremes.

Conditions for safe storage, including any incompatibilities

Suitable container	▸ Polyethylene or polypropylene container. ▸ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	Derivative of electropositive metal. For aluminas (aluminium oxide): Incompatible with hot chlorinated rubber. In the presence of chlorine trifluoride may react violently and ignite. -May initiate explosive polymerisation of olefin oxides including ethylene oxide. Calcium oxide: ▸ reacts violently with water, evolving high quantities of heat ▸ reacts violently, with possible ignition or explosion, with acids, anilinium perchlorate, bromine pentafluoride, chlorine trifluoride, fluorine, hydrogen fluoride, hydrazine, hydrogen sulfide, hydrogen trisulfide, isopropyl isocyanide dichloride, light metals, lithium, magnesium, powdered aluminium, phosphorus, potassium, sulfur trioxide ▸ increase the explosive sensitivity of azides, nitroalkanes (e.g. nitroethane, nitromethane, 1-nitropropane etc.) ▸ is incompatible with boric acid, boron trifluoride, carbon dioxide, ethanol, halogens (such as fluorine), metal halides, phosphorus pentoxide, selenium oxychloride, sulfur dioxide and many organic materials Calcium sulfate: ▸ reacts violently with reducing agents, acrolein, alcohols, chlorine trifluoride, diazomethane, ethers, fluorine, hydrazine, hydrazinium perchlorate, hydrogen peroxide, finely divided aluminium or magnesium, peroxyfuroic acid, red phosphorus, sodium acetylide ▸ sensitises most organic azides which are unstable shock- and heat- sensitive explosives ▸ may form explosive materials with 1,3-di(5-tetrazolyl)triazene ▸ is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride ▸ is hygroscopic; reacts with water to form gypsum and Plaster of Paris For iron oxide (ferric oxide): ▸ Avoid storage with aluminium, calcium hypochlorite and ethylene oxide. ▸ Risk of explosion occurs following reaction with powdered aluminium, calcium silicide, ethylene oxide (polymerises), carbon monoxide, magnesium and perchlorates. ▸ Risk of ignition or formation of flammable gases or vapours occurs following reaction with carbides, for example caesium carbide, (produces heat), hydrogen sulfide, hydrogen peroxide (decomposes).

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The substance may be or contains a "metalloid"
The following elements are considered to be metalloids; boron,silicon, germanium, arsenic, antimony, tellurium and (possibly) polonium
The electronegativities and ionisation energies of the metalloids are between those of the metals and nonmetals, so the metalloids exhibit characteristics of both classes. The reactivity of the metalloids depends on the element with which they are reacting. For example, boron acts as a nonmetal when reacting with sodium yet as a metal when reacting with fluorine.

- WARNING: Avoid or control reaction with peroxides. All *transition metal* peroxides should be considered as potentially explosive. For example transition metal complexes of alkyl hydroperoxides may decompose explosively.
- Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.
- These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition.

Silicas:

- react with hydrofluoric acid to produce silicon tetrafluoride gas
- react with xenon hexafluoride to produce explosive xenon trioxide
- reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds
- may react with fluorine, chlorates
- are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate
- may react vigorously when heated with alkali carbonates.
- Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- Avoid contact with copper, aluminium and their alloys.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US OSHA Permissible Exposure Limits (PELs) Table Z-1	silica crystalline - quartz	Quartz - respirable	0.05 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	silica crystalline - quartz	Silica: Crystalline: Quartz (Respirable)	10 (%SiO2+2) mg/m3 / 250 (%SiO2+5) mppcf	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	silica crystalline - quartz	Silica, crystalline (as respirable dust)	0.05 mg/m3	Not Available	Not Available	Ca; See Appendix A
US OSHA Permissible Exposure Limits (PELs) Table Z-1	portland cement	Portland cement- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	portland cement	Portland cement- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	portland cement	Silicates (less than 1% crystalline silica): Portland cement	50 mppcf	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	portland cement	Portland cement - respirable	5 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	portland cement	Portland cement - total	10 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	gypsum	Calcium sulfate- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	gypsum	Gypsum- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	gypsum	Gypsum- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	gypsum	Calcium sulfate- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	gypsum	Gypsum - respirable	5 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	gypsum	Calcium sulfate - total	10 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	gypsum	Calcium sulfate - respirable	5 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	gypsum	Gypsum - total	10 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	limestone	Calcium Carbonate- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	limestone	Calcium Carbonate- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	limestone	Limestone- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	limestone	Marble- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	limestone	Marble- Total dust	15 mg/m3	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-1	limestone	Limestone- Respirable fraction	5 mg/m3	Not Available	Not Available	Not Available

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US OSHA Permissible Exposure Limits (PELs) Table Z-3	limestone	Inert or Nuisance Dust: Respirable fraction	5 mg/m3 / 15 mppcf	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Limits (PELs) Table Z-3	limestone	Inert or Nuisance Dust: Total Dust	15 mg/m3 / 50 mppcf	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Limestone - respirable	5 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Calcium carbonate - total	10 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Marble - total	10 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Calcium carbonate - total	10 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Marble - respirable	5 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Calcium carbonate - respirable	5 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Limestone - total	10 mg/m3	Not Available	Not Available	Not Available
US NIOSH Recommended Exposure Limits (RELs)	limestone	Calcium carbonate - respirable	5 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	0.075 mg/m3	33 mg/m3	200 mg/m3
limestone	45 mg/m3	210 mg/m3	1,300 mg/m3

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
portland cement	5,000 mg/m3	Not Available
gypsum	Not Available	Not Available
limestone	Not Available	Not Available
blast furnace slag	Not Available	Not Available

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.
Individual protection measures, such as personal protective equipment	
Eye and face protection	‣ Safety glasses with side shields. ‣ Chemical goggles. ‣ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants.
Skin protection	See Hand protection below
Hands/feet protection	**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. 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. ‣ 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.
Body protection	See Other protection below
Other protection	‣ 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.

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	▸ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. ▸ Overalls. ▸ P.V.C apron. ▸ Barrier cream.

Respiratory protection

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

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.
· 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.
Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.
Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.
Filtration rate: Filters at least 99.95% of airborne particles
Suitable for:
· Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
· Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
· Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
· Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos
Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Light sensitive.

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

SECTION 10 Stability and reactivity

Reactivity	See section 7

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. 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. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.
Ingestion	Chromate salts are corrosive and produce cellular damage to tissue. Ingestion may produce inflammation of the digestive tract, nausea, vomiting and abdominal pain. 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. Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation. 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. 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.
Chronic	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. There is sufficient evidence to suggest that this material directly causes cancer in humans. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. 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. 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. 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. 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. Amorphous silicas generally are less hazardous than crystalline silicas, but the former can be converted to the latter on heating and subsequent cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling lung disease that may take years to develop. Soluble silicates do not exhibit sensitizing potential. Testing in bacterial and animal experiments have not shown any evidence of them causing mutations or birth defects. 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. 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. 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.

APOC ROOFSLOPE DP	**TOXICITY**	**IRRITATION**

Continued...

	Not Available	Not Available
silica crystalline - quartz	**TOXICITY**	**IRRITATION**
	Oral (Rat) LD50: 500 mg/kg[2]	Not Available
portland cement	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
gypsum	**TOXICITY**	**IRRITATION**
	Inhalation(Rat) LC50: >3.26 mg/l4h[1]	Not Available
	Oral (Rat) LD50: >1581 mg/kg[1]	
limestone	**TOXICITY**	**IRRITATION**
	Oral (Rat) LD50: 6450 mg/kg[2]	Eye: no adverse effect observed (not irritating)[1]
		Skin (rabbit): 500 mg/24h-moderate
		Skin: no adverse effect observed (not irritating)[1]
blast furnace slag	**TOXICITY**	**IRRITATION**
	dermal (rat) LD50: >4000 mg/kg[1]	Eye: no adverse effect observed (not irritating)[1]
	Inhalation(Rat) LC50: >5.235 mg/L4h[1]	Skin: no adverse effect observed (not irritating)[1]
	Oral (Rat) LD50: >2000 mg/kg[1]	
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*	

APOC ROOFSLOPE DP	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.
SILICA CRYSTALLINE - QUARTZ	**WARNING:** For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS** The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours. * Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem.
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.
LIMESTONE	Eye (rabbit) 0.75: mg/24h - 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. 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.
APOC ROOFSLOPE DP & PORTLAND CEMENT & GYPSUM & BLAST FURNACE SLAG	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.
APOC ROOFSLOPE DP & 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.
APOC ROOFSLOPE DP & BLAST FURNACE SLAG	For silica amorphous: Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d. In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated.
PORTLAND CEMENT & GYPSUM & BLAST FURNACE SLAG	No significant acute toxicological data identified in literature search.

Acute Toxicity	✗	**Carcinogenicity**	✓
Skin Irritation/Corrosion	✓	**Reproductivity**	✗
Serious Eye Damage/Irritation	✓	**STOT - Single Exposure**	✓
Respiratory or Skin sensitisation	✓	**STOT - Repeated Exposure**	✓
Mutagenicity	✓	**Aspiration Hazard**	✗

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

Continued...

SECTION 12 Ecological information

Toxicity

APOC ROOFSLOPE DP	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	**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
gypsum	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2
	NOEC(ECx)	0.25h	Fish	75mg/l	4
	EC50	96h	Algae or other aquatic plants	3200mg/l	4
limestone	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	NOEC(ECx)	1h	Fish	4-320mg/l	4
	LC50	96h	Fish	>165200mg/L	4
	EC50	72h	Algae or other aquatic plants	>14mg/l	2
blast furnace slag	**Endpoint**	**Test Duration (hr)**	**Species**	**Value**	**Source**
	NOEC(ECx)	72h	Algae or other aquatic plants	>=100mg/l	2
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	LC50	96h	Fish	>100000mg/L	2
	EC50	48h	Crustacea	>100mg/l	2
Legend:	*Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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*				

For Metal:
Atmospheric Fate - Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air.
Environmental Fate: Environmental processes, such as oxidation, the presence of acids or bases and microbiological processes, may transform insoluble metals to more soluble ionic forms. Environmental processes may enhance bioavailability and may also be important in changing solubilities.
For Chromium: Chromium is poorly absorbed by cells found in microorganisms, plants and animals. Hexavalent chromate anions are readily transported into cells and toxicity is closely linked to the higher oxidation state.
Ecotoxicity - Toxicity in Aquatic Organisms: Chromium is harmful to aquatic organisms in very low concentrations.
For chromium:
Aquatic Fate - Most chromium released into water will be deposited in the sediment. A small percentage of chromium can be found in soluble and insoluble forms with soluble chromium making up a very small percentage of the total chromium. Most of the soluble chromium is present as chromium (VI) and soluble chromium (III) complexes.
For Amorphous Silica: Amorphous silica is chemically and biologically inert. It is not biodegradable.
Aquatic Fate: Due to its insolubility in water there is a separation at every filtration and sedimentation process.
For Silica:
Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).
Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen. Silicon is not found free in nature, but occurs chiefly as the oxide and as silicates.
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)

Mobility in soil

Ingredient	Mobility
gypsum	LOW (KOC = 6.124)

SECTION 13 Disposal considerations

Waste treatment methods

Continued...

Product / Packaging disposal	▸ Containers may still present a chemical hazard/ danger when empty. ▸ Return to supplier for reuse/ recycling if possible. Otherwise: ▸ 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. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. ▸ **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. ▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Management Authority for disposal. ▸ Bury residue in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO

Shipping container and transport vehicle placarding and labeling may vary from the below information. Products that are regulated for transport will be packaged and marked as Dangerous Goods in Excepted Quantities according to US DOT, IATA and IMDG regulations. In case of reshipment, it is the responsibility of the shipper to determine the appropriate labels and markings in accordance with applicable transport regulations.

Land transport (DOT): 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
silica crystalline - quartz	Not Available
portland cement	Not Available
gypsum	Not Available
limestone	Not Available
blast furnace slag	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
silica crystalline - quartz	Not Available
portland cement	Not Available
gypsum	Not Available
limestone	Not Available
blast furnace slag	Not Available

SECTION 15 Regulatory information

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

silica crystalline - quartz is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans
US - California Proposition 65 - Carcinogens
US - California Safe Drinking Water and Toxic Enforcement Act of 1986 - Proposition 65 List
US - Massachusetts - Right To Know Listed Chemicals
US DOE Temporary Emergency Exposure Limits (TEELs)
US National Toxicology Program (NTP) 15th Report Part A Known to be Human Carcinogens
US NIOSH Carcinogen List
US NIOSH Recommended Exposure Limits (RELs)
US OSHA Carcinogens Listing
US OSHA Permissible Exposure Limits (PELs) Table Z-1
US OSHA Permissible Exposure Limits (PELs) Table Z-3
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

portland cement is found on the following regulatory lists

US - Massachusetts - Right To Know Listed Chemicals
US NIOSH Recommended Exposure Limits (RELs)
US OSHA Permissible Exposure Limits (PELs) Table Z-1
US OSHA Permissible Exposure Limits (PELs) Table Z-3
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

gypsum is found on the following regulatory lists

US - Massachusetts - Right To Know Listed Chemicals
US NIOSH Recommended Exposure Limits (RELs)
US OSHA Permissible Exposure Limits (PELs) Table Z-1
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

limestone is found on the following regulatory lists

Continued...

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)
US - Alaska Air Quality Control - Concentrations Triggering an Air Quality Episode for Air Pollutants Other Than PM-2.5
US - Massachusetts - Right To Know Listed Chemicals
US DOE Temporary Emergency Exposure Limits (TEELs)
US NIOSH Recommended Exposure Limits (RELs)
US OSHA Permissible Exposure Limits (PELs) Table Z-1
US OSHA Permissible Exposure Limits (PELs) Table Z-3
US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

blast furnace slag is found on the following regulatory lists

US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory

Federal Regulations

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Section 311/312 hazard categories

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	Yes
Acute toxicity (any route of exposure)	No
Reproductive toxicity	No
Skin Corrosion or Irritation	Yes
Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	Yes
Aspiration Hazard	No
Germ cell mutagenicity	Yes
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

US. EPA CERCLA Hazardous Substances and Reportable Quantities (40 CFR 302.4)

None Reported

State Regulations

US. California Proposition 65

⚠ **WARNING:** This product can expose you to chemicals including **silica crystalline - quartz**, which is known to the State of California to cause cancer. For more information, go to www.P65Warnings.ca.gov.

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica crystalline - quartz; portland cement; gypsum; blast furnace slag)
China - IECSC	No (blast furnace slag)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (portland cement; blast furnace slag)
Korea - KECI	No (blast furnace slag)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement; blast furnace slag)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	No (blast furnace slag)
Vietnam - NCI	Yes
Russia - FBEPH	No (blast furnace slag)
Legend:	*Yes = All CAS declared ingredients are on the inventory* *No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.*

Continued...

SECTION 16 Other information

Revision Date	05/12/2023
Initial Date	01/23/2020

CONTACT POINT

PLEASE NOTE THAT TITANIUM DIOXIDE IS NOT PRESENT IN CLEAR OR NEUTRAL BASES

SDS Version Summary

Version	Date of Update	Sections Updated
8.11	05/12/2023	Toxicological information - Acute Health (swallowed), Composition / information on ingredients - Ingredients

Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios.

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end of SDS