

Penapatch HB50

RLA Polymers Pty Ltd

Chemwatch: **84-5845** Version No: **2.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **23/08/2017**Print Date: **05/10/2017**S.GHS.AUS.EN

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

Product Identifier

Product name	Penapatch HB50
Synonyms	Not Available
Other means of identification	Not Available

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

Relevant identified uses

Use according to manufacturer's directions.

High strength cementitious mortar used for structural repairs.

Details of the supplier of the safety data sheet

Registered company name	RLA Polymers Pty Ltd
Address	215 Colchester Road Kilsyth VIC 3137 Australia
Telephone	+61 3 9728 1644
Fax	+61 3 9728 6009
Website	www.rlagroup.com.au
Email	sales@rlagroup.com.au

Emergency telephone number

Association / Organisation	Not Available	
Emergency telephone numbers	+61 3 9728 1644 (RLA Group Technical Manager) business hours	
Other emergency telephone numbers	132766 (Security Monitoring Service)	

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	Not Applicable	
Classification ^[1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, Skin Sensitizer Category 1, Carcinogenicity Category 1B, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Specific target organ toxicity - repeated exposure Category 2	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI	

Label elements

Hazard pictogram(s)







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.
H350	May cause cancer.
H335	May cause respiratory irritation.
H373	May cause damage to organs through prolonged or repeated exposure.

Issue Date: 23/08/2017 Print Date: 05/10/2017

Penapatch HB50

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume/gas/mist/vapours/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.	
P310	Immediately call a POISON CENTER or doctor/physician.	
P362	Take off contaminated clothing and wash before reuse.	

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.

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
14808-60-7	30-60	silica crystalline - quartz

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 furnes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. 	
Ingestion	 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.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

- ▶ There is no restriction on the type of extinguisher which may be used.
- $\begin{tabular}{ll} \begin{tabular}{ll} \beg$

Special hazards arising from the substrate or mixture

Fire Incompatibility None known.

Version No: 2.1.1.1 Penapatch HB50

Issue Date: **23/08/2017**Print Date: **05/10/2017**

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. 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.
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. silicon dioxide (SiO2) May emit poisonous fumes. May emit corrosive fumes.
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

Minor Spills

- ▶ Remove all ignition sources
- ► Clean up all spills immediately.
- Avoid contact with skin and eyes
- Control personal contact with the substance, by using protective equipment.

Major Spills

Moderate hazard

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

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe	handling

- ► 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.

Other information

- Store in original containers.Keep containers securely sealed.
- ▶ Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.

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

- 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.
- ► The pi-complexes formed between chromium(0), vanadium(0) and other transition metals (haloarene-metal complexes) and mono-or poly-fluorobenzene show extreme sensitivity to heat and are explosive.
- Avoid 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
Australia Exposure Standards	portland cement	Portland cement	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline	Not Available	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3
Ingredient	Original IDLH	Revised IDLH		

Chemwatch: **84-5845** Page **4** of **8**

Version No: 2.1.1.1

Penapatch HB50

Issue Date: **23/08/2017**Print Date: **05/10/2017**

portland cement	5,000 mg/m3	Not Available
silica crystalline - quartz	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.

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











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. 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

See Other protection below

Other protection

- ► P.V.C. apron.
- Barrier cream.
- 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)

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

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

Penapatch HB50

Issue Date: 23/08/2017 Print Date: 05/10/2017

Information on basic physical and chemical properties

Appearance	Fine grey powder; Partly mixes with water.		
Physical state	Divided Solid	Relative density (Water = 1)	1.5
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	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 Available
Vapour pressure (kPa)	Negligible	Gas group	Not Available
Solubility in water (g/L)	Partly miscible	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
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 of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. 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. Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. The disease is rapidly progressive and spreads widely through the lungs within months of the initial exposure and causing death within 1 to 2 years.
Ingestion	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 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	Studies show that inhaling this substance for over a long period (e.g. in an occupational setting) may increase the risk of cancer. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Harmful: danger of serious damage to health by prolonged exposure through inhalation. 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. 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. 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. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.
Penapatch HB50	TOXICITY

Chemwatch: 84-5845 Version No: 2.1.1.1

Page 6 of 8

Penapatch HB50

Issue Date: 23/08/2017 Print Date: 05/10/2017

	Not Available	Not Available	
	Not Available	- Not Available	
	TOXICITY	IRRITATION	
portland cement	Not Available	Not Available	
	TOXICITY	IRRITATION	
silica crystalline - quartz	Not Available	Not Available	
Legend:	Value obtained from Europe ECHA Registered Substance data extracted from RTECS - Register of Toxic Effect of cher	-	from manufacturer's SDS. Unless otherwise specified
PORTLAND CEMENT	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. Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. No significant acute toxicological data identified in literature search.		
	· ·	for diagnosis of RADS include a revesting, and the lack of minimal lymph	ersible airflow pattern on lung function tests, moderate
SILICA CRYSTALLINE - QUARTZ	severe bronchial hyperreactivity on methacholine challenge to	for diagnosis of RADS include a revesting, and the lack of minimal lymph search. has been classified by the IARC as one sclassified occupational exposures t IARC considered sufficient evidencistobalite. Crystalline silica is also kr	ersible airflow pattern on lung function tests, moderate to cytic inflammation, without eosinophilia. Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being se from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease.
	severe bronchial hyperreactivity on methacholine challenge to No significant acute toxicological data identified in literature WARNING: For inhalation exposure ONLY: This substance The International Agency for Research on Cancer (IARC) has carcinogenic to humans. This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and cr	for diagnosis of RADS include a revesting, and the lack of minimal lymph search. has been classified by the IARC as one sclassified occupational exposures t IARC considered sufficient evidencistobalite. Crystalline silica is also kr	ersible airflow pattern on lung function tests, moderate to cytic inflammation, without eosinophilia. Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being se from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease.
QUARTZ	severe bronchial hyperreactivity on methacholine challenge to No significant acute toxicological data identified in literature WARNING: For inhalation exposure ONLY: This substance The International Agency for Research on Cancer (IARC) ha carcinogenic to humans . This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and or Intermittent exposure produces; focal fibrosis, (pneumoconio	for diagnosis of RADS include a revesting, and the lack of minimal lymph search. has been classified by the IARC as one classified occupational exposures to IARC considered sufficient evidence istobalite. Crystalline silica is also krisis), cough, dyspnoea, liver tumours.	ersible airflow pattern on lung function tests, moderate to be cytic inflammation, without eosinophilia. Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being se from epidemiological studies of humans for the lown to cause silicosis, a non-cancerous lung disease.
QUARTZ Acute Toxicity	severe bronchial hyperreactivity on methacholine challenge to No significant acute toxicological data identified in literature WARNING: For inhalation exposure ONLY: This substance The International Agency for Research on Cancer (IARC) has carcinogenic to humans. This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and or Intermittent exposure produces; focal fibrosis, (pneumoconio	for diagnosis of RADS include a revesting, and the lack of minimal lymph search. has been classified by the IARC as the search of the lack of minimal lymph search. It is classified occupational exposures to IARC considered sufficient evidence is to balite. Crystalline silica is also known, cough, dyspnoea, liver tumours. Carcinogenicity	ersible airflow pattern on lung function tests, moderate to be cytic inflammation, without eosinophilia. Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being se from epidemiological studies of humans for the lown to cause silicosis, a non-cancerous lung disease.
QUARTZ Acute Toxicity Skin Irritation/Corrosion	severe bronchial hyperreactivity on methacholine challenge to No significant acute toxicological data identified in literature WARNING: For inhalation exposure ONLY: This substance The International Agency for Research on Cancer (IARC) has carcinogenic to humans. This classification is based on what carcinogenicity of inhaled silica in the forms of quartz and or Intermittent exposure produces; focal fibrosis, (pneumoconic	for diagnosis of RADS include a revesting, and the lack of minimal lymph search. has been classified by the IARC as das classified occupational exposures t IARC considered sufficient evidence istobalite. Crystalline silica is also krisis), cough, dyspnoea, liver tumours. Carcinogenicity Reproductivity	ersible airflow pattern on lung function tests, moderate to be cytic inflammation, without eosinophilia. Group 1: CARCINOGENIC TO HUMANS to respirable (<5 um) crystalline silica as being se from epidemiological studies of humans for the nown to cause silicosis, a non-cancerous lung disease.

Legend:

X − 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
Penapatch HB50	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
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available

Legend:

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

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

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility	

Page 7 of 8

Penapatch HB50

Issue Date: **23/08/2017**Print Date: **05/10/2017**

No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

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.
- ▶ 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.
- $\,\blacktriangleright\,$ 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

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

SECTION 15 REGULATORY INFORMATION

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

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

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

SILICA CRYSTALLINE - QUARTZ(14808-60-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards

Australia Inventory of Chemical Substances (AICS)

Australia Hazardous Substances Information System - Consolidated Lists

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

Monographs

National Inventory	Status
Australia - AICS	Υ
Canada - DSL	Υ
Canada - NDSL	N (portland cement; silica crystalline - quartz)
China - IECSC	Υ
Europe - EINEC / ELINCS / NLP	Υ
Japan - ENCS	N (portland cement)
Korea - KECI	Υ
New Zealand - NZIoC	Υ
Philippines - PICCS	N (portland cement)
USA - TSCA	Υ
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
silica crystalline - quartz	14808-60-7, 122304-48-7, 122304-49-8, 12425-26-2, 1317-79-9, 70594-95-5, 87347-84-0, 308075-07-2

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.

 Chemwatch: 84-5845
 Page 8 of 8
 Issue Date: 23/08/2017

 Version No: 2.1.1.1
 Print Date: 05/10/2017

Penapatch HB50

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

 $\begin{array}{ll} {\sf PC-TWA: Permissible \ Concentration-Time \ Weighted \ Average} \\ {\sf PC-STEL: Permissible \ Concentration-Short \ Term \ Exposure \ Limit} \end{array}$

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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