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

Product Identifier

<table>
<thead>
<tr>
<th>Product name</th>
<th>Parex Bond Plus Primer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synonyms</td>
<td>Not Available</td>
</tr>
<tr>
<td>Other means of identification</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

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

| Relevant identified uses | Use according to manufacturer's directions. |

Details of the supplier of the safety data sheet

<table>
<thead>
<tr>
<th>Registered company name</th>
<th>Parex Group (ParexGroup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>67 Elizabeth Street Wetherill Park NSW 2164 Australia</td>
</tr>
<tr>
<td>Telephone</td>
<td>+61 2 9616 3000</td>
</tr>
<tr>
<td>Fax</td>
<td>+61 2 9725 5551</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.davco.com.au">www.davco.com.au</a></td>
</tr>
<tr>
<td>Email</td>
<td><a href="mailto:marketing@davco.com.au">marketing@davco.com.au</a></td>
</tr>
</tbody>
</table>

Emergency telephone number

<table>
<thead>
<tr>
<th>Association / Organisation</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency telephone numbers</td>
<td>1800 039 008</td>
</tr>
<tr>
<td>Other emergency telephone numbers</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
May cause respiratory irritation.

Supplementary statement(s)
Not Applicable

CLP classification (additional)
Not Applicable

Precautionary statement(s) Prevention

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

Precautionary statement(s) Response

- **P305+P351+P338** IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
- **P306+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**

<table>
<thead>
<tr>
<th>CAS No</th>
<th>% [weight]</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>14808-60-7</td>
<td>50-70</td>
<td>graded sand</td>
</tr>
<tr>
<td>65997-15-1</td>
<td>30-50</td>
<td>portland cement</td>
</tr>
</tbody>
</table>

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.

**Ingestion**

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

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 hypoprotrombininaemia 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. Emiss or lavage (for obtunded patients with no gas reflex)are the usual means of decontamination.
- Activated charcoal does not effectively bind iron.

Continued...
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.

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

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

**SKIN AND EYE:**
- Injury should be irrigated for 20-30 minutes.
- Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology]

### SECTION 5 FIREFIGHTING MEASURES

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

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

| Fire Incompatibility | None known. |

**Advice for firefighters**
- 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 the surrounding area.

<table>
<thead>
<tr>
<th>Fire/Explosion Hazard</th>
<th>Non combustible.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not considered a significant fire risk, however containers may burn.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>May emit poisonous fumes.</td>
</tr>
<tr>
<td></td>
<td>May emit corrosive fumes.</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Minor Spills</th>
<th>Remove all ignition sources.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clean up all spills immediately.</td>
</tr>
<tr>
<td></td>
<td>Avoid contact with skin and eyes.</td>
</tr>
<tr>
<td></td>
<td>Control personal contact with the substance, by using protective equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major Spills</th>
<th>Moderate hazard.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>CAUTION:</strong> Advise personnel in area.</td>
</tr>
<tr>
<td></td>
<td>Alert Emergency Services and tell them location and nature of hazard.</td>
</tr>
<tr>
<td></td>
<td>Control personal contact by wearing protective clothing.</td>
</tr>
</tbody>
</table>

Personal Protective Equipment advice is contained in Section 8 of the SDS.
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 area protected from environmental extremes.
- Store away from incompatible materials and foodstuffs.

Conditions for safe storage, including any incompatibilities

Suitable container
- Multi-ply paper bag with sealed plastic liner or heavy gauge plastic bag.

NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse. Check that all containers are clearly labelled and free from leaks. Packing as recommended by manufacturer.

Storage incompatibility
- 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)

<table>
<thead>
<tr>
<th>Source</th>
<th>Ingredient</th>
<th>Material name</th>
<th>TWA</th>
<th>STEL</th>
<th>Peak</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia Exposure Standards</td>
<td>graded sand</td>
<td>Silica - Crystalline: Quartz (respirable dust) / Quartz (respirable dust)</td>
<td>0.1 mg/m³</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Australia Exposure Standards</td>
<td>portland cement</td>
<td>Portland cement</td>
<td>10 mg/m³</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

EMERGENCY LIMITS

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Material name</th>
<th>TEEL-1</th>
<th>TEEL-2</th>
<th>TEEL-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>graded sand</td>
<td>Silica, crystalline-quartz; (Silicon dioxide)</td>
<td>0.025 mg/m³</td>
<td>0.025 mg/m³</td>
<td>0.025 mg/m³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Original IDLH</th>
<th>Revised IDLH</th>
</tr>
</thead>
<tbody>
<tr>
<td>graded sand</td>
<td>N.E. mg/m³ / N.E. ppm</td>
<td>50 mg/m³</td>
</tr>
<tr>
<td>portland cement</td>
<td>N.E. mg/m³ / N.E. ppm</td>
<td>5,000 mg/m³</td>
</tr>
</tbody>
</table>

Exposure controls

Appropriate engineering controls
- Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
- The basic types of engineering controls are:
  - Process controls which involve changing the way a job activity or process is done to reduce the risk.
  - Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

Personal protection
- Safety glasses with side shields.
- 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.

Eye and face protection
- See Hand protection below

Skin protection
- See Hand protection below

Hands/feet protection
- 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 breakthrough 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
- Overalls.
- P.V.C. apron.
- Barrier cream.
Thermal hazards

Respiratory protection
Particulate. (AS/NZS 1716 & 1715, EN 143:000 & 149:001, ANSI Z88 or national equivalent)

<table>
<thead>
<tr>
<th>Required Minimum Protection Factor</th>
<th>Half-Face Respirator</th>
<th>Full-Face Respirator</th>
<th>Powered Air Respirator</th>
</tr>
</thead>
<tbody>
<tr>
<td>up to 10 x ES</td>
<td>P1 Air-line*</td>
<td>-</td>
<td>PAPR-P1</td>
</tr>
<tr>
<td>up to 50 x ES</td>
<td>Air-line**</td>
<td>P2</td>
<td>PAPR-P2</td>
</tr>
<tr>
<td>up to 100 x ES</td>
<td>-</td>
<td>P3</td>
<td>-</td>
</tr>
<tr>
<td>100+ x ES</td>
<td>-</td>
<td>Air-line*</td>
<td>-</td>
</tr>
</tbody>
</table>

* - 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

<table>
<thead>
<tr>
<th>Appearance</th>
<th>Grey powder with a cementitious odour; dispersible in water.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical state</td>
<td>Divided Solid</td>
</tr>
<tr>
<td>Odour</td>
<td>Not Available</td>
</tr>
<tr>
<td>Odour threshold</td>
<td>Not Available</td>
</tr>
<tr>
<td>pH (as supplied)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Melting point / freezing point (°C)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Initial boiling point and boiling range (°C)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Flash point (°C)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Evaporation rate</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Flammability</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Upper Explosive Limit (%)</td>
<td>Not Available</td>
</tr>
<tr>
<td>Lower Explosive Limit (%)</td>
<td>Not Available</td>
</tr>
<tr>
<td>Vapour pressure (kPa)</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Solubility in water (g/L)</td>
<td>Partly miscible</td>
</tr>
<tr>
<td>Vapour density (Air = 1)</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inhaled</strong></td>
<td>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. Inhalation may result in chronic obstructive pulmonary disease (COPD) and lung cancer. 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.</td>
</tr>
<tr>
<td><strong>Ingestion</strong></td>
<td>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. Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract.</td>
</tr>
<tr>
<td><strong>Skin Contact</strong></td>
<td>This material can cause inflammation of the skin on contact in some persons. The material may accentuate any pre-existing dermatitis condition. 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. 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.</td>
</tr>
<tr>
<td><strong>Eye</strong></td>
<td>If applied to the eyes, this material causes severe eye damage.</td>
</tr>
<tr>
<td><strong>Chronic</strong></td>
<td>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic 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. 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. Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.</td>
</tr>
</tbody>
</table>

### 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

### Parex Bond Plus Primer

<table>
<thead>
<tr>
<th>Product</th>
<th>TOXICITY</th>
<th>IRRITATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>graded sand</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>portland cement</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

### Legend:

- ✔ - Data available but does not fill the criteria for classification
- ✗ - Data required to make classification available
- ✘ - Data Not Available to make classification

### 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.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can usually 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.

### GRADED SAND & PORTLAND CEMENT

No significant acute toxicological data identified in literature search.

### Acute Toxicity

- ✔ - Data available but does not fill the criteria for classification
- ✗ - Data required to make classification available
- ✘ - Data Not Available to make classification

### Skin Irritation/Corrosion

- ✔ - Data available but does not fill the criteria for classification
- ✗ - Data required to make classification available
- ✘ - Data Not Available to make classification

### Serious Eye Damage/Irritation

- ✔ - Data available but does not fill the criteria for classification
- ✗ - Data required to make classification available
- ✘ - Data Not Available to make classification

### Respiratory or Skin sensitisations

- ✔ - Data available but does not fill the criteria for classification
- ✗ - Data required to make classification available
- ✘ - Data Not Available to make classification

### Mutagenicity

- ✔ - Data available but does not fill the criteria for classification
- ✗ - Data required to make classification available
- ✘ - Data Not Available to make classification
SECTION 12 ECOLOGICAL INFORMATION

**Toxicity**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Endpoint</th>
<th>Test Duration (hr)</th>
<th>Species</th>
<th>Value</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not Available</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**Legend:**

Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information: Aquatic Toxicity 3. EPIWIN Suite V3.12 - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotoxic 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**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Persistence: Water/Soil</th>
<th>Persistence: Air</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Data available for all ingredients</td>
<td>No Data available for all ingredients</td>
</tr>
</tbody>
</table>

**Bioaccumulative potential**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Bioaccumulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Data available for all ingredients</td>
</tr>
</tbody>
</table>

**Mobility in soil**

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Mobility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Data available for all ingredients</td>
</tr>
</tbody>
</table>

SECTION 13 DISPOSAL CONSIDERATIONS

**Waste treatment methods**

- Containers may still present a chemical hazard/danger when empty.
- Return to supplier for reuse/recycling if possible.

**Product / Packaging disposal**

- 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. 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.
  - A Hierarchy of Controls seems to be common - the user should investigate:
    - Reduction
    - Reuse
    - Recycling
    - Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.

- 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.

SECTION 14 TRANSPORT INFORMATION

**Labels Required**

<table>
<thead>
<tr>
<th>Marine Pollutant</th>
<th>HAZCHEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

**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

| GRADED SAND (14808-60-7.) IS FOUND ON THE FOLLOWING REGULATORY LISTS |
PORTLAND CEMENT (65997-15-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

<table>
<thead>
<tr>
<th>National Inventory</th>
<th>Status</th>
<th>Australia Inventory of Chemical Substances (AICS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia - AICS</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Canada - DSL</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Canada - NDSL</td>
<td>N (portland cement; graded sand)</td>
<td></td>
</tr>
<tr>
<td>China - IECSC</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Europe - EINEC / ELINCS / NLP</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Japan - ENCS</td>
<td>N (portland cement)</td>
<td></td>
</tr>
<tr>
<td>Korea - KECI</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>New Zealand - NZIoC</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Philippines - PICCS</td>
<td>N (portland cement)</td>
<td></td>
</tr>
<tr>
<td>USA - TSCA</td>
<td>Y</td>
<td></td>
</tr>
</tbody>
</table>

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

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. A list of reference resources used to assist the committee may be found at:
www.chemwatch.net

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  
BCE: BioConcentration Factors  
BEI: Biological Exposure Index  

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