

Davco Lanko 173 Internal Floor Leveller

Parex Group (ParexGroup)

Chemwatch: **3390559** Version No: **7.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code:

Issue Date: 14/07/2016 Print Date: 22/07/2016 Initial Date: Not Available S.GHS.AUS.EN

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

Product Identifier

Product name	Davco Lanko 173 Internal Floor Leveller	
Synonyms	Not Available	
Other means of identification	Not Available	

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

Details of the supplier of the safety data sheet

Registered company name	Parex Group (ParexGroup)	
Address	67 Elizabeth Street Wetherill Park NSW 2164 Australia	
Telephone	+61 2 9616 3000	
Fax	+61 2 9725 5551	
Website	www.davco.com.au	
Email	marketing@davco.com.au	

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	1800 039 008
Other emergency telephone numbers	Not Available

CHEMWATCH EMERGENCY RESPONSE

•	Alternative Number 2
1800 039 008 1800 039 008	+612 9186 1132

Once connected and if the message is not in your prefered language then please dial 01

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

CHEMWATCH HAZARD RATINGS

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

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

Label elements

Chemwatch: 3390559 Page 2 of 9

Version No: 7.1.1.1

Davco Lanko 173 Internal Floor Leveller









SIGNAL WORD

DANGER

Hazard statement(s)

H315	Causes skin irritation.	
H318	Causes serious eye damage.	
H317	May cause an allergic skin reaction.	
H335	May cause respiratory irritation.	
H412	Harmful to aquatic life with long lasting effects.	

Precautionary statement(s) Prevention

P271	Use only outdoors or in a well-ventilated area.	
P280	Wear protective gloves/protective clothing/eye protection/face protection.	
P261	Avoid breathing dust/fumes.	
P273	Avoid release to the environment.	
P272	P272 Contaminated work clothing should not be allowed out of the workplace.	

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P310	Immediately call a POISON CENTER or doctor/physician.	
P362	Take off contaminated clothing and wash before reuse.	
P363	Wash contaminated clothing before reuse.	
P302+P352	IF ON SKIN: Wash with plenty of soap and water.	
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.	

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	10-30	portland cement
14808-60-7.	30-60	graded sand
65997-16-2	1-10	calcium aluminate cement
471-34-1	10-30	<u>calcium carbonate</u>
	balance	Ingredients determined not to be hazardous

SECTION 4 FIRST AID MEASURES

D

Description of first aid me	asures
Eye Contact	If this product comes in contact with the eyes: Wash out immediately with fresh 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. Seek medical attention without delay; if pain persists or recurs seek medical attention. 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.

Chemwatch: 3390559 Page 3 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1 Print Date: 22/07/2016

Davco Lanko 173 Internal Floor Leveller

► Transport to hospital, or doctor, without delay ed do **NOT** induce vomitino ▶ 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. Ingestion 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.
- Use extinguishing media suitable for surrounding area.

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
Advice for firefighters	
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. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location.
Fire/Explosion Hazard	 Non combustible. Not considered a significant fire risk, however containers may burn. Combustion products include:silicon dioxide (SiO2)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

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. Use dry clean up procedures and avoid generating dust. Place in a suitable, labelled container for waste disposal.
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. Prevent, by any means available, spillage from entering drains or water courses. Recover product wherever possible.

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

SECTION 7 HANDLING AND STORAGE

Suitable container

Storage incompatibility

Precautions for safe handling Avoid all personal contact, including inhalation. Wear protective clothing when risk of exposure occurs. ▶ Use in a well-ventilated area. Safe handling ▶ Prevent concentration in hollows and sumps. DO NOT enter confined spaces until atmosphere has been checked. ▶ DO NOT allow material to contact humans, exposed food or food utensils Store in original containers. Keep containers securely sealed Store in a cool, dry, well-ventilated area. Other information ► Store away from incompatible materials and foodstuff containers. Protect containers against physical damage and check regularly for leaks. ▶ Observe manufacturer's storage and handling recommendations contained within this SDS. Conditions for safe storage, including any incompatibilities

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Polvethylene or polypropylene container.

► Check all containers are clearly labelled and free from leaks

▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

Chemwatch: 3390559 Page 4 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1 Print Date: 22/07/2016

Davco Lanko 173 Internal Floor Leveller

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	graded sand	Silica - Crystalline: Quartz (respirable dust) / Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
graded sand	Silica, crystalline-quartz; (Silicon dioxide)	0.025 mg/m3	0.025 mg/m3	0.025 mg/m3
calcium carbonate	Limestone; (Calcium carbonate; Dolomite)	27 mg/m3	27 mg/m3	1300 mg/m3
calcium carbonate	Carbonic acid, calcium salt	45 mg/m3	210 mg/m3	1300 mg/m3

Ingredient	Original IDLH	Revised IDLH
portland cement	N.E. mg/m3 / N.E. ppm	5,000 mg/m3
graded sand	N.E. mg/m3 / N.E. ppm	50 mg/m3
calcium aluminate cement	Not Available	Not Available
calcium carbonate	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. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.

Personal protection











- Safety glasses with side shields
- Chemical goggles.

Eve and face protection

Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available.

Skin protection

See Hand protection below

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

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- ► frequency and duration of contact,
- · chemical resistance of glove material, glove thickness and

dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

▶ When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.

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.
- ▶ fluorocaoutchouc
- polyvinyl chloride.

Body protection

Hands/feet protection

See Other protection below

Other protection

- Overalls.
- PVC apron
- Barrier cream. Skin cleansing cream.
- Eye wash unit.

Thermal hazards

Not Available

Chemwatch: 3390559 Page 5 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1 Print Date: 22/07/2016

Davco Lanko 173 Internal Floor Leveller

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:000 & 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.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Grey powder with a cement-like odour; not miscible with water.		
Physical state	Divided Solid	Relative density (Water = 1)	~1.3
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not 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 Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	VOC = 7 g/l (SCAQMD Method 304-91)
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	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

Chemwatch: 3390559 Page 6 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1

Davco Lanko 173 Internal Floor Leveller

Print Date: 22/07/2016

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled

Skin Contact

Eve

Chronic

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

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

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

Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract

This material can cause inflammation of the skin on contact in some persons

The material may accentuate any pre-existing dermatitis condition

Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts

Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Chrome ulcers and skin cancer are significantly related

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

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

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population

Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis

Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO]. Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, to high levels of fine-divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe.

Davco Lanko 173 Internal	TOXICITY	IRRITATION
Floor Leveller	Not Available	Not Available
	TOXICITY	IRRITATION
portland cement	Not Available	Not Available
d. d d	TOXICITY	IRRITATION
graded sand	Not Available	Not Available
calcium aluminate cement	TOXICITY	IRRITATION
calcium aluminate cement	Not Available	Not Available
	TOXICITY	IRRITATION
calcium carbonate	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.75 mg/24h - SEVERE
	Oral (rat) LD50: >2000 mg/kg ^[1]	Skin (rabbit): 500 mg/24h-moderate

1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. Unless otherwise specified data Legend: extracted from RTECS - Register of Toxic Effect of chemical Substances

Davco Lanko 173 Internal Floor Leveller

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS, RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases

No significant acute toxicological data identified in literature search.

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 PORTLAND CEMENT a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger

Chemwatch: 3390559 Page 7 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1

Davco Lanko 173 Internal Floor Leveller

Print Date: 22/07/2016

sensitising potential with which few individuals come into contact.

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance. (often particulate in nature) and is completely reversible after exposure ceases.

No significant acute toxicological data identified in literature search.

GRADED SAND

No significant acute toxicological data identified in literature search.

CALCIUM ALUMINATE CEMENT

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases

No data of toxicological significance identified in literature search.

CALCIUM CARBONATE

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases

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.

No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.

Acute Toxicity	0	Carcinogenicity	0
Skin Irritation/Corrosion	✓	Reproductivity	0
Serious Eye Damage/Irritation	~	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	✓	STOT - Repeated Exposure	0
Mutagenicity	0	Aspiration Hazard	0

Leaend:

X - Data available but does not fill the criteria for classification

- Data required to make classification available

O - Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
calcium aluminate cement	LC50	96	Fish	>100mg/L	2
calcium aluminate cement	EC50	24	Crustacea	6.4mg/L	2
calcium aluminate cement	EC50	48	Crustacea	5.4mg/L	2
calcium aluminate cement	EC50	72	Algae or other aquatic plants	3.6mg/L	2
calcium aluminate cement	NOEC	72	Algae or other aquatic plants	2.6mg/L	2
calcium carbonate	LC50	96	Fish	>56000mg/L	4
calcium carbonate	EC50	72	Algae or other aquatic plants	>14mg/L	2
calcium carbonate	NOEC	72	Algae or other aquatic plants	14mg/L	2
	Extracted from 1. IUCLII	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, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) -

For Silica:

Leaend:

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. Once released into the environment, no distinction can be made between the initial forms of silica

Aquatic Fate: At normal environmental pH, dissolved silica exists exclusively as monosilicic acid. At pH 9.4, amorphous silica is highly soluble in water.

Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

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.

Aquatic/Terrestrial Fate: When released to dry soil, most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. A metal ion is considered infinitely persistent because it cannot degrade further. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. A significant proportion of dissolved/sorbed metals will end up in sediments through the settling of suspended particles.

Chemwatch: 3390559 Page 8 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1 Print Date: 22/07/2016

Davco Lanko 173 Internal Floor Leveller

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
	No Data available for all ingredients

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

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)

Product / Packaging disposal

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- 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

0000 1104411104	
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)

GRADED SAND(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

CALCIUM ALUMINATE CEMENT(65997-16-2) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

CALCIUM CARBONATE(471-34-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
National Inventory	Status
Australia - AICS	Y
Canada - DSL	Υ
Canada - NDSL	N (portland cement: calcium aluminate cement: graded sand)

Chemwatch: 3390559 Page 9 of 9 Issue Date: 14/07/2016 Version No: 7.1.1.1 Print Date: 22/07/2016

Davco Lanko 173 Internal Floor Leveller

China - IECSC	Y
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	N (portland cement)
Korea - KECI	Υ
New Zealand - NZIoC	Υ
Philippines - PICCS	N (portland cement; calcium aluminate 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
calcium aluminate cement	65997-16-2, 12042-68-1
calcium carbonate	471-34-1, 13397-26-7, 15634-14-7, 1317-65-3, 72608-12-9, 878759-26-3, 63660-97-9, 459411-10-0, 198352-33-9, 146358-95-4

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

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

BCF: BioConcentration Factors

BEI: Biological Exposure Index

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