

# ARDEX ABAPOXY PART A

Chemwatch Material Safety Data Sheet  
Issue Date: 18-Aug-2008  
NC317ECP

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Version No:5  
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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

ARDEX ABAPOXY PART A

### SYNONYMS

"three pack epoxy", "part A"

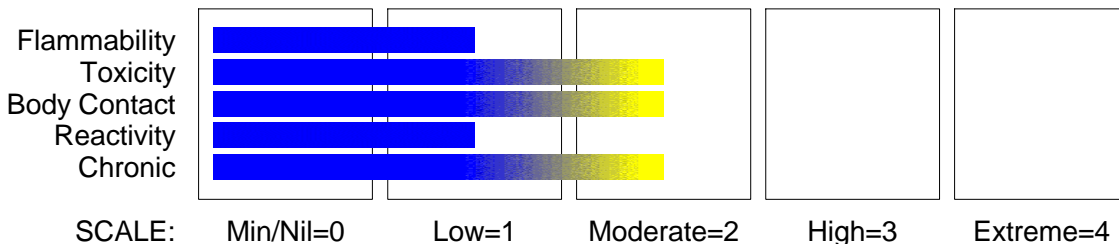
### PRODUCT USE

• Material is mixed and used in accordance with manufacturers directions. • Mix only as much as is required. • DO NOT return the mixed material to original containers. Applied using a hand trowel or spreader. The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Part A of a three component system. When mixed with Part B (hardener) and Part C (filler) of the ABAPoxy System, it provides a system suitable for the fixing, grouting and floor tiles.

### SUPPLIER

Company: Ardex Australia Pty Ltd  
Address:  
20 Powers Road  
Seven Hills  
NSW, 2147  
AUS  
Telephone: 1800 224 070  
Fax: +61 2 9838 7817

### CHEMWATCH HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.

### POISONS SCHEDULE

S5

### RISK

Harmful by inhalation in contact with skin and if swallowed.  
Irritating to eyes and skin.  
May cause SENSITISATION by skin contact.  
Toxic to aquatic organisms may cause long-

### SAFETY

Do not breathe gas/ fumes/ vapour/ spray.  
Use only in well ventilated areas.  
Keep container in a well ventilated place.  
Avoid exposure - obtain special instructions

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Section 2 - HAZARDS IDENTIFICATION

term adverse effects in the aquatic environment.

before use.

To clean the floor and all objects contaminated by this material use water and detergent.

Keep container tightly closed.

This material and its container must be disposed of in a safe way.

Keep away from food drink and animal feeding stuffs.

Take off immediately all contaminated clothing.

In case of contact with eyes rinse with plenty of water and contact Doctor or Poisons Information Centre.

If swallowed IMMEDIATELY contact Doctor or Poisons Information Centre (show this container or label).

Use appropriate container to avoid environment contamination.

Avoid release to the environment. Refer to special instructions/ safety data sheets.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
bisphenol A/ epichlorohydrin resin, liquid glycidyl ester of Versatic 10 as glycidyl neodecanoate	25068-38-6	>60
non hazardous ingredients	26761-45-5	10-30 10-30

## Section 4 - FIRST AID MEASURES

### SWALLOWED

Rinse mouth out with plenty of water.

For advice, contact a Poisons Information Centre or a doctor.

- 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.

### EYE

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.

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Section 4 - FIRST AID MEASURES

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- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

## SKIN

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.

## INHALED

- 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.

## NOTES TO PHYSICIAN

Treat symptomatically.

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## Section 5 - FIRE FIGHTING MEASURES

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### EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- Avoid spraying water onto liquid pools.
- Do not approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.

### FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Other combustion products include: carbon dioxide (CO<sub>2</sub>) and aldehydes.

### FIRE INCOMPATIBILITY

- Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.
- Avoid reaction with amines, mercaptans, strong acids and oxidising agents.

HAZCHEM: None

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Section 5 - FIRE FIGHTING MEASURES

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## Personal Protective Equipment

Gas tight chemical resistant suit.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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### EMERGENCY PROCEDURES

#### MINOR SPILLS

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.
- Wipe up.
- Place in a suitable labelled container for waste disposal.

#### MAJOR SPILLS

Moderate hazard.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.
- No smoking, naked lights or ignition sources.
- Increase ventilation.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Absorb remaining product with sand, earth or vermiculite.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

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## Section 7 - HANDLING AND STORAGE

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### PROCEDURE FOR 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.
- DO NOT enter confined spaces until atmosphere has been checked.
- Avoid smoking, naked lights or ignition sources.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions.
- Avoid cross contamination between the two liquid parts of product (kit).

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- If two part products are mixed or allowed to mix in proportions other than manufacturer's recommendation, polymerisation with gelation and evolution of heat (exotherm) may occur.
- This excess heat may generate toxic vapour.

## SUITABLE CONTAINER

- Plastic drum.
- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

## STORAGE INCOMPATIBILITY

- Avoid storage with oxidisers.
- Avoid reaction with amines, mercaptans, strong acids and oxidising agents.

## STORAGE REQUIREMENTS

- Store in original containers.
  - Keep containers securely sealed.
  - No smoking, naked lights or ignition sources.
  - Store in a cool, dry, well-ventilated area.
  - Store away from incompatible materials and foodstuff containers.
  - Protect containers against physical damage and check regularly for leaks.
  - Observe manufacturer's storing and handling recommendations.
- Store between 5 and 35 deg.C.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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### EXPOSURE CONTROLS

The following materials had no OELs on our records

- bisphenol A/ epichlorohydrin resin, liquid: CAS:25068- 38- 6 CAS:25085- 99- 8
- glycidyl neodecanoate: CAS:26761- 45- 5 CAS:71206- 09- 2

### ODOUR SAFETY FACTOR (OSF)

OSF=0.54 (bisphenol A/ epichlorohydrin resin, liquid)

Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted
C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of

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E	<0.18	being tested perceive by smell that the Exposure Standard is being reached As " D" for less than 10% of persons aware of being tested
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### MATERIAL DATA

None assigned. Refer to individual constituents.

#### INGREDIENT DATA

BISPHENOL A/ EPICHLOROHYDRIN RESIN, LIQUID:  
GLYCIDYL NEODECANOATE:

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

BISPHENOL A/ EPICHLOROHYDRIN RESIN, LIQUID:

Odour Threshold Value for epichlorohydrin: 0.08 ppm

NOTE: Detector tubes for epichlorohydrin, measuring in excess of 5 ppm, are commercially available.

Exposure at or below the recommended TLV-TWA is thought to minimise the potential for adverse respiratory, liver, kidney effects. Epichlorohydrin has been implicated as a human skin sensitiser, hence individuals who are hypersusceptible or otherwise unusually responsive to certain chemicals may NOT be adequately protected from adverse health effects.

Odour Safety Factor(OSF)

OSF=0.54 (EPICHLOROHYDRIN).

### PERSONAL PROTECTION

#### EYE

- Safety glasses with side shields; or as required,
- 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 lens or restrictions on use, should be created for each workplace or task. This should include a

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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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

### HANDS/FEET

- Nitrile gloves. or • Neoprene gloves • Rubber gloves.
- PVC gloves.
- Protective footwear.

### OTHER

- Overalls.
- Barrier cream.
  - Skin cleansing cream.
  - Eyewash unit.

### RESPIRATOR

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Breathing Zone Level ppm (volume)	Maximum Protection Factor	Half- face Respirator	Full- Face Respirator
1000	10	A- AUS P	-
1000	50	-	A- AUS P
5000	50	Airline *	-
5000	100	-	A- 2 P
10000	100	-	A- 3 P
	100+		Airline**

\* - Continuous Flow

\*\* - Continuous-flow or positive pressure demand.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### ENGINEERING CONTROLS

Use in a well-ventilated area.

General exhaust is adequate under normal operating conditions. If risk of overexposure exists, wear SAA approved respirator. Correct fit is essential to obtain adequate protection. Provide adequate ventilation in warehouse or closed storage areas.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### APPEARANCE

Clear, colourless to pale yellow liquid with a very mild odour; emulsifiable in water.

### PHYSICAL PROPERTIES

Liquid.

Molecular Weight: Not applicable

Boiling Range (°C): Not available

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## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Melting Range (°C): Not available  
Solubility in water (g/L): Emulsifiable  
pH (1% solution): Not applicable  
Volatile Component (%vol): Not available  
Relative Vapour Density (air=1): Not available  
Lower Explosive Limit (%): Not applicable  
Autoignition Temp (°C): Not available  
State: Liquid

Specific Gravity (water= 1): 1.06 @ 23 C  
pH (as supplied): Not applicable  
Vapour Pressure (kPa): Not available  
Evaporation Rate: Not available  
Flash Point (°C): >100

Upper Explosive Limit (%): Not applicable  
Decomposition Temp (°C): Not available  
Viscosity: Not available

## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

## Section 11 - TOXICOLOGICAL INFORMATION

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

Considered an unlikely route of entry in commercial/industrial environments. The material is moderately discomforting and may be harmful if swallowed. Ingestion may result in nausea, abdominal irritation, pain and vomiting.

##### EYE

The material is moderately discomforting to the eyes and is capable of causing a mild, temporary redness of the conjunctiva (similar to wind-burn), temporary impairment of vision and/ or other transient eye damage/ ulceration. The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

##### SKIN

The material is moderately discomforting to the skin if contact is prolonged and is capable of causing skin reactions which may lead to dermatitis or may cause skin sensitisation from repeated exposures over long periods or from a single acute exposure. Epoxy materials may cause allergic and/or contact dermatitis responses, which may occur on exposure or may become apparent only after repeated exposures. Sensitisation is possible. Photoallergic dermatitis may result from contact with the material. This type of response can be elicited only in individuals who have been previously allergically sensitised to the chemical agent and appropriate radiation. Photoallergic dermatitis presents, clinically, as an eczematous dermatitis in sun-exposed areas. Sensitisation may result in allergic dermatitis responses including rash, itching, hives or swelling of extremities. Sensitisation reactions may appear suddenly after repeated symptom free exposures. The material may accentuate any pre-existing skin condition. Open cuts, abraded or irritated skin should not be exposed to this material.

##### INHALED

Not normally a hazard due to non-volatile nature of product. The vapour is mildly discomforting to the upper respiratory tract.

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Inhalation hazard is increased at higher temperatures.  
Inhalation of vapour may result in nausea, headache and repeated exposure may cause sensitisation and/or allergic reactions.  
Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.

## CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by skin contact with the material, inhalation of vapour, inhalation of vapour from the curing material.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

As with any chemical product, contact with unprotected bare skin; inhalation of vapour, mist or dust in work place atmosphere; or ingestion in any form, should be avoided by observing good occupational work practice.

## TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

### BISPHENOL A/ EPICHLOROHYDRIN RESIN, LIQUID:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (rat) LD50: 11400 mg/kg

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Oxiranes (including glycidyl ethers and alkyl oxides, and epoxides) exhibit many common characteristics with respect to animal toxicology. One such oxirane is ethyloxirane; data presented here may be taken as representative.

for 1,2-butylene oxide (ethyloxirane):

Ethyloxirane increased the incidence of tumours of the respiratory system in male and female rats exposed via inhalation. Significant increases in nasal papillary adenomas and combined alveolar/bronchiolar adenomas and carcinomas were observed in male rats exposed to 1200 mg/m<sup>3</sup> ethyloxirane via inhalation for 103 weeks. There was also a significant positive trend in the incidence of combined alveolar/bronchiolar adenomas and carcinomas. Nasal papillary adenomas were also observed in 2/50 high-dose female rats with none occurring in control or low-dose animals. In mice exposed chronically via inhalation, one male mouse developed a squamous cell papilloma in the nasal cavity (300 mg/m<sup>3</sup>) but other tumours were not observed. Tumours were not observed in mice exposed chronically via dermal exposure. When trichloroethylene containing 0.8% ethyloxirane was administered orally to mice for up to 35 weeks, followed by 0.4% from weeks 40 to 69, squamous-cell carcinomas of the forestomach occurred in 3/49 males (p=0.029, age-adjusted) and 1/48 females at week 106. Trichloroethylene administered alone did not induce these tumours and they were not observed in control animals. Two structurally related substances, oxirane (ethylene oxide) and methyloxirane (propylene oxide), which are also direct-acting alkylating agents, have been classified as carcinogenic.

#### IRRITATION

Eye (rabbit): 100mg - Mild

### GLYCIDYL NEODECANOATE:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of

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## Section 11 - TOXICOLOGICAL INFORMATION

Chemical Substances.

### TOXICITY

Oral (rat) LD50: 9600 mg/kg

Dermal (rat) LD50: 3800 mg/kg [SHELL]

### IRRITATION

Nil Reported

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

## Section 12 - ECOLOGICAL INFORMATION

No data for Ardex ABAPoxy Part A.

Refer to data for ingredients, which follows:

### BISPHENOL A/ EPICHLOROHYDRIN RESIN, LIQUID:

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Significant environmental findings are limited. Oxiranes (including glycidyl ethers and alkyl oxides, and epoxides) exhibit common characteristics with respect to environmental fate and ecotoxicology. One such oxirane is ethyloxirane and data presented here may be taken as representative.

for 1,2-butylene oxide (ethyloxirane):

Environmental fate: Ethyloxirane is highly soluble in water and has a very low soil - adsorption coefficient, which suggests that if released to water, adsorption of ethyloxirane to sediment and suspended solids is not expected. Volatilisation of ethyloxirane from water surfaces would be expected based on the moderate estimated Henry's Law constant. If ethyloxirane is released to soil, it is expected to have low adsorption and thus very high mobility. Volatilisation from moist soil and dry soil surfaces is expected, based on its vapour pressure. It is expected that ethyloxirane exists solely as a vapour in ambient atmosphere, based on its very high vapour pressure. Ethyloxirane may also be removed from the atmosphere by wet deposition processes, considering its relatively high water solubility.

Persistence: The half-life in air is about 5.6 days from the reaction of ethyloxirane with photochemically produced hydroxyl radicals which indicates that this chemical meets the persistence criterion in air (half-life of = 2 days)\*.

Ethyloxirane is hydrolysable, with a half-life of 6.5 days, and biodegradable up to 100% degradation and is not expected to persist in water.

biodegradation half-life of 15 days in water A further model-predicted was obtained and used to predict the half-life of this chemical in soil and sediment by applying Boethling's extrapolation factors (  $t_{1/2\text{water}} : t_{1/2\text{soil}} : t_{1/2\text{sediment}} = 1 : 1 : 4$  ) (Boethling 1995). According to these values, it can be concluded that ethyloxirane does not meet the persistence criteria in water and soil (half-lives = 182 days) and sediments (half-life = 365 days).

Experimental and modelled log Kow values of 0.68 and 0.86, respectively, indicate that the potential for bioaccumulation of ethyloxirane in organisms is likely to be low.

Modelled bioaccumulation -factor (BAF) and bioconcentration -factor (BCF) values of 1 to 17 L/kg indicate that ethyloxirane does not meet the bioaccumulation criteria (BCF/BAF = 5000)\*

Ecotoxicity:

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Section 12 - ECOLOGICAL INFORMATION

Experimental ecotoxicological data for ethyloxirane (OECD 2001) indicate low to moderate toxicity to aquatic organisms. For fish and water flea, acute LC50/EC50 values vary within a narrow range of 70-215 mg/L; for algae, toxicity values exceed 500 mg/L, while for bacteria they are close to 5000 mg/L

\* Persistence and Bioaccumulation Regulations (Canada 2000).

DO NOT discharge into sewer or waterways.

GLYCIDYL NEODECANOATE:

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

DO NOT discharge into sewer or waterways.

## Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Material may be disposed of by controlled burning in an approved incinerator or buried in an approved landfill.
- Prior to disposal in a landfill the material should be mixed with the other component and reacted to render the material inert.
- Extreme caution should be taken when heating the resin/curing agent mix.
- Recycle containers where possible, or dispose of in an authorised landfill.

## Section 14 - TRANSPORTATION INFORMATION

Labels Required: COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA, IMDG

## Section 15 - REGULATORY INFORMATION

**POISONS SCHEDULE: S5**

### REGULATIONS

Ardex ABApoxly Part A (CAS: None):

No regulations applicable

bisphenol A/ epichlorohydrin resin, liquid (CAS: 25068-38-6) is found on the following regulatory lists;

Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2

Australia Hazardous Substances

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 4

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5

OECD Representative List of High Production Volume (HPV) Chemicals

bisphenol A/ epichlorohydrin resin, liquid (CAS: 25085-99-8) is found on the following regulatory lists;

Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2

Australia Inventory of Chemical Substances (AICS)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 4

Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5

OECD Representative List of High Production Volume (HPV) Chemicals

continued...

# ARDEX ABAPOXY PART A

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Section 15 - REGULATORY INFORMATION

glycidyl neodecanoate (CAS: 26761-45-5) is found on the following regulatory lists;

Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2

Australia Inventory of Chemical Substances (AICS)

GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships

IMO IBC Code Chapter 17: Summary of minimum requirements

International Council of Chemical Associations (ICCA) - High Production Volume List

OECD Representative List of High Production Volume (HPV) Chemicals

glycidyl neodecanoate (CAS: 71206-09-2) is found on the following regulatory lists;

Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2

Australia Inventory of Chemical Substances (AICS)

## Section 16 - OTHER INFORMATION

### Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
glycidyl neodecanoate	26761- 45- 5	Mut3; R40 R43

### INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
bisphenol A/ epichlorohydrin resin, liquid	25068- 38- 6, 25085- 99- 8
glycidyl neodecanoate	26761- 45- 5, 71206- 09- 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.

A list of reference resources used to assist the committee may be found at:

[www.chemwatch.net/references](http://www.chemwatch.net/references).

The (M)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.

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Print Date: 18-Aug-2008

# ARDEX ABAPOXY PART B

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

ARDEX ABAPOXY PART B

### SYNONYMS

"hardener three component epoxy system", "part B"

### PROPER SHIPPING NAME

CORROSIVE LIQUID, N.O.S.  
(contains isophorone diamine)

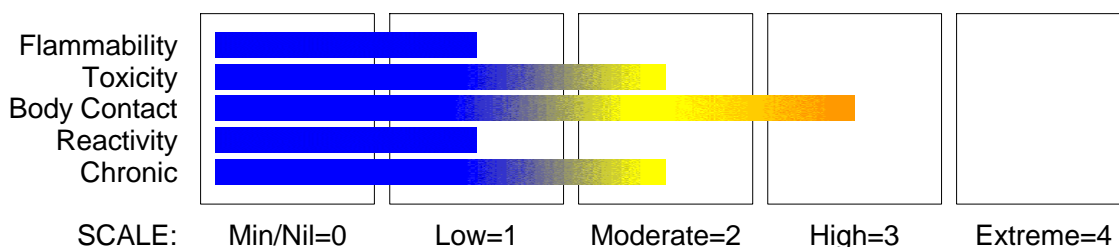
### PRODUCT USE

• Material is mixed and used in accordance with manufacturers directions. • Mix only as much as is required. • DO NOT return the mixed material to original containers. Applied using a hand trowel or spreader. The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Part B (hardener) of a three part component system. When mixed with Part A (compound) and Part C (filler) of the ABAPoxy System, it provides a system suitable for the fixing, grouting of wall and floor tiles.

### SUPPLIER

Company: Ardex Australia Pty Ltd  
Address:  
20 Powers Road  
Seven Hills  
NSW, 2147  
AUS  
Telephone: 1800 224 070  
Fax: +61 2 9838 7817

### CHEMWATCH HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.

### POISONS SCHEDULE

S5

RISK

SAFETY

continued...

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Section 2 - HAZARDS IDENTIFICATION

Harmful by inhalation in contact with skin and if swallowed.

Causes burns.

Risk of serious damage to eyes.

May cause SENSITISATION by skin contact.

Harmful to aquatic organisms may cause long- term adverse effects in the aquatic environment.

Vapours may cause drowsiness and dizziness.

Keep locked up.

Do not breathe gas/ fumes/ vapour/ spray.

Avoid contact with eyes.

Wear suitable protective clothing.

Use only in well ventilated areas.

Keep container in a well ventilated place.

To clean the floor and all objects contaminated by this material use water.

Keep container tightly closed.

Take off immediately all contaminated clothing.

In case of accident or if you feel unwell

IMMEDIATELY contact Doctor or Poisons

Information Centre (show label if possible).

This material and its container must be disposed of as hazardous waste.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
polyamide resin		30-60
benzyl alcohol	100-51-6	30-60
isophorone diamine	2855-13-2	10-30
2, 4, 6- tris[(dimethylamino)methyl]phenol	90-72-2	<5
salicylic acid	69-72-7	<3

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

### EYE

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.

continued...

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Section 4 - FIRST AID MEASURES

## SKIN

If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

## INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prosthesis 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.

## NOTES TO PHYSICIAN

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
  - Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
  - Oxygen is given as indicated.
  - The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
  - Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.
- Alkalis continue to cause damage after exposure.

### INGESTION:

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

Supportive care involves the following:

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

### SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.
- Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology].  
Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.
- Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
  - High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
  - The so-called "gasping syndrome" describes the progressive neurological deterioration of poisoned neonates.

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- Management is essentially supportive. for salicylate intoxication:
  - Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
  - Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
  - Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
  - Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
  - In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
  - Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
  - Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
  - Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
  - Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
  - For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

- Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et.al.: Clinical Toxicology of Commercial Products]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. NOTE: Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the

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Section 4 - FIRST AID MEASURES

volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.  
HyperTox 3.0 <http://www.ozemail.com.au/-ouad/SALI0001.HTA>.

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## Section 5 - FIRE FIGHTING MEASURES

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### EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- 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.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

### FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Combustion products include: carbon dioxide (CO<sub>2</sub>), aldehydes, nitrogen oxides (NO<sub>x</sub>), other pyrolysis products typical of burning organic material.

Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.

May emit corrosive fumes.

### FIRE INCOMPATIBILITY

- Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

### HAZCHEM: 2X

### Personal Protective Equipment

Gas tight chemical resistant suit.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

### EMERGENCY PROCEDURES

#### MINOR SPILLS

Slippery when spilt.

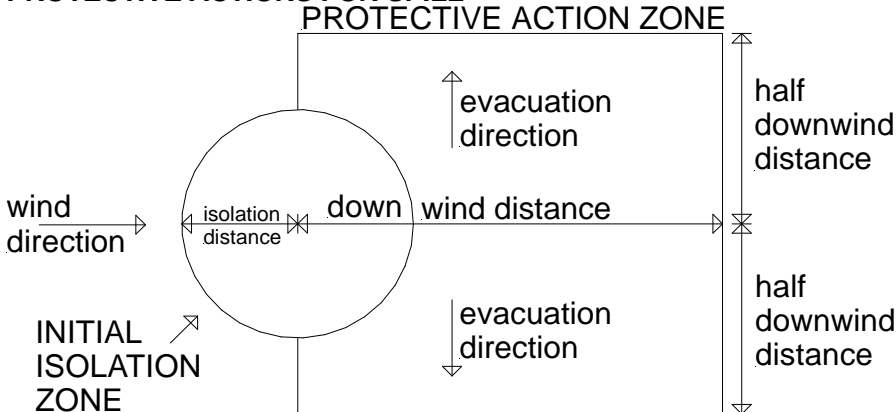
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.
- Wipe up.
- Place in a suitable labelled container for waste disposal.

#### MAJOR SPILLS

Slippery when spilt.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

### PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance	25 metres
Downwind Protection Distance	250 metres
IERG Number	37

### FOOTNOTES

- 1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of

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## Section 6 - ACCIDENTAL RELEASE MEASURES

vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.

- 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
- 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".  
LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
- 5 Guide 154 is taken from the US DOT emergency response guide book.
- 6 IERG information is derived from CANUTEC - Transport Canada.

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin.
- Contains low boiling substance:  
Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.
- Check for bulging containers.
- Vent periodically
- Always release caps or seals slowly to ensure slow dissipation of vapours.
- DO NOT USE brass or copper containers / stirrers.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with moisture.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

### SUITABLE CONTAINER

- DO NOT use aluminium or galvanised containers.
  - Lined metal can, lined metal pail/ can.
  - Plastic pail.
  - Polyliner drum.
  - Packing as recommended by manufacturer.
  - Check all containers are clearly labelled and free from leaks.
- For low viscosity materials
- Drums and jerricans must be of the non-removable head type.
  - Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):
- Removable head packaging;
  - Cans with friction closures and

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Section 7 - HANDLING AND STORAGE

- low pressure tubes and cartridges may be used.

-

Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

## STORAGE INCOMPATIBILITY

- Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.
- Avoid strong acids.
- Avoid reaction with oxidising agents.

## STORAGE REQUIREMENTS

- Store in original containers.
  - Keep containers securely sealed.
  - Store in a cool, dry, well-ventilated area.
  - Store away from incompatible materials and foodstuff containers.
  - Protect containers against physical damage and check regularly for leaks.
  - Observe manufacturer's storing and handling recommendations.
  - DO NOT store near acids, or oxidising agents.
- Protect containers against physical damage.
- Check regularly for spills and leaks.
- No smoking, naked lights, heat or ignition sources.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- benzyl alcohol: CAS:100- 51- 6
- isophorone diamine: CAS:2855- 13- 2
- 2, 4, 6- tris[(dimethylamino)methyl]phenol: CAS:90- 72- 2
- salicylic acid: CAS:69- 72- 7

### ODOUR SAFETY FACTOR (OSF)

OSF=25 (2,4,6-tri(dimethylaminomethyl)phenol)

Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted

continued...

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

### MATERIAL DATA

None assigned. Refer to individual constituents.

#### INGREDIENT DATA

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:  
BENZYL ALCOHOL:

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:  
BENZYL ALCOHOL:

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus

increasing the risk of overexposure.

BENZYL ALCOHOL:

OEL STEL (Russia): 5 mg/m<sup>3</sup>      Skin  
Odour Threshold: 5.5 ppm

ISOPHORONE DIAMINE:

No exposure limits set by NOHSC or ACGIH.

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:

continued...

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

CEL TWA: 5 ppm, 54 mg/m3

SKIN

[Rohm & Haas]

## SALICYLIC ACID:

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

## PERSONAL PROTECTION

### EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

### HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.
- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

### 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.

### OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

### RESPIRATOR

Respiratory protection is required when ANY "Worst Case" vapour-phase concentration is exceeded (see Computer Prediction in "Exposure Standards").

Protection Factor (Min)	Half- Face Respirator	Full- Face Respirator
10 x ES	AK- P- - AUS AK- P- - PAPR- AUS	- -
50 x ES	- -	AK- P- - AUS AK- P- - PAPR- AUS
100 x ES	- -	AK- P- - 2 AK- P- - PAPR- 2

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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^ - Full-face.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area.

---

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

---

### APPEARANCE

Clear amber, low viscosity, alkaline liquid with ammonia odour; mixes with water.

### PHYSICAL PROPERTIES

Liquid.

Mixes with water.

Corrosive.

Alkaline.

Molecular Weight: Not Applicable

Melting Range (°C): Not Available

Solubility in water (g/L): Miscible

pH (1% solution): Not Available

Volatile Component (%vol): Not Available

Relative Vapour Density (air=1): Not

Available

Lower Explosive Limit (%): Not Applicable

Autoignition Temp (°C): Not Available

State: Liquid

Boiling Range (°C): Not Available

Specific Gravity (water= 1): 0.97

pH (as supplied): 11

Vapour Pressure (kPa): Not Available

Evaporation Rate: Not Available

Flash Point (°C): >100

Upper Explosive Limit (%): Not Applicable

Decomposition Temp (°C): Not Available

Viscosity: Not Available

---

## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

---

### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

---

## Section 11 - TOXICOLOGICAL INFORMATION

---

### POTENTIAL HEALTH EFFECTS

continued...

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Section 11 - TOXICOLOGICAL INFORMATION

## ACUTE HEALTH EFFECTS

### SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Amines without benzene rings when swallowed are absorbed throughout the gut. Corrosive action may cause damage throughout the gastrointestinal tract. They are removed through the liver, kidney and intestinal mucosa by enzyme breakdown.

Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucus. If death does not occur within 24 hours there may be an improvement in the patients condition for 2-4 days only to be followed by the sudden onset of abdominal pain, boardlike abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.

### EYE

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

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

Vapours of volatile amines irritate the eyes, causing excessive secretion of tears, inflammation of the conjunctiva and slight swelling of the cornea, resulting in "halos" around lights. This effect is temporary, lasting only for a few hours. However this condition can reduce the efficiency of undertaking skilled tasks, such as driving a car.

Direct eye contact with liquid volatile amines may produce eye damage, permanent for the lighter species.

### SKIN

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The material can produce chemical burns following direct contact with the skin.

Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling. Blistering, with weeping of serous fluid, and crusting and scaling may also occur. Individuals exhibiting "amine dermatitis" may experience a dramatic reaction upon re-exposure to minute quantities. Highly sensitive persons may even react to cured resins containing trace amounts of unreacted amine hardener. Minute quantities of air-borne amine may precipitate intense dermatological symptoms in sensitive individuals. Prolonged or repeated exposure may produce tissue necrosis.

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.

### INHALED

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing.

Before starting exposure consider control of exposure by mechanical ventilation.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the

continued...



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## Section 11 - TOXICOLOGICAL INFORMATION

exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

### CHRONIC HEALTH EFFECTS

Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

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.

The material may accumulate in the human body and progressively cause tissue damage.

Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

### TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

#### BENZYL ALCOHOL:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (rat) LD50: 1230 mg/kg

Inhalation (rat) LCLo: 2000 ppm/4h

Inhalation (rat) LC50: 1000 ppm/8h

Inhalation (rat) LC50: >4178 mg/m<sup>3</sup>/4h

Dermal (rabbit) LD50: 2000 mg/kg

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.

(aerosol)

#### IRRITATION

Skin (man): 16 mg/48h- Mild

Skin (rabbit): 10 mg/24h open- Mild

Eye (rabbit): 0.75 mg Open SEVERE

#### ISOPHORONE DIAMINE:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (rat) LD50: 1030 mg/kg [Manufacturer HUE]

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

#### IRRITATION

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The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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 disorder is characterised by dyspnea, cough and mucus production. The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function. 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.

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:  
unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

### TOXICITY

Oral (rat) LD50: 1200 mg/kg  
Oral (rat) LD50: 2500 mg/kg \*  
Dermal (rabbit) LD50: 1280 mg/kg [Rohm & Haas, Henkel]\*  
Inhalation (rat) LC50: >0.5 mg/l/1 hr. [Ciba]

### IRRITATION

Skin (rabbit): 2 mg/24h - SEVERE  
Eye (rabbit): 0.05 mg/24h - SEVERE

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 severe 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. Repeated exposures may produce severe ulceration. 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 disorder is characterised by dyspnea, cough and mucus production.

SALICYLIC ACID:  
unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

### TOXICITY

Oral (man) LDLo: 50 mg/kg\*  
Oral (rat) LD50: 891 mg/kg

### IRRITATION

Skin (rabbit): 500 mg/24h - Mild  
Eye (rabbit): 100 mg - SEVERE

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Section 11 - TOXICOLOGICAL INFORMATION

Oral (rat) TDLo: 1400 mg/kg\*\*

Dermal (man) TDLo: 57 mg/kg

Dermal (rabbit) LD50: 1300 mg/kg [\*BDH], [\*\*Extal]

## Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant: Not Determined

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Refer to data for ingredients, which follows:

**BENZYL ALCOHOL:**

DO NOT discharge into sewer or waterways.

log Kow: 1.1

Koc: <5

Henry's atm m<sup>3</sup>/mol: 3.91E-07

BOD 5 if unstated: 1.55-1.6,33-62%

COD: 96%

ThOD: 2.519

BCF: 4

Ecotoxicity

Fish LC50 (48 h): fathead minnow 770 mg/l; (72 h): 480 mg/l; (96 h) 460 mg/l

Fish LC50 (96 h) fathead minnow 10 ppm, bluegill sunfish 15 ppm;

tidewater silverside

fish 15 ppm

Toxicity invertebrate: cell mult. inhib. 350mg/l

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

Special Remarks on the Products of Biodegradation: Not available

Bioaccumulation: not sig

Anaerobic effects: sig degrad

Effects on algae and plankton: inhib degrad. of glucose

Degradation Biological: sig

processes Abiotic: RxnOH\*, no photochem

**ISOPHORONE DIAMINE:**

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

LC50 (24h) Daphnae: 42 mg/L.

LD50 (48h) Leuciscus idus: 185 mg/L.

NOEC (21day) Daphnia magna: 3 mg/L \*

EC10 (16hr) Pseudomonas putida: 1120 mg/L \*

Persistence/Biodegradability: 42% (DOC, OECD 303A) \*

8.0% (DOC, Die away test -9/69/EEC) \*

\* [Morton]

**2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:**

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## Section 12 - ECOLOGICAL INFORMATION

Environmental toxicity is a function of the n-octanol/ water partition coefficient (log Pow, log Kow). Phenols with log Pow >7.4 are expected to exhibit low toxicity to aquatic organisms. However the toxicity of phenols with a lower log Pow is variable, ranging from low toxicity (LC50 values >100 mg/l) to highly toxic (LC50 values <1 mg/l) dependent on log Pow, molecular weight and substitutions on the aromatic ring. Dinitrophenols are more toxic than predicted from QSAR estimates. Hazard information for these groups is not generally available.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Fish toxicity:

Rainbow trout (salmo gairdneri) TL50: 222 (174-283) mg/l/24hr

Rainbow trout (salmo gairdneri) TL50: 180-240 mg/l/96hr

Rainbow trout (salmo gairdneri) No effect level: 180 mg/l

Mud crab TL50: 750-1000 mg/l/24hr

Mud crab TL50: 750-1000 mg/l/96hr

Mud crab TL50: No effect level: 750 mg/l

Carp TL50: 249 (204-305) mg/l/24hr

Carp TL50: 175 (131-235) mg/l/96hr

Carp No effect level: 140 mg/l

Grass shrimp TL50: 750-1000 mg/l/24

[Air Products & Chemicals]

SALICYLIC ACID:

log Pow (Verschuereen 1983): 2.21/2.26

BOD5: 0.95 (41%)

COD: 1.58 (100%)

ThOD: 1.623

log Kow: 0.35-2.26

BOD 5 if unstated: 0.95,41%

COD: 1.58,100%

ThOD: 1.623

Toxicity invertebrate: cell mult. inhib. 1.4-10mg/L

Effects on algae and plankton: cell mult. inhib. algae 1.6-4.9mg/L

## Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
  - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
  - Treat and neutralise at an approved treatment plant.
  - Treatment should involve: Neutralisation with suitable dilute acid followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material).
  - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
  - 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 MSDS and observe all notices pertaining to the product.

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### Section 14 - TRANSPORTATION INFORMATION

Labels Required: CORROSIVE

HAZCHEM: 2X

UNDG:

Dangerous Goods	8	Subrisk:	None
Class:		Packing Group:	III
UN Number:	1760		
Shipping Name:	CORROSIVE LIQUID, N.O.S. (contains isophorone diamine)		

#### Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	1760	Packing Group:	III
Special provisions:	A3		
Shipping Name:	CORROSIVE LIQUID, N.O.S. *		

#### Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	1760	Packing Group:	III
EMS Number:	F- A, S- B	Special provisions:	274
Limited Quantities:	None	Marine Pollutant:	Not Determined
Shipping Name:	CORROSIVE LIQUID, N.O.S.		

### Section 15 - REGULATORY INFORMATION

#### POISONS SCHEDULE: S5

#### REGULATIONS

Ardex ABAPoxy Part B (CAS: None):

No regulations applicable

benzyl alcohol (CAS: 100-51-6) is found on the following regulatory lists;

- Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2
- Australia Hazardous Substances
- Australia Inventory of Chemical Substances (AICS)
- GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships
- IMO IBC Code Chapter 17: Summary of minimum requirements
- IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
- International Council of Chemical Associations (ICCA) - High Production Volume List
- OECD Representative List of High Production Volume (HPV) Chemicals

isophorone diamine (CAS: 2855-13-2) is found on the following regulatory lists;

- Australia Hazardous Substances
- Australia Inventory of Chemical Substances (AICS)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
- GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships
- IMO IBC Code Chapter 17: Summary of minimum requirements
- IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
- International Council of Chemical Associations (ICCA) - High Production Volume List
- OECD Representative List of High Production Volume (HPV) Chemicals

2,4,6-tris[(dimethylamino)methyl]phenol (CAS: 90-72-2) is found on the following regulatory lists;

- Australia Hazardous Substances
- Australia Inventory of Chemical Substances (AICS)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
- International Council of Chemical Associations (ICCA) - High Production Volume List
- OECD Representative List of High Production Volume (HPV) Chemicals

salicylic acid (CAS: 69-72-7) is found on the following regulatory lists;

- Australia Inventory of Chemical Substances (AICS)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 2
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 3
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6

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Section 15 - REGULATORY INFORMATION

International Council of Chemical Associations (ICCA) - High Production Volume List  
OECD Representative List of High Production Volume (HPV) Chemicals

## Section 16 - OTHER INFORMATION

### EXPOSURE STANDARD FOR MIXTURES

"Worst Case" computer-aided prediction of vapour components/concentrations:

Composite Exposure Standard for Mixture (TWA) (mg/m<sup>3</sup>): 54 mg/m<sup>3</sup>

If the breathing zone concentration of ANY of the components listed below is exceeded,

"Worst Case" considerations deem the individual to be overexposed.

Component Breathing Zone ppm Breathing Zone mg/m<sup>3</sup> Mixture Conc: (%).

Component	Breathing zone (ppm)	Breathing Zone (mg/m <sup>3</sup> )	Mixture Conc (%)
2,4,6-tris[(dimethylamino)methyl]phenol	5.00	54.0000	5.0

Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded,

"Worst Case" considerations deem the individual to be overexposed.

At the "Composite Exposure Standard for Mixture" (TWA) (mg/m<sup>3</sup>): 54 mg/m<sup>3</sup>

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/references](http://www.chemwatch.net/references).

The (M)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.

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# ARDEX ABAPOXY FILLER PART C

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

ARDEX ABAPOXY FILLER PART C

### SYNONYMS

"three pack epoxy", "part C"

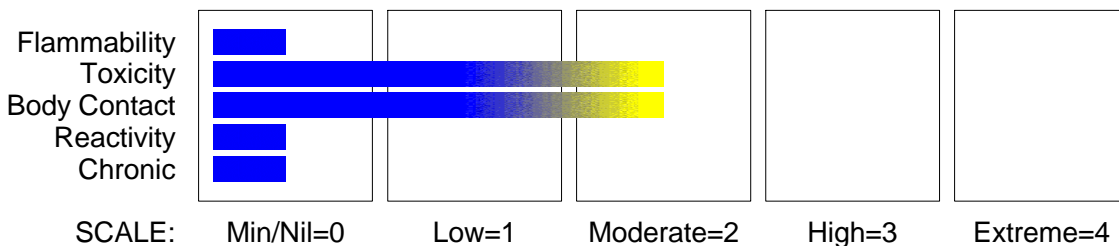
### PRODUCT USE

• Material is mixed and used in accordance with manufacturers directions. • Mix only as much as is required • DO NOT return the mixed material to original containers. Applied using a hand trowel or spreader. The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Part C (filler) of a three component system. When mixed with Part A (compound) and Part B (hardener) of the ABaPox System, it provides a system suitable for the fixing, grouting of wall and floor tiles.

### SUPPLIER

Company: Ardex Australia Pty Ltd  
Address:  
20 Powers Road  
Seven Hills  
NSW, 2147  
AUS  
Telephone: 1800 224 070  
Fax: +61 2 9838 7817

### CHEMWATCH HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

### POISONS SCHEDULE

None

### RISK

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

### SAFETY

Do not breathe dust.

Avoid contact with eyes.  
Wear suitable protective clothing.

continued...

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Section 2 - HAZARDS IDENTIFICATION

Use only in well ventilated areas.  
Keep container in a well ventilated place.  
To clean the floor and all objects contaminated by this material use water and detergent.  
Keep away from food drink and animal feeding stuffs.  
Take off immediately all contaminated clothing.  
In case of contact with eyes rinse with plenty of water and contact Doctor or Poisons Information Centre.  
If swallowed IMMEDIATELY contact Doctor or Poisons Information Centre (show this container or label).

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
silica as, silica crystalline - quartz	14808-60-7	>60
non hazardous ingredients		<10
No other ingredient information supplied.		

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- 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.

### EYE

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.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### SKIN

If skin or hair contact occurs:

- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

continued...



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Section 4 - FIRST AID MEASURES

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## NOTES TO PHYSICIAN

Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray. Exposed workers should be medically examined regularly with emphasis on respiratory system. Individuals with pulmonary disease should be precluded from exposure.

---

## Section 5 - FIRE FIGHTING MEASURES

---

### EXTINGUISHING MEDIA

There is no restriction on the type of extinguisher which may be used.

### FIRE FIGHTING

Alert Fire Brigade and tell them location and nature of hazard.

- Wear breathing apparatus plus protective gloves.
  - 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.  
If safe to do so, remove containers from path of fire.

### FIRE/EXPLOSION HAZARD

- Non combustible.
  - Not considered a significant fire risk, however containers may burn.
- Fuses on heating to an insoluble glass at high temperatures.  
At temperatures above 870 C. it changes crystal structure to more health hazardous forms.

### FIRE INCOMPATIBILITY

Avoid reaction with strong oxidisers, fluorine, chlorates, manganese trioxide, hydrofluoric acid, metal oxides, oxygen difluoride, chlorine trifluoride, manganese trifluoride, and fluorine-containing compounds.

HAZCHEM: None

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## Section 6 - ACCIDENTAL RELEASE MEASURES

---

### EMERGENCY PROCEDURES

#### MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place in clean drum then flush area with water.

#### MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.

continued...

# ARDEX ABAPOXY FILLER PART C

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## Section 6 - ACCIDENTAL RELEASE MEASURES

- Recover product wherever possible. Avoid generating dust.
- Sweep / shovel up.
- If required, wet with water to prevent dusting.
- Put residues in labelled plastic bags or other containers for disposal.
- Wash area down with large quantity of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- When handling DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Avoid physical damage to containers.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

### 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 storage with hydrogen fluoride, oxygen difluoride, chlorine trifluoride, manganese trifluoride, fluorine, manganese trioxide, chlorine trioxide, concentrated phosphoric acid or vinyl acetate.

### STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA mg/m <sup>3</sup>
Australia Exposure Standards	silica crystalline - quartz (Silica - Crystalline Quartz)	0.1
Australia Exposure Standards	silica crystalline - quartz (Silica - Amorphous Fume (thermally generated)(respirable dust) (g))	2

### EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m <sup>3</sup> )	Revised IDLH Value (ppm)
silica crystalline - quartz	50	

continued...

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### MATERIAL DATA

None assigned. Refer to individual constituents.

### INGREDIENT DATA

SILICA CRYSTALLINE - QUARTZ:

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

### PERSONAL PROTECTION

#### EYE

- Safety glasses with side shields; or as required,
- 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 lens 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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

#### HANDS/FEET

Wear general protective gloves: i.e. Disposable polythene gloves or Cotton gloves or Light weight rubber gloves, with Barrier cream preferably Safety footwear.

#### OTHER

- Overalls.
- Eyewash unit.

#### RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

\* - Negative pressure demand \*\* - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### ENGINEERING CONTROLS

Use in a well-ventilated area. or.

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could

continued...

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

---

occur, respiratory protection should be considered. Such protection might consist of:

- (a): particle dust respirators, if necessary, combined with an absorption cartridge;
- (b): filter respirators with absorption cartridge or canister of the right type;
- (c): fresh-air hoods or masks

- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

In confined spaces where there is inadequate ventilation, wear full-face air supplied breathing apparatus.

---

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

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### APPEARANCE

Coloured fine-coarse powder; insoluble in water.

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: Not applicable

Melting Range (°C): Not available

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not applicable

Relative Vapour Density (air=1): Not applicable.

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not available

Specific Gravity (water= 1): 2.65- 2.90

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available

Evaporation Rate: Not available

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not available.

Viscosity: Not available

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## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

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### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

---

## Section 11 - TOXICOLOGICAL INFORMATION

---

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

Considered an unlikely route of entry in commercial/industrial environments.

The solid/dust is. discomforting to the gastro-intestinal tract if swallowed.

continued...

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Section 11 - TOXICOLOGICAL INFORMATION

## EYE

The dust may produce eye discomfort and abrasive eye inflammation.  
Prolonged exposure may cause tissue damage.

## SKIN

The material may be mildly discomforting and abrasive to the skin and may cause drying of the skin if exposure is prolonged.  
Open cuts, abraded or irritated skin should not be exposed to this material.  
The material may accentuate any pre-existing skin condition.

## INHALED

The dust may be discomforting and harmful to the upper respiratory tract and lungs the material presents a hazard from repeated exposures over long periods.  
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.  
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.  
Overexposure to respirable dust may cause coughing, wheezing, leading to difficulty in breathing and even impaired pulmonary function.

## CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.  
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. A large part of the crystals accumulates in the lungs. Silicosis can occur, a condition where irreversible scarring of the lung occurs. Symptoms do not appear until months to years after exposure. Smoking increases this risk. Most simple cases of silicosis do not produce symptoms, but they can progress and eventually cause a tuberculosis-like syndrome which can be fatal. When silicosis is advanced, there is an increased risk of lung cancer and lymphoma. Laws in some areas require those exposed to silica to be under health surveillance.

## TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

### SILICA CRYSTALLINE - QUARTZ:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

### TOXICITY

Inhalation (human) LCLo: 0.3 mg/m<sup>3</sup>/10Y  
Inhalation (human) TCLo: 16 mppcf\*/8H/17.9Y  
Inhalation (rat) TCLo: 50 mg/m<sup>3</sup>/6H/71W

### IRRITATION

Nil Reported

WARNING: For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS.

Intermittent; focal fibrosis,  
(pneumoconiosis), cough, dyspnoea  
Intermittent; liver - tumours.

\* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).

NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.

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## Section 11 - TOXICOLOGICAL INFORMATION

MATERIAL	CARCINOGEN	REPROTOXIN	SENSITISER	SKIN
silica crystalline - quartz	IARC:1			

### CARCINOGEN

IARC: International Agency for Research on Cancer (IARC) Carcinogens: silica crystalline - quartz Category: WARNING: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS.

## Section 12 - ECOLOGICAL INFORMATION

No data for Ardex ABAPoxy Filler Part C.  
Refer to data for ingredients, which follows:

SILICA CRYSTALLINE - QUARTZ:  
DO NOT discharge into sewer or waterways.

## Section 13 - DISPOSAL CONSIDERATIONS

- 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 - TRANSPORTATION INFORMATION

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA,  
IMDG

## Section 15 - REGULATORY INFORMATION

**POISONS SCHEDULE: None**

### REGULATIONS

Ardex ABAPoxy Filler Part C (CAS: None):  
No regulations applicable

silica crystalline - quartz (CAS: 14808-60-7) is found on the following regulatory lists;  
Australia - New South Wales Hazardous Substances Prohibited for Specific Uses  
Australia - New South Wales Hazardous Substances Requiring Health Surveillance  
Australia - South Australia Hazardous Substances Requiring Health Surveillance  
Australia - Tasmania Hazardous Substances Prohibited for Specified Uses  
Australia - Tasmania Hazardous Substances Requiring Health Surveillance  
Australia - Western Australia Hazardous Substances Requiring Health Surveillance  
Australia Exposure Standards  
Australia Hazardous Substances  
Australia Hazardous Substances Requiring Health Surveillance  
Australia High Volume Industrial Chemical List (HVICL)  
Australia Inventory of Chemical Substances (AICS)  
Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance  
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6  
International Agency for Research on Cancer (IARC) Carcinogens  
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for silica crystalline - quartz as CAS: 122304-48-7, CAS: 122304-49-8, CAS: 12425-26-2, CAS: 1317-79-9, CAS: 70594-95-5, CAS: 87347-84-0.

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## Section 16 - OTHER INFORMATION

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### INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
silica crystalline - quartz	14808- 60- 7, 122304- 48- 7, 122304- 49- 8, 12425- 26- 2, 1317- 79- 9, 70594- 95- 5, 87347- 84- 0

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/references](http://www.chemwatch.net/references).

The (M)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.

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

ARDEX ABAPOXY PART B

### SYNONYMS

"hardener three component epoxy system", "part B"

### PROPER SHIPPING NAME

CORROSIVE LIQUID, N.O.S.  
(contains isophorone diamine)

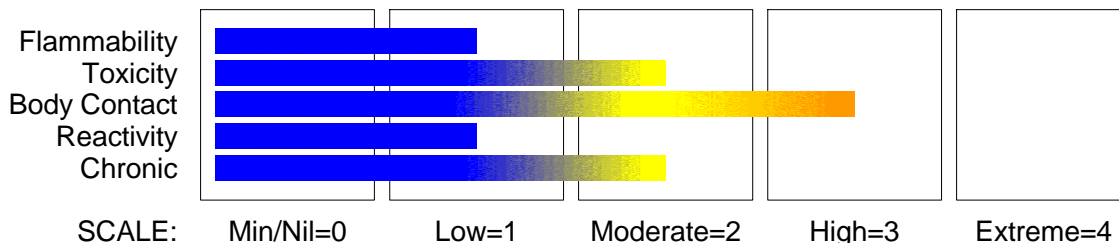
### PRODUCT USE

• Material is mixed and used in accordance with manufacturers directions. • Mix only as much as is required. • DO NOT return the mixed material to original containers. Applied using a hand trowel or spreader. The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Part B (hardener) of a three part component system. When mixed with Part A (compound) and Part C (filler) of the ABAPoxy System, it provides a system suitable for the fixing, grouting of wall and floor tiles.

### SUPPLIER

Company: Ardex Australia Pty Ltd  
Address:  
20 Powers Road  
Seven Hills  
NSW, 2147  
AUS  
Telephone: 1800 224 070  
Fax: +61 2 9838 7817

### CHEMWATCH HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

COMBUSTIBLE LIQUID, regulated under AS1940 for Bulk Storage purposes only.

### POISONS SCHEDULE

S5

RISK

SAFETY

continued...



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Section 2 - HAZARDS IDENTIFICATION

Harmful by inhalation in contact with skin and if swallowed.

Causes burns.

Risk of serious damage to eyes.

May cause SENSITISATION by skin contact.

Harmful to aquatic organisms may cause long- term adverse effects in the aquatic environment.

Vapours may cause drowsiness and dizziness.

Keep locked up.

Do not breathe gas/ fumes/ vapour/ spray.

Avoid contact with eyes.

Wear suitable protective clothing.

Use only in well ventilated areas.

Keep container in a well ventilated place.

To clean the floor and all objects contaminated by this material use water.

Keep container tightly closed.

Take off immediately all contaminated clothing.

In case of accident or if you feel unwell

IMMEDIATELY contact Doctor or Poisons

Information Centre (show label if possible).

This material and its container must be disposed of as hazardous waste.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
polyamide resin		30-60
benzyl alcohol	100-51-6	30-60
isophorone diamine	2855-13-2	10-30
2, 4, 6- tris[(dimethylamino)methyl]phenol	90-72-2	<5
salicylic acid	69-72-7	<3

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- 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.
- Transport to hospital or doctor without delay.

### EYE

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.

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Section 4 - FIRST AID MEASURES

## SKIN

If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

## INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prosthesis 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.

## NOTES TO PHYSICIAN

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
  - Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
  - Oxygen is given as indicated.
  - The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
  - Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.
- Alkalis continue to cause damage after exposure.

### INGESTION:

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

Supportive care involves the following:

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

### SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.
- Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology].  
Clinical experience of benzyl alcohol poisoning is generally confined to premature neonates in receipt of preserved intravenous salines.
- Metabolic acidosis, bradycardia, skin breakdown, hypotonia, hepatorenal failure, hypotension and cardiovascular collapse are characteristic.
  - High urine benzoate and hippuric acid as well as elevated serum benzoic acid levels are found.
  - The so-called "gasping syndrome" describes the progressive neurological deterioration of poisoned neonates.

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Section 4 - FIRST AID MEASURES

- Management is essentially supportive. for salicylate intoxication:
- Pending gastric lavage, use emetics such as syrup of Ipecac or delay gastric emptying and absorption by swallowing a slurry of activated charcoal. Do not give ipecac after charcoal.
- Gastric lavage with water or perhaps sodium bicarbonate solution (3%-5%). Mild alkali delays salicylate absorption from the stomach and perhaps slightly from the duodenum.
- Saline catharsis with sodium or magnesium sulfate (15-30 gm in water).
- Take an immediate blood sample for an appraisal of the patient's acid-base status. A pH determination on an anaerobic sample of arterial blood is best. An analysis of the plasma salicylate concentration should be made at the same time. Laboratory controls are almost essential for the proper management of severe salicylism.
- In the presence of an established acidosis, alkali therapy is essential, but at least in an adult, alkali should be withheld until its need is demonstrated by chemical analysis. The intensity of treatment depends on the intensity of acidosis. In the presence of vomiting, intravenous sodium bicarbonate is the most satisfactory of all alkali therapy.
- Correct dehydration and hypoglycaemia (if present) by the intravenous administration of glucose in water or in isotonic saline. The administration of glucose may also serve to remedy ketosis which is often seen in poisoned children.
- Even in patients without hypoglycaemia, infusions of glucose adequate to produce distinct hyperglycaemia are recommended to prevent glucose depletion in the brain. This recommendation is based on impressive experimental data in animals.
- Renal function should be supported by correcting dehydration and incipient shock. Overhydration is not justified. An alkaline urine should be maintained by the administration of alkali if necessary with care to prevent a severe systemic alkalosis. As long as urine remains alkaline (pH above 7.5), administration of an osmotic diuretic such as mannitol or perhaps THAM is useful, but one must be careful to avoid hypokalaemia. Supplements of potassium chloride should be included in parenteral fluids.
- Small doses of barbiturates, diazepam, paraldehyde, or perhaps other sedatives (but probably not morphine) may be required to suppress extreme restlessness and convulsions.
- For hyperpyrexia, use sponge baths.

The presence of petechiae or other signs of haemorrhagic tendency calls for a large Vitamin K dose and perhaps ascorbic acid. Minor transfusions may be necessary since bleeding in salicylism is not always due to a prothrombin effect.

• Haemodialysis and haemoperfusion have proved useful in salicylate poisoning, as have peritoneal dialysis and exchange transfusions, but alkaline diuretic therapy is probably sufficient except in fulminating cases.

[GOSSELIN, et.al.: Clinical Toxicology of Commercial Products]

The mechanism of the toxic effect involves metabolic acidosis, respiratory alkalosis, hypoglycaemia, and potassium depletion. Salicylate poisoning is characterised by extreme acid-base disturbances, electrolyte disturbances and decreased levels of consciousness. There are differences between acute and chronic toxicity and a varying clinical picture which is dependent on the age of the patient and their kidney function. The major feature of poisoning is metabolic acidosis due to "uncoupling of oxidative phosphorylation" which produces an increased metabolic rate, increased oxygen consumption, increased formation of carbon dioxide, increased heat production and increased utilisation of glucose. Direct stimulation of the respiratory centre leads to hyperventilation and respiratory alkalosis. This leads to compensatory increased renal excretion of bicarbonate which contributes to the metabolic acidosis which may coexist or develop subsequently. Hypoglycaemia may occur as a result of increased glucose demand, increased rates of tissue glycolysis, and impaired rate of glucose synthesis. NOTE: Tissue glucose levels may be lower than plasma levels. Hyperglycaemia may occur due to increased glycogenolysis. Potassium depletion occurs as a result of increased renal excretion as well as intracellular movement of potassium.

Salicylates competitively inhibit vitamin K dependent synthesis of factors II, VII, IX, X and in addition, may produce a mild dose dependent hepatitis. Salicylates are bound to albumin. The extent of protein binding is concentration dependent (and falls with higher blood levels). This, and the effects of acidosis, decreasing ionisation, means that the

continued...

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Section 4 - FIRST AID MEASURES

volume of distribution increases markedly in overdose as does CNS penetration. The extent of protein binding (50-80%) and the rate of metabolism are concentration dependent. Hepatic clearance has zero order kinetics and thus the therapeutic half-life of 2-4.5 hours but the half-life in overdose is 18-36 hours. Renal excretion is the most important route in overdose. Thus when the salicylate concentrations are in the toxic range there is increased tissue distribution and impaired clearance of the drug.  
HyperTox 3.0 <http://www.ozemail.com.au/-ouad/SALI0001.HTA>.

## Section 5 - FIRE FIGHTING MEASURES

### EXTINGUISHING MEDIA

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- 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.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

### FIRE/EXPLOSION HAZARD

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).
- May emit acrid smoke.
- Mists containing combustible materials may be explosive.

Combustion products include: carbon dioxide (CO<sub>2</sub>), aldehydes, nitrogen oxides (NO<sub>x</sub>), other pyrolysis products typical of burning organic material.

Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.

May emit corrosive fumes.

### FIRE INCOMPATIBILITY

- Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result.

### HAZCHEM: 2X

### Personal Protective Equipment

Gas tight chemical resistant suit.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

### EMERGENCY PROCEDURES

#### MINOR SPILLS

Slippery when spilt.

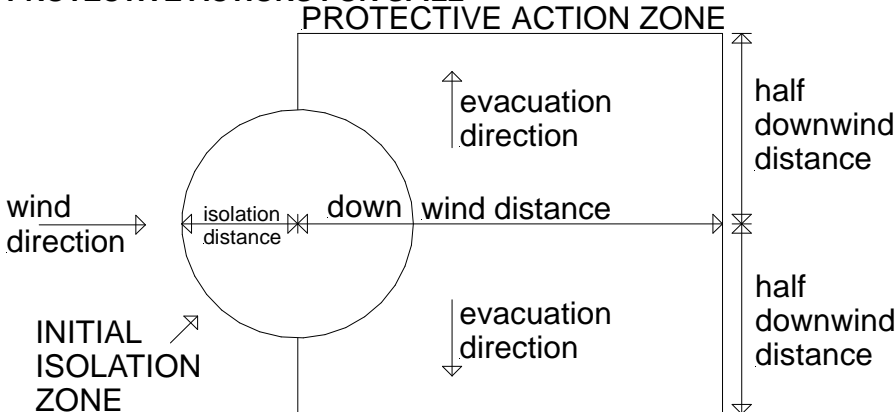
- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact by using protective equipment.
- Contain and absorb spill with sand, earth, inert material or vermiculite.
- Wipe up.
- Place in a suitable labelled container for waste disposal.

#### MAJOR SPILLS

Slippery when spilt.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Consider evacuation (or protect in place).
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue.
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- If contamination of drains or waterways occurs, advise emergency services.

### PROTECTIVE ACTIONS FOR SPILL



From IERG (Canada/Australia)

Isolation Distance	25 metres
Downwind Protection Distance	250 metres
IERG Number	37

### FOOTNOTES

- 1 PROTECTIVE ACTION ZONE is defined as the area in which people are at risk of harmful exposure. This zone assumes that random changes in wind direction confines the vapour plume to an area within 30 degrees on either side of the predominant wind direction, resulting in a crosswind protective action distance equal to the downwind protective action distance.
- 2 PROTECTIVE ACTIONS should be initiated to the extent possible, beginning with those closest to the spill and working away from the site in the downwind direction. Within the protective action zone a level of

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Section 6 - ACCIDENTAL RELEASE MEASURES

- vapour concentration may exist resulting in nearly all unprotected persons becoming incapacitated and unable to take protective action and/or incurring serious or irreversible health effects.
- 3 INITIAL ISOLATION ZONE is determined as an area, including upwind of the incident, within which a high probability of localised wind reversal may expose nearly all persons without appropriate protection to life-threatening concentrations of the material.
  - 4 SMALL SPILLS involve a leaking package of 200 litres (55 US gallons) or less, such as a drum (jerrican or box with inner containers). Larger packages leaking less than 200 litres and compressed gas leaking from a small cylinder are also considered "small spills".  
LARGE SPILLS involve many small leaking packages or a leaking package of greater than 200 litres, such as a cargo tank, portable tank or a "one-tonne" compressed gas cylinder.
  - 5 Guide 154 is taken from the US DOT emergency response guide book.
  - 6 IERG information is derived from CANUTEC - Transport Canada.

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin.
- Contains low boiling substance:  
Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.
- Check for bulging containers.
- Vent periodically
- Always release caps or seals slowly to ensure slow dissipation of vapours.
- DO NOT USE brass or copper containers / stirrers.
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Avoid contact with moisture.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

### SUITABLE CONTAINER

- DO NOT use aluminium or galvanised containers.
  - Lined metal can, lined metal pail/ can.
  - Plastic pail.
  - Polyliner drum.
  - Packing as recommended by manufacturer.
  - Check all containers are clearly labelled and free from leaks.
- For low viscosity materials
- Drums and jerricans must be of the non-removable head type.
  - Where a can is to be used as an inner package, the can must have a screwed enclosure.
- For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):
- Removable head packaging;
  - Cans with friction closures and

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- low pressure tubes and cartridges may be used.

-

Where combination packages are used, and the inner packages are of glass, porcelain or stoneware, there must be sufficient inert cushioning material in contact with inner and outer packages unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

## STORAGE INCOMPATIBILITY

- Reacts with mild steel, galvanised steel / zinc producing hydrogen gas which may form an explosive mixture with air.
- Avoid strong acids.
- Avoid reaction with oxidising agents.

## STORAGE REQUIREMENTS

- Store in original containers.
  - Keep containers securely sealed.
  - Store in a cool, dry, well-ventilated area.
  - Store away from incompatible materials and foodstuff containers.
  - Protect containers against physical damage and check regularly for leaks.
  - Observe manufacturer's storing and handling recommendations.
  - DO NOT store near acids, or oxidising agents.
- Protect containers against physical damage.
- Check regularly for spills and leaks.
- No smoking, naked lights, heat or ignition sources.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

The following materials had no OELs on our records

- benzyl alcohol: CAS:100- 51- 6
- isophorone diamine: CAS:2855- 13- 2
- 2, 4, 6- tris[(dimethylamino)methyl]phenol: CAS:90- 72- 2
- salicylic acid: CAS:69- 72- 7

### ODOUR SAFETY FACTOR (OSF)

OSF=25 (2,4,6-tri(dimethylaminomethyl)phenol)

Exposed individuals are NOT reasonably expected to be warned, by smell, that the Exposure Standard is being exceeded.

Odour Safety Factor (OSF) is determined to fall into either Class C, D or E.

The Odour Safety Factor (OSF) is defined as:

OSF= Exposure Standard (TWA) ppm/ Odour Threshold Value (OTV) ppm

Classification into classes follows:

Class	OSF	Description
A	550	Over 90% of exposed individuals are aware by smell that the Exposure Standard (TLV- TWA for example) is being reached, even when distracted by working activities
B	26- 550	As " A" for 50- 90% of persons being distracted

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C	1- 26	As " A" for less than 50% of persons being distracted
D	0.18- 1	10- 50% of persons aware of being tested perceive by smell that the Exposure Standard is being reached
E	<0.18	As " D" for less than 10% of persons aware of being tested

### MATERIAL DATA

None assigned. Refer to individual constituents.

#### INGREDIENT DATA

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:  
BENZYL ALCOHOL:

Exposure limits with "skin" notation indicate that vapour and liquid may be absorbed through intact skin. Absorption by skin may readily exceed vapour inhalation exposure. Symptoms for skin absorption are the same as for inhalation. Contact with eyes and mucous membranes may also contribute to overall exposure and may also invalidate the exposure standard.

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:  
BENZYL ALCOHOL:

Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

OSHA (USA) concluded that exposure to sensory irritants can:

- cause inflammation
- cause increased susceptibility to other irritants and infectious agents
- lead to permanent injury or dysfunction
- permit greater absorption of hazardous substances and
- acclimate the worker to the irritant warning properties of these substances thus

increasing the risk of overexposure.

BENZYL ALCOHOL:

OEL STEL (Russia): 5 mg/m<sup>3</sup>      Skin  
Odour Threshold: 5.5 ppm

ISOPHORONE DIAMINE:

No exposure limits set by NOHSC or ACGIH.

2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

CEL TWA: 5 ppm, 54 mg/m3

SKIN

[Rohm & Haas]

## SALICYLIC ACID:

Airborne particulate or vapour must be kept to levels as low as is practicably achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

## PERSONAL PROTECTION

### EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

### HANDS/FEET

- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.
- When handling corrosive liquids, wear trousers or overalls outside of boots, to avoid spills entering boots.

### 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.

### OTHER

- Overalls.
- PVC Apron.
- PVC protective suit may be required if exposure severe.
- Eyewash unit.
- Ensure there is ready access to a safety shower.

### RESPIRATOR

Respiratory protection is required when ANY "Worst Case" vapour-phase concentration is exceeded (see Computer Prediction in "Exposure Standards").

Protection Factor (Min)	Half- Face Respirator	Full- Face Respirator
10 x ES	AK- P- - AUS AK- P- - PAPR- AUS	- -
50 x ES	- -	AK- P- - AUS AK- P- - PAPR- AUS
100 x ES	- -	AK- P- - 2 AK- P- - PAPR- 2

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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^ - Full-face.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area.

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## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

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### APPEARANCE

Clear amber, low viscosity, alkaline liquid with ammonia odour; mixes with water.

### PHYSICAL PROPERTIES

Liquid.

Mixes with water.

Corrosive.

Alkaline.

Molecular Weight: Not Applicable

Melting Range (°C): Not Available

Solubility in water (g/L): Miscible

pH (1% solution): Not Available

Volatile Component (%vol): Not Available

Relative Vapour Density (air=1): Not

Available

Lower Explosive Limit (%): Not Applicable

Autoignition Temp (°C): Not Available

State: Liquid

Boiling Range (°C): Not Available

Specific Gravity (water= 1): 0.97

pH (as supplied): 11

Vapour Pressure (kPa): Not Available

Evaporation Rate: Not Available

Flash Point (°C): >100

Upper Explosive Limit (%): Not Applicable

Decomposition Temp (°C): Not Available

Viscosity: Not Available

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## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

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### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

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## Section 11 - TOXICOLOGICAL INFORMATION

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### POTENTIAL HEALTH EFFECTS

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Section 11 - TOXICOLOGICAL INFORMATION

## ACUTE HEALTH EFFECTS

### SWALLOWED

Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.

The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

Amines without benzene rings when swallowed are absorbed throughout the gut. Corrosive action may cause damage throughout the gastrointestinal tract. They are removed through the liver, kidney and intestinal mucosa by enzyme breakdown.

Ingestion of amine epoxy-curing agents (hardeners) may cause severe abdominal pain, nausea, vomiting or diarrhoea. The vomitus may contain blood and mucus. If death does not occur within 24 hours there may be an improvement in the patients condition for 2-4 days only to be followed by the sudden onset of abdominal pain, boardlike abdominal rigidity or hypo-tension; this indicates that delayed gastric or oesophageal corrosive damage has occurred.

### EYE

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

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

Vapours of volatile amines irritate the eyes, causing excessive secretion of tears, inflammation of the conjunctiva and slight swelling of the cornea, resulting in "halos" around lights. This effect is temporary, lasting only for a few hours. However this condition can reduce the efficiency of undertaking skilled tasks, such as driving a car.

Direct eye contact with liquid volatile amines may produce eye damage, permanent for the lighter species.

### SKIN

Skin contact with the material may damage the health of the individual; systemic effects may result following absorption.

The material can produce chemical burns following direct contact with the skin.

Amine epoxy-curing agents (hardeners) may produce primary skin irritation and sensitisation dermatitis in predisposed individuals. Cutaneous reactions include erythema, intolerable itching and severe facial swelling. Blistering, with weeping of serous fluid, and crusting and scaling may also occur. Individuals exhibiting "amine dermatitis" may experience a dramatic reaction upon re-exposure to minute quantities. Highly sensitive persons may even react to cured resins containing trace amounts of unreacted amine hardener. Minute quantities of air-borne amine may precipitate intense dermatological symptoms in sensitive individuals. Prolonged or repeated exposure may produce tissue necrosis.

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.

### INHALED

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

Acute effects from inhalation of high vapour concentrations may be chest and nasal irritation with coughing, sneezing, headache and even nausea.

The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing.

Before starting exposure consider control of exposure by mechanical ventilation.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the

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exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

### CHRONIC HEALTH EFFECTS

Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

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.

The material may accumulate in the human body and progressively cause tissue damage.

Sensitisation may give severe responses to very low levels of exposure, i.e. hypersensitivity. Sensitised persons should not be allowed to work in situations where exposure may occur.

Inhalation of epoxy resin amine hardeners (including polyamines and amine adducts) may produce bronchospasm and coughing episodes lasting several days after cessation of the exposure. Even faint traces of these vapours may trigger an intense reaction in individuals showing "amine asthma". The literature records several instances of systemic intoxications following the use of amines in epoxy resin systems.

### TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

#### BENZYL ALCOHOL:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (rat) LD50: 1230 mg/kg

Inhalation (rat) LCLo: 2000 ppm/4h

Inhalation (rat) LC50: 1000 ppm/8h

Inhalation (rat) LC50: >4178 mg/m<sup>3</sup>/4h

Dermal (rabbit) LD50: 2000 mg/kg

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.

(aerosol)

#### IRRITATION

Skin (man): 16 mg/48h- Mild

Skin (rabbit): 10 mg/24h open- Mild

Eye (rabbit): 0.75 mg Open SEVERE

#### ISOPHORONE DIAMINE:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (rat) LD50: 1030 mg/kg [Manufacturer HUE]

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

#### IRRITATION

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The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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 disorder is characterised by dyspnea, cough and mucus production. The material may produce respiratory tract irritation, and result in damage to the lung including reduced lung function. 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.

### 2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (rat) LD50: 1200 mg/kg

Oral (rat) LD50: 2500 mg/kg \*

Dermal (rabbit) LD50: 1280 mg/kg [Rohm & Haas, Henkel]\*

Inhalation (rat) LC50: >0.5 mg/l/1 hr. [Ciba]

#### IRRITATION

Skin (rabbit): 2 mg/24h - SEVERE

Eye (rabbit): 0.05 mg/24h - SEVERE

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 severe 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. Repeated exposures may produce severe ulceration.

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 disorder is characterised by dyspnea, cough and mucus production.

### SALICYLIC ACID:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Oral (man) LDLo: 50 mg/kg\*

Oral (rat) LD50: 891 mg/kg

#### IRRITATION

Skin (rabbit): 500 mg/24h - Mild

Eye (rabbit): 100 mg - SEVERE

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Oral (rat) TDLo: 1400 mg/kg\*\*

Dermal (man) TDLo: 57 mg/kg

Dermal (rabbit) LD50: 1300 mg/kg [\*BDH], [\*\*Extal]

## Section 12 - ECOLOGICAL INFORMATION

Marine Pollutant: Not Determined

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Refer to data for ingredients, which follows:

**BENZYL ALCOHOL:**

DO NOT discharge into sewer or waterways.

log Kow: 1.1

Koc: <5

Henry's atm m<sup>3</sup>/mol: 3.91E-07

BOD 5 if unstated: 1.55-1.6,33-62%

COD: 96%

ThOD: 2.519

BCF: 4

Ecotoxicity

Fish LC50 (48 h): fathead minnow 770 mg/l; (72 h): 480 mg/l; (96 h) 460 mg/l

Fish LC50 (96 h) fathead minnow 10 ppm, bluegill sunfish 15 ppm;

tidewater silverside

fish 15 ppm

Toxicity invertebrate: cell mult. inhib. 350mg/l

Products of Biodegradation:

Possibly hazardous short term degradation products are not likely. However, long term degradation products may arise.

Toxicity of the Products of Biodegradation: The products of degradation are less toxic than the product itself.

Special Remarks on the Products of Biodegradation: Not available

Bioaccumulation: not sig

Anaerobic effects: sig degrad

Effects on algae and plankton: inhib degrad. of glucose

Degradation Biological: sig

processes Abiotic: RxnOH\*, no photochem

**ISOPHORONE DIAMINE:**

Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters.

Wastes resulting from use of the product must be disposed of on site or at approved waste sites.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

LC50 (24h) Daphnae: 42 mg/L.

LD50 (48h) Leuciscus idus: 185 mg/L.

NOEC (21day) Daphnia magna: 3 mg/L \*

EC10 (16hr) Pseudomonas putida: 1120 mg/L \*

Persistence/Biodegradability: 42% (DOC, OECD 303A) \*

8.0% (DOC, Die away test -9/69/EEC) \*

\* [Morton]

**2,4,6-TRIS[(DIMETHYLAMINO)METHYL]PHENOL:**

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Environmental toxicity is a function of the n-octanol/ water partition coefficient (log Pow, log Kow). Phenols with log Pow >7.4 are expected to exhibit low toxicity to aquatic organisms. However the toxicity of phenols with a lower log Pow is variable, ranging from low toxicity (LC50 values >100 mg/l) to highly toxic (LC50 values <1 mg/l) dependent on log Pow, molecular weight and substitutions on the aromatic ring. Dinitrophenols are more toxic than predicted from QSAR estimates. Hazard information for these groups is not generally available.

Prevent, by any means available, spillage from entering drains or water courses.

DO NOT discharge into sewer or waterways.

Fish toxicity:

Rainbow trout (salmo gairdneri) TL50: 222 (174-283) mg/l/24hr

Rainbow trout (salmo gairdneri) TL50: 180-240 mg/l/96hr

Rainbow trout (salmo gairdneri) No effect level: 180 mg/l

Mud crab TL50: 750-1000 mg/l/24hr

Mud crab TL50: 750-1000 mg/l/96hr

Mud crab TL50: No effect level: 750 mg/l

Carp TL50: 249 (204-305) mg/l/24hr

Carp TL50: 175 (131-235) mg/l/96hr

Carp No effect level: 140 mg/l

Grass shrimp TL50: 750-1000 mg/l/24

[Air Products & Chemicals]

SALICYLIC ACID:

log Pow (Verschueren 1983): 2.21/2.26

BOD5: 0.95 (41%)

COD: 1.58 (100%)

ThOD: 1.623

log Kow: 0.35-2.26

BOD 5 if unstated: 0.95,41%

COD: 1.58,100%

ThOD: 1.623

Toxicity invertebrate: cell mult. inhib. 1.4-10mg/L

Effects on algae and plankton: cell mult. inhib. algae 1.6-4.9mg/L

## Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
  - Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
  - Treat and neutralise at an approved treatment plant.
  - Treatment should involve: Neutralisation with suitable dilute acid followed by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material).
  - Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.
  - 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 MSDS and observe all notices pertaining to the product.

continued...

# ARDEX ABAPOXY PART B

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### Section 14 - TRANSPORTATION INFORMATION

Labels Required: CORROSIVE

HAZCHEM: 2X

UNDG:

Dangerous Goods Class:	8	Subrisk:	None
UN Number:	1760	Packing Group:	III
Shipping Name: CORROSIVE LIQUID, N.O.S. (contains isophorone diamine)			

#### Air Transport IATA:

ICAO/IATA Class:	8	ICAO/IATA Subrisk:	None
UN/ID Number:	1760	Packing Group:	III
Special provisions:	A3		
Shipping Name: CORROSIVE LIQUID, N.O.S. *			

#### Maritime Transport IMDG:

IMDG Class:	8	IMDG Subrisk:	None
UN Number:	1760	Packing Group:	III
EMS Number:	F- A, S- B	Special provisions:	274
Limited Quantities:	None	Marine Pollutant:	Not Determined
Shipping Name: CORROSIVE LIQUID, N.O.S.			

### Section 15 - REGULATORY INFORMATION

#### POISONS SCHEDULE: S5

#### REGULATIONS

Ardex ABAPoxy Part B (CAS: None):  
No regulations applicable

benzyl alcohol (CAS: 100-51-6) is found on the following regulatory lists;

- Australia - Victoria Occupational Health and Safety Regulations - Schedule 9: Materials at Major Hazard Facilities (And Their Threshold Quantity) Table 2
- Australia Hazardous Substances
- Australia Inventory of Chemical Substances (AICS)
- GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships
- IMO IBC Code Chapter 17: Summary of minimum requirements
- IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
- International Council of Chemical Associations (ICCA) - High Production Volume List
- OECD Representative List of High Production Volume (HPV) Chemicals

isophorone diamine (CAS: 2855-13-2) is found on the following regulatory lists;

- Australia Hazardous Substances
- Australia Inventory of Chemical Substances (AICS)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
- GESAMP/EHS Composite List of Hazard Profiles - Hazard evaluation of substances transported by ships
- IMO IBC Code Chapter 17: Summary of minimum requirements
- IMO MARPOL 73/78 (Annex II) - List of Noxious Liquid Substances Carried in Bulk
- International Council of Chemical Associations (ICCA) - High Production Volume List
- OECD Representative List of High Production Volume (HPV) Chemicals

2,4,6-tris[(dimethylamino)methyl]phenol (CAS: 90-72-2) is found on the following regulatory lists;

- Australia Hazardous Substances
- Australia Inventory of Chemical Substances (AICS)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
- International Council of Chemical Associations (ICCA) - High Production Volume List
- OECD Representative List of High Production Volume (HPV) Chemicals

salicylic acid (CAS: 69-72-7) is found on the following regulatory lists;

- Australia Inventory of Chemical Substances (AICS)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix E (Part 2)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Appendix F (Part 3)
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 2
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 3
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 5
- Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6

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Section 15 - REGULATORY INFORMATION

International Council of Chemical Associations (ICCA) - High Production Volume List  
OECD Representative List of High Production Volume (HPV) Chemicals

## Section 16 - OTHER INFORMATION

### EXPOSURE STANDARD FOR MIXTURES

"Worst Case" computer-aided prediction of vapour components/concentrations:

Composite Exposure Standard for Mixture (TWA) (mg/m<sup>3</sup>): 54 mg/m<sup>3</sup>

If the breathing zone concentration of ANY of the components listed below is exceeded,

"Worst Case" considerations deem the individual to be overexposed.

Component Breathing Zone ppm Breathing Zone mg/m<sup>3</sup> Mixture Conc: (%).

Component	Breathing zone (ppm)	Breathing Zone (mg/m <sup>3</sup> )	Mixture Conc (%)
2,4,6-tris[(dimethylamino)methyl]phenol	5.00	54.0000	5.0

Operations which produce a spray/mist or fume/dust, introduce particulates to the breathing zone.

If the breathing zone concentration of ANY of the components listed below is exceeded,

"Worst Case" considerations deem the individual to be overexposed.

At the "Composite Exposure Standard for Mixture" (TWA) (mg/m<sup>3</sup>): 54 mg/m<sup>3</sup>

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/references](http://www.chemwatch.net/references).

The (M)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.

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# ARDEX ABAPOXY FILLER PART C

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

ARDEX ABAPOXY FILLER PART C

### SYNONYMS

"three pack epoxy", "part C"

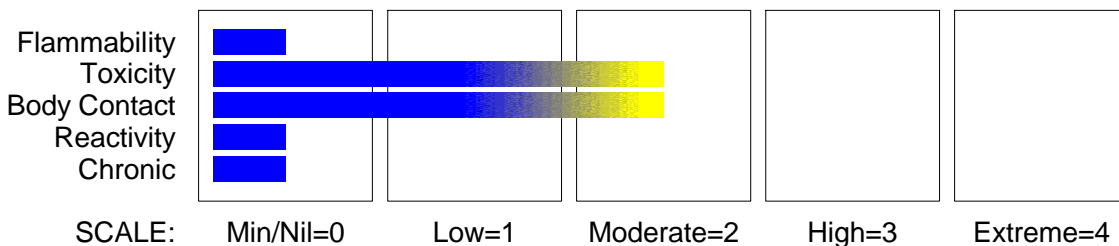
### PRODUCT USE

• Material is mixed and used in accordance with manufacturers directions. • Mix only as much as is required • DO NOT return the mixed material to original containers. Applied using a hand trowel or spreader. The use of a quantity of material in an unventilated or confined space may result in increased exposure and an irritating atmosphere developing. Before starting consider control of exposure by mechanical ventilation. Part C (filler) of a three component system. When mixed with Part A (compound) and Part B (hardener) of the ABaPox System, it provides a system suitable for the fixing, grouting of wall and floor tiles.

### SUPPLIER

Company: Ardex Australia Pty Ltd  
Address:  
20 Powers Road  
Seven Hills  
NSW, 2147  
AUS  
Telephone: 1800 224 070  
Fax: +61 2 9838 7817

### CHEMWATCH HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

### POISONS SCHEDULE

None

### RISK

Harmful: danger of serious damage to health by prolonged exposure through inhalation.

### SAFETY

Do not breathe dust.

Avoid contact with eyes.  
Wear suitable protective clothing.

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Section 2 - HAZARDS IDENTIFICATION

Use only in well ventilated areas.  
Keep container in a well ventilated place.  
To clean the floor and all objects contaminated by this material use water and detergent.  
Keep away from food drink and animal feeding stuffs.  
Take off immediately all contaminated clothing.  
In case of contact with eyes rinse with plenty of water and contact Doctor or Poisons Information Centre.  
If swallowed IMMEDIATELY contact Doctor or Poisons Information Centre (show this container or label).

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
silica as, silica crystalline - quartz	14808-60-7	>60
non hazardous ingredients		<10
No other ingredient information supplied.		

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- 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.

### EYE

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.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### SKIN

If skin or hair contact occurs:

- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

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Section 4 - FIRST AID MEASURES

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## NOTES TO PHYSICIAN

Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung. Prime symptom is breathlessness; lung shadows show on X-ray. Exposed workers should be medically examined regularly with emphasis on respiratory system. Individuals with pulmonary disease should be precluded from exposure.

---

## Section 5 - FIRE FIGHTING MEASURES

---

### EXTINGUISHING MEDIA

There is no restriction on the type of extinguisher which may be used.

### FIRE FIGHTING

Alert Fire Brigade and tell them location and nature of hazard.

- Wear breathing apparatus plus protective gloves.
  - 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.  
If safe to do so, remove containers from path of fire.

### FIRE/EXPLOSION HAZARD

- Non combustible.
  - Not considered a significant fire risk, however containers may burn.
- Fuses on heating to an insoluble glass at high temperatures.  
At temperatures above 870 C. it changes crystal structure to more health hazardous forms.

### FIRE INCOMPATIBILITY

Avoid reaction with strong oxidisers, fluorine, chlorates, manganese trioxide, hydrofluoric acid, metal oxides, oxygen difluoride, chlorine trifluoride, manganese trifluoride, and fluorine-containing compounds.

HAZCHEM: None

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## Section 6 - ACCIDENTAL RELEASE MEASURES

---

### EMERGENCY PROCEDURES

#### MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place in clean drum then flush area with water.

#### MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.

continued...

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## Section 6 - ACCIDENTAL RELEASE MEASURES

- Recover product wherever possible. Avoid generating dust.
- Sweep / shovel up.
- If required, wet with water to prevent dusting.
- Put residues in labelled plastic bags or other containers for disposal.
- Wash area down with large quantity of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- When handling DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Avoid physical damage to containers.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.

### 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 storage with hydrogen fluoride, oxygen difluoride, chlorine trifluoride, manganese trifluoride, fluorine, manganese trioxide, chlorine trioxide, concentrated phosphoric acid or vinyl acetate.

### STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA mg/m <sup>3</sup>
Australia Exposure Standards	silica crystalline - quartz (Silica - Crystalline Quartz)	0.1
Australia Exposure Standards	silica crystalline - quartz (Silica - Amorphous Fume (thermally generated)(respirable dust) (g))	2

### EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m <sup>3</sup> )	Revised IDLH Value (ppm)
silica crystalline - quartz	50	

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### MATERIAL DATA

None assigned. Refer to individual constituents.

### INGREDIENT DATA

#### SILICA CRYSTALLINE - QUARTZ:

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

### PERSONAL PROTECTION

#### EYE

- Safety glasses with side shields; or as required,
- 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 lens 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. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

#### HANDS/FEET

Wear general protective gloves: i.e. Disposable polythene gloves or Cotton gloves or Light weight rubber gloves, with Barrier cream preferably Safety footwear.

#### OTHER

- Overalls.
- Eyewash unit.

#### RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

\* - Negative pressure demand \*\* - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### ENGINEERING CONTROLS

Use in a well-ventilated area. or.

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could

continued...

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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occur, respiratory protection should be considered. Such protection might consist of:

- (a): particle dust respirators, if necessary, combined with an absorption cartridge;
- (b): filter respirators with absorption cartridge or canister of the right type;
- (c): fresh-air hoods or masks

- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

In confined spaces where there is inadequate ventilation, wear full-face air supplied breathing apparatus.

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## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

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### APPEARANCE

Coloured fine-coarse powder; insoluble in water.

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Molecular Weight: Not applicable

Melting Range (°C): Not available

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable.

Volatile Component (%vol): Not applicable

Relative Vapour Density (air=1): Not applicable.

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not available

Specific Gravity (water= 1): 2.65- 2.90

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available

Evaporation Rate: Not available

Flash Point (°C): Not applicable

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not available.

Viscosity: Not available

---

## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

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### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

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## Section 11 - TOXICOLOGICAL INFORMATION

---

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

Considered an unlikely route of entry in commercial/industrial environments.

The solid/dust is. discomforting to the gastro-intestinal tract if swallowed.

continued...

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## Section 11 - TOXICOLOGICAL INFORMATION

### EYE

The dust may produce eye discomfort and abrasive eye inflammation.  
Prolonged exposure may cause tissue damage.

### SKIN

The material may be mildly discomforting and abrasive to the skin and may cause drying of the skin if exposure is prolonged.  
Open cuts, abraded or irritated skin should not be exposed to this material.  
The material may accentuate any pre-existing skin condition.

### INHALED

The dust may be discomforting and harmful to the upper respiratory tract and lungs the material presents a hazard from repeated exposures over long periods.  
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.  
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.  
Overexposure to respirable dust may cause coughing, wheezing, leading to difficulty in breathing and even impaired pulmonary function.

### CHRONIC HEALTH EFFECTS

Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts.  
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. A large part of the crystals accumulates in the lungs. Silicosis can occur, a condition where irreversible scarring of the lung occurs. Symptoms do not appear until months to years after exposure. Smoking increases this risk. Most simple cases of silicosis do not produce symptoms, but they can progress and eventually cause a tuberculosis-like syndrome which can be fatal. When silicosis is advanced, there is an increased risk of lung cancer and lymphoma. Laws in some areas require those exposed to silica to be under health surveillance.

### TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

#### SILICA CRYSTALLINE - QUARTZ:

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

#### TOXICITY

Inhalation (human) LCLo: 0.3 mg/m<sup>3</sup>/10Y  
Inhalation (human) TCLo: 16 mppcf\*/8H/17.9Y  
Inhalation (rat) TCLo: 50 mg/m<sup>3</sup>/6H/71W

#### IRRITATION

Nil Reported

WARNING: For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS.

Intermittent; focal fibrosis,  
(pneumoconiosis), cough, dyspnoea  
Intermittent; liver - tumours.

\* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).

NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.

continued...



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## Section 11 - TOXICOLOGICAL INFORMATION

MATERIAL	CARCINOGEN	REPROTOXIN	SENSITISER	SKIN
silica crystalline - quartz	IARC:1			

### CARCINOGEN

IARC: International Agency for Research on Cancer (IARC) Carcinogens: silica crystalline - quartz Category: WARNING: This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS.

## Section 12 - ECOLOGICAL INFORMATION

No data for Ardex ABAPoxy Filler Part C.  
Refer to data for ingredients, which follows:

SILICA CRYSTALLINE - QUARTZ:  
DO NOT discharge into sewer or waterways.

## Section 13 - DISPOSAL CONSIDERATIONS

- 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 - TRANSPORTATION INFORMATION

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA,  
IMDG

## Section 15 - REGULATORY INFORMATION

**POISONS SCHEDULE: None**

### REGULATIONS

Ardex ABAPoxy Filler Part C (CAS: None):

No regulations applicable

silica crystalline - quartz (CAS: 14808-60-7) is found on the following regulatory lists;

Australia - New South Wales Hazardous Substances Prohibited for Specific Uses  
Australia - New South Wales Hazardous Substances Requiring Health Surveillance  
Australia - South Australia Hazardous Substances Requiring Health Surveillance  
Australia - Tasmania Hazardous Substances Prohibited for Specified Uses  
Australia - Tasmania Hazardous Substances Requiring Health Surveillance  
Australia - Western Australia Hazardous Substances Requiring Health Surveillance  
Australia Exposure Standards  
Australia Hazardous Substances  
Australia Hazardous Substances Requiring Health Surveillance  
Australia High Volume Industrial Chemical List (HVICL)  
Australia Inventory of Chemical Substances (AICS)  
Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance  
Australia Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) - Schedule 6  
International Agency for Research on Cancer (IARC) Carcinogens  
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for silica crystalline - quartz as CAS: 122304-48-7, CAS: 122304-49-8, CAS: 12425-26-2, CAS: 1317-79-9, CAS: 70594-95-5, CAS: 87347-84-0.

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## Section 16 - OTHER INFORMATION

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### INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
silica crystalline - quartz	14808- 60- 7, 122304- 48- 7, 122304- 49- 8, 12425- 26- 2, 1317- 79- 9, 70594- 95- 5, 87347- 84- 0

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/references](http://www.chemwatch.net/references).

The (M)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.

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