

Section 1 – Identification of Chemical Product and Company

Code	Description	Size	Colour
01850	Holdfast Watertight Concrete Repair	500 g	Grey

Recommended use:		Sealant
Supplier contact details:	Soudal Ltd	Freephone: 0800 70 10 80
	14 Avalon Drive	Phone: (07) 847 5540
	Nawton	
	Hamilton 3200	Email: info@soudal.co.nz
	New Zealand	Website: www.soudal.co.nz
POISON CENTRE NUMBER: 0800 764 766 (24 hours)		

Section 2 – Hazard Identification

Statement of Hazardous Nature

This product is classified as:

HAZARDOUS SUBSTANCE according to the criteria of HSNO.

NOT REGULATED under NZS5433:2007 Transport of Dangerous Goods on Land

Hazardous Substances and New Organisms (HSNO) classification:

Classification		Hazard statements
Skin Effects Cat 1C	8.2C	H314 Causes severe skin burns and eye damage
Eye Effects Cat 1	8.3A	H318 Causes serious eye damage
Skin Sensitisation Cat 1	6.5B	H317 May cause an allergic skin reaction
Mutagenicity Cat 2	6.6B	H341 Suspected of causing genetic defects
Carcinogenicity Cat 1	6.7A	H350 May cause cancer
STOT – SE Cat 1	6.9A	H370 Cause damage to organs
STOT – RE Cat 1	6.9A	H372 Cause damage to organs through prolonged or repeated exposure
Respiratory Tract Irritant Cat 3	6.9	H335 May cause respiratory irritation

HSNO Signal Word :

DANGER



Precautionary Statements:

P260 Do not breathe dusts
 P271 Use only outdoors or in a well ventilated area
 P280 Wear protective gloves/ protective clothing/ eye protection/ face protection
 P281 Use personal protective equipment as required
 P272 Contaminated work clothing should not be allowed out of the workplace
 P270 Do not eat, drink or smoke when using this product

P405 Store locked up
 P403+P233 Store in a well-ventilated place. Keep container tightly closed

Section 3 - Composition/Information on Ingredients

Ingredient	CAS No.	Individual HSNO classification	Concentration (% by Wt.)
Portland Cement	65997-15-1	Skin Effects Category 1C; Eye Effects Category 1; Skin Sensitisation Category 1; Mutagenicity Category 2; Respiratory Tract Irritant Category 3	15 – 40
Quartz	14806-60-7	Carcinogenicity Category 1A; STOT – SE Category 1; STOT – RE Category 1	15 – 40
Ingredients not contributing to classification			balance

This is a commercial product whose exact ratio of components may vary slightly. Minor quantities of other non-hazardous ingredients are also possible.

Section 4 – First Aid Measures

NZ Poisons Centre 0800 POISON (0800 764 766) | NZ Emergency Services: 111

Eye contact:

Immediately hold eyelids apart and flush the eye continuously with running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. Transport to hospital or doctor without delay. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

Skin contact:

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.

Inhalation:

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

Ingestion:

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.

General advice and advice for physicians:

Treat symptomatically

Section 5 - Fire-Fighting Measures

Extinguishing media:

Foam, Carbon Dioxide, Dry Powder

Fire/ Explosion Hazard

Non-combustible. Not considered a significant fire risk, however containers may burn

Advice for fire-fighters:

When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire. Equipment should be thoroughly decontaminated after use.

Section 6 - Accidental Release Measures

Minor Spills

Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Use dry clean up procedures and avoid generating dust. Place in a suitable, labelled container for waste disposal.

Major Spills

Moderate hazard. **CAUTION:** Advise personnel in area. Alert Emergency Services and tell them location and nature of hazard. Control personal contact by wearing protective clothing. Prevent, by any means available, spillage from entering drains or water courses. Recover product wherever possible. IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal. ALWAYS: Wash area down with large amounts of water and prevent runoff into drains. If contamination of drains or waterways occurs, advise Emergency Services.

Section 7 - Handling and Storage

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. DO NOT allow material to contact humans, exposed food or food utensils.** 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 storage and handling recommendations contained within this SDS. Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

Storage:

Store in original containers. Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes. Store away from incompatible materials and foodstuff containers. Protect containers against physical damage and check regularly for leaks. Observe manufacturer's storage and handling recommendations contained within this SDS.

Section 8 - Exposure Controls/Personal Protection

Exposure limits:




CAS no.	Substance or ingredient	WES-TWA	WES-STEL
65997-15-1	Cement	10 mg/m ³	
14808-60-7	Silica, quartz	0.025 mg/m ³	

The TWA exposure value is the average airborne concentration of a particular substance when calculated over a normal 8 hour working day for a 5 day working week. The STEL (Short Term Exposure Limit) is an exposure value that may be equalled (but should not be exceeded) for no longer than 15 minutes and should not be repeated more than 4 times per day. There should be at least 60 minutes between successive exposures at the STEL. The term "peak" is used when the TWA limit, because of the rapid action of the substance, should never be exceeded, even briefly.

Engineering Controls:

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure. 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. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Exposure controls:

Control	Protective measure
Eye	Safety glasses with side shields. Chemical goggles. Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. 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], [AS/NZS 1336 or national equivalent] No special equipment required due to the physical form of the product. 
Respiratory	Type AX-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent) 
Skin	 PE/EVAL/PE or PVA. Avoid skin contact. If skin contact or contamination of clothing is likely, protective clothing

should be worn. [AS 2161] Wear protective clothing.

Section 9 - Physical and Chemical Properties

General substance properties:

Property	Details
Appearance	Grey powder
Odour	Odourless
pH	12 – 14
Vapour pressure	Not applicable
Vapour Density	Not applicable
Viscosity	Not applicable
Boiling Point	Not applicable
Volatile materials	0 %
Water solubility	Slightly soluble
Freezing/melting point	Not applicable
Specific gravity/density	2.6 – 3.0 g/ml
Flash point	Not applicable
Auto-ignition temperature	Not applicable
Upper and lower flammability limits	Lower % Upper %
Corrosiveness	Skin & Eye Corrosive

Section 10 - Stability and Reactivity

Stability:

Stable under normal conditions.

Conditions to avoid:

Ignition sources; elevated temperatures

Incompatible materials to avoid:

Avoid oxidising agents (nitrates, oxidising acids, chlorine bleaches, pool chlorine etc) as ignition may result

Hazardous decomposition products:

Combustion products include: Silicon dioxide (SiO₂), other pyrolysis products typical of burning organic material. May emit corrosive fumes. May emit poisonous fumes

Section 11 - Toxicological Information

Summary of Toxicity

Test	Data and symptoms of exposure
Inhaled	The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of

	<p>particulate are inhaled.</p> <p>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles.</p>
Oral	<p>The material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion. Accidental ingestion of the material may be damaging to the health of the individual.</p>
Dermal	<p>The material can produce chemical burns following direct contact with the skin. Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. Skin contact may result in severe irritation particularly to broken skin. Open cuts, abraded or irritated skin should not be exposed to this material. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p>
Eye	<p>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.</p>
Chronic	<p>Studies show that inhaling this substance for over a long period (e.g. in an occupational setting) may increase the risk of cancer. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Harmful: danger of serious damage to health by prolonged exposure through inhalation. This material can cause serious damage if one is exposed to it for long periods. It can be assumed that it contains a substance which can produce severe defects. Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos. In a small cohort mortality study of workers in a wollastonite quarry, the observed number of deaths from all cancers combined and lung cancer were lower than expected. Wollastonite is a calcium inosilicate mineral (CaSiO₃). In some cases, small amounts of iron (Fe), and manganese (Mn), and lesser amounts of magnesium (Mg) substitute for calcium (Ca) in the mineral formulae (e.g., rhodonite). In an inhalation study in rats no increase in tumour incidence was observed but the number of fibres with lengths exceeding 5 µm and a diameter of less than 3 µm was relatively low. Four grades of wollastonite of different fibre size were tested for carcinogenicity in one experiment in rats by intrapleural implantation. There was no information on the purity of the four samples used. A slight increase in the incidence of pleural sarcomas was observed with three grades, all of which contained fibres greater than 4 µm in length and less than 0.5 µm in diameter. In two studies by intraperitoneal injection in rats using wollastonite with median fibre lengths of 8.1 µm and 5.6 µm respectively, no intra-abdominal tumours were found. Evidence from wollastonite miners suggests that occupational exposure can cause impaired respiratory function and pneumoconiosis. However animal studies have demonstrated that wollastonite fibres have low biopersistence and induce a transient inflammatory response compared to various forms of asbestos. A two-year inhalation study in rats at one dose showed no significant inflammation or fibrosis. Cement contact dermatitis (CCD) may occur when contact shows an allergic response, which may progress to sensitisation. Sensitisation is due to soluble chromates (chromate compounds) present in trace amounts in some cements and cement products. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis. Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO]. Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels. Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity. Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996. Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections. Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections. Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema</p>

and pneumothorax (air in lung cavity) as a rare complication. Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken. Dust inhalation over an extended number of years may produce pneumoconiosis. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. Chronic excessive intake of iron has been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Section 12 - Ecological Information

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

Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: If container cannot be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate Reduction Reuse Recycling Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted. DO NOT allow wash water from cleaning or process equipment to enter drains. It may be necessary to collect all wash water for treatment before disposal. In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. Where in doubt contact the responsible authority. Recycle wherever possible or consult manufacturer for recycling options. Consult Land Waste Management Authority for disposal. Bury residue in an authorised landfill. Recycle containers if possible, or dispose of in an authorised landfill. Ensure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.

Section 14 - Transport Information

NOT REGULATED

Section 15 - Regulatory Information

HSNO approval number and Group Standard:

HSR002543 Construction Products (Corrosive, Toxic [6.7])

National Inventories

Australia	AICS	Y
Canada	DSL	Y
Canada	NDSL	Y
China	IECSC	Y
Europe	EINEC/ELINCS/NLP	Y
Japan	ENCS	N
Korea	KECI	Y
New Zealand	NZIoC	Y
Philippines	PICCS	Y
USA	TSCA	Y

Y = All ingredients are on the inventory

Group Standard conditions and other regulations:

Condition	Requirement
SDS	Safety data sheet must be available to a person handling the substance within 10 minutes.
Emergency plan	Required when quantities exceed 1000 Kg

Approved handler	Class 6.7A when quantities exceed 10Kg
Tracking	Not applicable
Bunding and secondary containment	Not required
Signage	Required when present in quantity 1,000 L.
Test certificate	Not required
Hazardous Atmosphere zone	Not required
Fire extinguisher	Not required

Portland cement (CAS 65997-15-1) is found on the following regulatory lists

- New Zealand Inventory of Chemicals (NZIoC)
- New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
- New Zealand Workplace Exposure Standards WES

Silica, Quartz (CAS 14808-60-7) is found on the following regulatory lists

- New Zealand Inventory of Chemicals (NZIoC)
- New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
- New Zealand Workplace Exposure Standards WES

Section 16 – Other Information

Revision History

April 2017 origination

Abbreviations:

Abbreviation	Description
CAS number	Number assigned to chemical in the Chemical Abstracts Service registry
HAZCHEM code	Code used by fire-fighters to determine correct method of action in the case of fire
HSNO	Hazardous Substances and New Organisms (Act)
ICAO Technical Instructions	International Civil Aviation Organization Technical Instructions
IMDG code	International Maritime Dangerous Goods code controlled by the International Maritime Organization (IMO)
LC ₅₀	Lethal concentration 50% - concentration fatal to 50% of the tested population
LD ₅₀	Lethal dose 50% - dose fatal to 50% of the tested population
NZS 5433	New Zealand Standard 5433 (Standard for the Transport of Dangerous Goods on Land)
SDS	Safety data sheet
STEL	Short term exposure limit
TWA	Time weighted average (typically measured as 8 hours)
UN number	United nations number
WES	Workplace exposure standard

References

Chemical properties and HSNO classifications derived from the New Zealand chemical classification information database (CCID). www.epa.govt.nz. Workplace exposure limits derived from Workplace Exposure Standards and Biological Exposure Indices 7th Edition. www.mbie.govt.nz.

The information provided on this SDS is correct to the best of our knowledge, information and belief at the date of its publication. The information given is designed only as a guidance for safe handling, use, processing, storage, transportation, disposal and release and is not to be considered as a warranty or quality specification. The information relates only to the specific material designated and may not be valid for such material in combination with any other material or in any process, unless specified in the text.

This SDS was prepared by Collievale Enterprises Ltd in accord with the EPA "Code of Practice for the Preparation of Safety Data Sheets" [HSNOCOP 8-1 (2006)]
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End of MSDS