

Ardex (Ardex Australia)

Chemwatch: 5433-07 Version No: 4.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 3

Issue Date: **10/03/2023** Print Date: **15/09/2023** L.GHS.AUS.EN.E

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Ardex WPM 909
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Details of the manufacturer or supplier of the safety data sheet

Registered company name	Ardex (Ardex Australia)	
Address	0 Powers Road Seven Hills NSW 2147 Australia	
Telephone	1800 224 070	
Fax	1300 780 102	
Website	www.ardexaustralia.com	
Email	sales@ardexaustralia.com	

Emergency telephone number

Association / Organisation	Ardex (Ardex Australia)
Emergency telephone numbers	1800 224 070 (Mon-Fri, 9am-5pm)
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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

Chemwatch Hazard Ratings

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

Poisons Schedule	Not Applicable	
Classification ^[1]	iensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2A, Germ Cell Mutagenicity Category 2, Carcinogenicity Category A, Hazardous to the Aquatic Environment Long-Term Hazard Category 3	
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI	

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Hazard pictogram(s)





Signal word

Danger

Hazard statement(s)

AUH066	Repeated exposure may cause skin dryness and cracking.	
H317	May cause an allergic skin reaction.	
H319	Causes serious eye irritation.	
H341	Suspected of causing genetic defects.	
H350	May cause cancer.	
H412	Harmful to aquatic life with long lasting effects.	

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P261	Avoid breathing dust/fumes.
P273	Avoid release to the environment.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.	
P302+P352	IF ON SKIN: Wash with plenty of water.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.	
P337+P313	If eye irritation persists: Get medical advice/attention.	
P362+P364	Take off contaminated clothing and wash it before reuse.	

Precautionary statement(s) Storage

Precautionary statement(s) Disposal

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

P501

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight] Name	
37244-96-5	10-30	nepheline syenite
1344-28-1.	<5	aluminium oxide
13463-67-7	<5	titanium dioxide
330-54-1	<1	diuron
2634-33-5	<1	1,2-benzisothiazoline-3-one
2682-20-4	<1 <u>2-methyl-4-isothiazolin-3-one</u>	
Not Available	balance	Ingredients determined not to be hazardous
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact

If this product comes in contact with the eyes:

Wash out immediately with fresh running water.

- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention.
- ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

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Skin Contact	If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor.
Ingestion	 If swallowed do NOT induce vomiting. If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. Observe the patient carefully. Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting measures

Extinguishing media

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

Fire Incompatibility	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result		
dvice for firefighters			
Fire Fighting	 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. 		
Fire/Explosion Hazard	 Solid which exhibits difficult combustion or is difficult to ignite. Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capabl of damaging plant and buildings and injuring people. Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type. Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. Build-up of electrostatic charge 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. All movable parts coming in contact with this material should have a speed of less than 1-metre/sec. Decomposes on heating and produces: carbon monoxide (CO) carbon dioxide (CO2) metal oxides other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit poisonous fumes. 		
HAZCHEM	Not Applicable		

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor Spills

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

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Major Spills

- Clean up all spills immediately.
- Avoid breathing vapours and contact with skin and eyes.
- ▶ Control personal contact with the substance, 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- 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.
- Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)
- Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
- Safe handling
- Establish good housekeeping practices. Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
- Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in.(0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.
- Do not use air hoses for cleaning.
- Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used.
- Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.
- Folids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.
- Do not empty directly into flammable solvents or in the presence of flammable vapors.
- Fig. The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.

Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.

- Do NOT cut, drill, grind or weld such containers.
- In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit
- Other information
- Store in original containers.
- Keep containers securely sealed. Store in a cool, dry area protected from environmental extremes.
- Store away from incompatible materials and foodstuff containers
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storage and handling recommendations contained within this SDS.

For major quantities:

- Consider storage in bunded areas ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
- Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities

Conditions for safe storage, including any incompatibilities

Polyethylene or polypropylene container. Suitable container Check all containers are clearly labelled and free from leaks. Avoid strong acids, bases Storage incompatibility Avoid reaction with oxidising agents

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	aluminium oxide	Aluminium oxide	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	titanium dioxide	Titanium dioxide	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

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Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	diuron	Diuron	10 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
aluminium oxide	15 mg/m3	170 mg/m3	990 mg/m3
titanium dioxide	30 mg/m3	330 mg/m3	2,000 mg/m3

Ingredient	Original IDLH	Revised IDLH
nepheline syenite	Not Available	Not Available
aluminium oxide	Not Available	Not Available
titanium dioxide	5,000 mg/m3	Not Available
diuron	Not Available	Not Available
1,2-benzisothiazoline-3-one	Not Available	Not Available
2-methyl-4-isothiazolin-3-one	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
1,2-benzisothiazoline-3-one	E	≤ 0.01 mg/m³	
2-methyl-4-isothiazolin-3-one	D	> 0.01 to ≤ 0.1 mg/m³	
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the		

adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

MATERIAL DATA

Exposure 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.

Appropriate engineering controls

rype of Contaminant.	All Speed.
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Individual protection measures, such as personal protective equipment









Eye and face protection

- Safety glasses with side shields
- ► Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]
- 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

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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].

Skin protection

See Hand protection below

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

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

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

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

- · When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- · When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- · Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, gloves are rated as:

Hands/feet protection

- · Excellent when breakthrough time > 480 min
- \cdot Good when breakthrough time > 20 min
- · Fair when breakthrough time < 20 min
- · Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times

Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- · Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended

- ▶ Butyl rubber gloves
- · Nitrile rubber gloves (Note: Nitric acid penetrates nitrile gloves in a few minutes.)

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- polychloroprene nitrile rubber.
- butyl rubber.
- fluorocaoutchouc.
- polyvinyl chloride.

Gloves should be examined for wear and/ or degradation constantly.

Body protection

See Other protection below

Other protection

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

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the computergenerated selection:

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Material	СРІ
BUTYL	С
NATURAL RUBBER	С
NATURAL+NEOPRENE	С
NEOPRENE	С
NEOPRENE/NATURAL	С
NITRILE	С
PE	С
PE/EVAL/PE	С

Respiratory protection

Type BAX-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	BAX-AUS P2	-	BAX-PAPR-AUS / Class 1 P2
up to 50 x ES	-	BAX-AUS / Class 1 P2	-
up to 100 x ES	-	BAX-2 P2	BAX-PAPR-2 P2 ^

^ - Full-face

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO =

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PVA	С
PVC	С
SARANEX-23	С
TEFLON	С
VITON	С
VITON/NEOPRENE	С

- * CPI Chemwatch Performance Index
- A: Best Selection
- B: Satisfactory; may degrade after 4 hours continuous immersion
- C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation.
* Where the glove is to be used on a short term, casual or infrequent basis, factors such

as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- · Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- \cdot The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- \cdot Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- · Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection
- · Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
- \cdot Use approved positive flow mask if significant quantities of dust becomes airborne.
- · Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Powder; partly soluble in water.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

inhaled	Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.

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Repeated exposure may cause skin cracking, flaking or drying following normal handling and use.

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Skin Contact

Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. Open cuts, abraded or irritated skin should not be exposed to this material

Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.

Eve

Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans.

Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.

Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.

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

Chronic exposure to aluminas (aluminium oxides) of particle size 1.2 microns did not produce significant systemic or respiratory system effects in workers. Epidemiologic surveys have indicated an excess of nonmalignant respiratory disease in workers exposed to aluminum oxide during abrasives production.

Very fine Al2O3 powder was not fibrogenic in rats, guinea pigs, or hamsters when inhaled for 6 to 12 months and sacrificed at periods up to 12 months following the last exposure.

When hydrated aluminas were injected intratracheally, they produced dense and numerous nodules of advanced fibrosis in rats, a reticulin network with occasional collagen fibres in mice and guinea pigs, and only a slight reticulin network in rabbits. Shaver's disease, a rapidly progressive and often fatal interstitial fibrosis of the lungs, is associated with a process involving the fusion of bauxite (aluminium oxide) with iron, coke and silica at 2000 deg. C.

The weight of evidence suggests that catalytically active alumina and the large surface area aluminas can induce lung fibrosis(aluminosis) in experimental animals, but only when given by the intra-tracheal route. The pertinence of such experiments in relation to workplace exposure is doubtful especially since it has been demonstrated that the most reactive of the aluminas (i.e. the chi and gamma forms), when given by inhalation, are non-fibrogenic in experimental animals. However rats exposed by inhalation to refractory aluminium fibre showed mild fibrosis and possibly carcinogenic effects indicating that fibrous aluminas might exhibit different toxicology to non-fibrous forms. Aluminium oxide fibres administered by the intrapleural route produce clear evidence of carcinogenicity.

Saffil fibre an artificially produced form alumina fibre used as refractories, consists of over 95% alumina, 3-4 % silica. Animal tests for fibrogenic, carcinogenic potential and oral toxicity have included in-vitro, intraperitoneal injection, intrapleural injection, inhalation, and feeding. The fibre has generally been inactive in animal studies. Also studies of Saffil dust clouds show very low respirable fraction.

There is general agreement that particle size determines that the degree of pathogenicity (the ability of a micro-organism to produce infectious disease) of elementary aluminium, or its oxides or hydroxides when they occur as dusts, fumes or vapours. Only those particles small enough to enter the alveolii (sub 5 um) are able to produce pathogenic effects in the lungs.

In a teratogenic study in rats concentrations of up to 40 mg/kg 1,2-benzisothiazoline-3-one (BIT) were neither embryotoxic nor teratogenic. The material is not mutagenic. In a 2-year carcinogenicity study with rats, BIT did not produce excess tumours. The results derived from this test are questionable because no dose series was administered and because there were too few animals

A 90-day study with beagle dogs receiving oral doses showed reduced food consumption and body weight gain as well as mild anaemia, increases in the weights of liver and in male animals, brain and spleen weights.

The no-observed-effect-level (NOEL) was given as 165 mg/kg (ie 0.5 BIT in the diet). A 90-day study with rats receiving dietary BIT showed reduced liver and pituitary weights in males. The NOEL was less than 0.1 %.

The isothiazolinones are known contact sensitisers. Data are presented which demonstrate that, in comparison with the chlorinated and dichlorinated compounds which share immunological cross-reactivity, the non-chlorinated isothiazolinones have a lower potential for sensitization and no documented immunological cross-reaction with the chlorinated isothiazolinones. The risk of sensitization depends on how contact with the product occurs. The risk is greater when the skin barrier has been damaged and smaller when the skin is healthy. Dermatological studies have demonstrated that mixed isothiazolinone concentrations below 20 ppm may cause sensitisation and that allergic reactions can be provoked in sensitized persons even with concentrations in the range of 7-15 ppm active isothiazolinones.

The isothiazolinones are a group of heterocyclic sulfur-containing compounds. In general all are electrophilic molecules containing an activated N-S bond that enables them with nucleophilic cell entities, thus exerting biocidal activity. A vinyl activated chlorine atom makes allows to molecule to exert greater antimicrobial efficiency but at the same time produces a greater potential for sensitisation.

Several conclusions relating to the sensitising characteristics of the isothiazolinones may therefore be drawn*:

- The strongest sensitisers are the chlorinated isothiazolinones.
- There are known immunological cross-reactions between at least 2 different chlorinated isothiazolinones.
- ▶ There appears to be no immunological cross reaction between non-chlorinated isothiazolinones and chlorinated isothiazolinones.
- Although classified as sensitisers, the nonchlorinated isothiazolinones are considerably less potent sensitisers than are the chlorinated isothiazolinones.
- By avoiding the use of chlorinated isothiazolinones, the potential to induce sensitisation is greatly reduced.
- Despite a significant percentage of the population having been previously sensitised to chlorinated and non-chlorinated species, it is likely that careful and judicious use of non-chlorinated isothiazolinones will result in reduced risk of allergic reactions in those persons
- Although presently available data promise that several non-chlorinated isothiazolinones will offer effective antimicrobial protection in industrial and personal care products, it is only with the passage of time that proof of their safety in use or otherwise will become available.

* B.R. Alexander: Contact Dermatitis 2002, 46, pp 191-196

Although there have been conflicting reports in the literature, it has been reported by several investigators that isothiazolinones are mutagenic in Salmonella typhimurium strains (Ames test). Negative results were obtained in studies of the DNA-damaging potential of mixed isothiazolinones (Kathon) in mammalian cells in vitro and of cytogenetic effects and DNA-binding in vivo. The addition of rat liver S-9 (metabolic activation) reduced toxicity but did not eliminate mutagenicity. These compounds bind to the proteins in the S-9. At higher concentrations of Kathon the

Chronic

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increase in mutagenicity may be due to an excess of unbound active compounds.

A study of cutaneous application of Kathon CG in 30 months, three times per week at a concentration of 400 ppm (0.04%) a.i. had no local or systemic tumourigenic effect in male mice. No dermal or systemic carcinogenic potential was observed.

Reproduction and teratogenicity studies with rats, given isothiazolinone doses of 1.4-14 mg/kg/day orally from day 6 to day 15 of gestation, showed no treatment related effects in either the dams or in the foetuses

Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

Chronic effects of exposure to diuron may initially include skin irritation, or blurring of vision, liver enlargement; spleen and thyroid effects; red blood cell destruction; or reduction of the blood's oxygen carrying capacity with cyanosis (bluish discolourisation), weakness or shortness of breath by formation of methemoglobin. Significant skin permeation after contact appears unlikely. There are no reports of human sensitisation to diuron.

At 2500 ppm diuron in the diet for 2 years, rats and dogs showed growth retardation, slight anaemia, presence of abnormal pigmentation, increased erythropoiesis and splenic haemosiderosis.

A. L. WDM 000	TOXICITY	IRRITATION
Ardex WPM 909	Not Available	Not Available
	TOXICITY	IRRITATION
nepheline syenite	Not Available	Not Available
	TOXICITY	IRRITATION
aluminium oxide	Inhalation(Rat) LC50: >0.888 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: >2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
	TOXICITY	IRRITATION
	dermal (hamster) LD50: >=10000 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
titanium dioxide	Inhalation(Rat) LC50: >2.28 mg/l4h ^[1]	Skin (human): 0.3 mg /3D (int)-mild *
	Oral (Rat) LD50: >=2000 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
	TOXICITY	IRRITATION
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
diuron	Inhalation(Rat) LC50: >5.05 mg/l4h ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: 1017 mg/kg ^[2]	
	TOXICITY	IRRITATION
1,2-benzisothiazoline-3-one	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
	Oral (Rat) LD50: 454 mg/kg ^[1]	Skin: no adverse effect observed (not irritating) ^[1]
	TOXICITY	IRRITATION
	dermal (rat) LD50: 242 mg/kg ^[1]	Eye: adverse effect observed (irreversible damage) ^[1]
2-methyl-4-isothiazolin-3-one	Inhalation(Rat) LC50: 0.1 mg/l4h ^[1]	Skin: adverse effect observed (corrosive) ^[1]
	Oral (Rat) LD50: 120 mg/kg ^[1]	
Legend:	Value obtained from Europe ECHA Registered Substance specified data extracted from RTECS - Register of Toxic Effective	es - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise ect of chemical Substances

* IUCLID

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies

For titanium dioxide:

TITANIUM DIOXIDE

Humans can be exposed to titanium dioxide via inhalation, ingestion or dermal contact. In human lungs, the clearance kinetics of titanium dioxide is poorly characterized relative to that in experimental animals. (General particle characteristics and host factors that are considered to affect deposition and retention patterns of inhaled, poorly soluble particles such as titanium dioxide are summarized in the monograph on carbon black.) With regard to inhaled titanium dioxide, human data are mainly available from case reports that showed deposits of titanium dioxide in lung tissue as well as in lymph nodes. A single clinical study of oral ingestion of fine titanium dioxide showed particle size-dependent absorption by the gastrointestinal tract and large interindividual variations in blood levels of titanium dioxide. Studies on the application of sunscreens containing ultrafine titanium dioxide to healthy skin of human volunteers revealed that titanium dioxide particles only penetrate into the outermost layers of the stratum corneum, suggesting that healthy skin is an effective barrier to titanium dioxide. There are no studies on penetration of titanium dioxide in compromised skin.

Respiratory effects that have been observed among groups of titanium dioxide-exposed workers include decline in lung function, pleural disease with plaques and pleural thickening, and mild fibrotic changes. However, the workers in these studies were also exposed to asbestos and/or silica.

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No data were available on genotoxic effects in titanium dioxide-exposed humans.

Many data on deposition, retention and clearance of titanium dioxide in experimental animals are available for the inhalation route. Titanium dioxide inhalation studies showed differences — both for normalized pulmonary burden (deposited mass per dry lung, mass per body weight) and clearance kinetics — among rodent species including rats of different size, age and strain. Clearance of titanium dioxide is also affected by pre-exposure to gaseous pollutants or co-exposure to cytotoxic aerosols. Differences in dose rate or clearance kinetics and the appearance of focal areas of high particle burden have been implicated in the higher toxic and inflammatory lung responses to intratracheally instilled vs inhaled titanium dioxide particles. Experimental studies with titanium dioxide have demonstrated that rodents experience dose-dependent impairment of alveolar macrophage-mediated clearance. Hamsters have the most efficient clearance of inhaled titanium dioxide. Ultrafine primary particles of titanium dioxide are more slowly cleared than their fine counterparts.

Titanium dioxide causes varying degrees of inflammation and associated pulmonary effects including lung epithelial cell injury, cholesterol granulomas and fibrosis. Rodents experience stronger pulmonary effects after exposure to ultrafine titanium dioxide particles compared with fine particles on a mass basis. These differences are related to lung burden in terms of particle surface area, and are considered to result from impaired phagocytosis and sequestration of ultrafine particles into the interstitium.

Fine titanium dioxide particles show minimal cytotoxicity to and inflammatory/pro-fibrotic mediator release from primary human alveolar macrophages in vitro compared with other particles. Ultrafine titanium dioxide particles inhibit phagocytosis of alveolar macrophages in vitro at mass dose concentrations at which this effect does not occur with fine titanium dioxide. In-vitro studies with fine and ultrafine titanium dioxide and purified DNA show induction of DNA damage that is suggestive of the generation of reactive oxygen species by both particle types. This effect is stronger for ultrafine than for fine titanium oxide, and is markedly enhanced by exposure to simulated sunlight/ultraviolet light.

Animal carcinogenicity data

Pigmentary and ultrafine titanium dioxide were tested for carcinogenicity by oral administration in mice and rats, by inhalation in rats and female mice, by intratracheal administration in hamsters and female rats and mice, by subcutaneous injection in rats and by intraperitoneal administration in male mice and female rats.

In one inhalation study, the incidence of benign and malignant lung tumours was increased in female rats. In another inhalation study, the incidences of lung adenomas were increased in the high-dose groups of male and female rats. Cystic keratinizing lesions that were diagnosed as squamous-cell carcinomas but re-evaluated as non-neoplastic pulmonary keratinizing cysts were also observed in the high-dose groups of female rats. Two inhalation studies in rats and one in female mice were negative.

Intratracheally instilled female rats showed an increased incidence of both benign and malignant lung tumours following treatment with two types of titanium dioxide. Tumour incidence was not increased in intratracheally instilled hamsters and female mice.

In-vivo studies have shown enhanced micronucleus formation in bone marrow and peripheral blood lymphocytes of intraperitoneally instilled mice. Increased Hprt mutations were seen in lung epithelial cells isolated from titanium dioxide-instilled rats. In another study, no enhanced oxidative DNA damage was observed in lung tissues of rats that were intratracheally instilled with titanium dioxide. The results of most in-vitro genotoxicity studies with titanium dioxide were negative.

The material may produce moderate eye irritation leading to inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.

Note: Equivocal animal tumorigenic agent by RTECS criteria. NOTE: This substance may contain impurities (tetrachlorazobenzene and tetrachloroazoxybenzene). Maximum impurity levels are proscribed under various jurisdictions ADI: 0.006 mg/kg/day NOEL: 0.625 mg/kg/day Diuron is absorbed readily through the gut and lungs while uptake through the skin is more limited. It is slightly toxic to mammals but juveniles are more susceptible than adults(18). The oral LD50 in rats is 3-4 g/kg and the dermal LD50 is > 2 g/kg(19). An early study indicated that animals fed protein-deficient diets were considerably more vulnerable to diuron toxicity; rats fed a diet of 3% protein were five times more sensitive to diuron.

Exposure to sub-lethal doses of diuron causes formation of methaemoglobin, an abnormal form of the protein haemoglobin which carries oxygen in the blood. Diuron can decrease the number of red blood cells (RBCs), increase the number of abnormally shaped RBCs, and increase the number of white blood cells. Diuron may cause the spleen to become congested due to the increased demand to remove damaged RBCs. Increases in liver size are also observed and are indicative of the extra load placed on this organ, the body s major site of detoxification. Diuron can also cause eye and skin irritation.

Diuron contains two significant impurities from the manufacturing process 3,3',4,4'-tetrachloroazobenzene (TCAB) and 3,3',4,4'-tetrachloroazoxybenzene (TCAOB), both potent 'dioxin-like substances. TCAB levels between 0.15 and 28 ppm have been found in diuron samples tested. TCAOB is present at lower levels. Both TCAB and TCAOB cause chloracne a serious skin disease

DIURON

Carcinogenicity: The US Environmental Protection Agency (EPA) has classified diuron as a 'known/likely' carcinogen since 1997 based on the results of two studies. One study on rats indicated that both males and females fed diuron had a higher incidence of bladder cancer than control animals. The male rats in this study also had a higher incidence of kidney cancer than the control animals. In a study of mice animals with higher exposures had more breast cancer

Mutagenicity: There is conflicting evidence on whether diuron can cause mutations

Developmental Toxicity: Rats fed relatively high levels (125 mg/kg/day) of diuron produced offspring with delayed bone formation(26) and other studies indicate that similar levels of diuron reduce birth weight. The US Toxics Release Inventory list diuron as a developmental toxin In mammals, metabolism principally occurs through hydroxylation and dealkylation.

Metabolites. Breakdown of this compound is similar in animals, plants and soil. The first step is N-demethylation followed by ring cleavage. The main breakdown product of diuron is 3,4-dichloroaniline(3,4-DCA). The oral LD50 of 3,4-DCA in rats is around 60 mg/kg and by the inhalation route the LC50 ranges from 2.8 to 4.7 mg/l/4hrs indicating that 3,4-DCA is considerably more toxic than diuron itself. Dermal and inhalation absorption is rapid leading to formation of methaemoglobin. A marked species difference is dermal toxicity is noted with rabbit considerably more sensitive than rats. No human data is available but by extrapolating from other aromatic amines humans could be considerably more sensitive to methaemoglobin formation than rats. 3,4-DCA should be regarded as a potential respiratory sensitiser. The carcinogenic potential of 3,4-DCA remains uncertain.

The predominant fate of the thiazole ring is oxidative ring scission catalysed by cytochrome P450 (CYP) and formation of the corresponding alpha-dicarbonyl metabolites and thioamide derivatives. The well-established toxicity associated with thioamides and thioamides has led to the speculation that thiazole toxicity is attributed to ring scission yielding the corresponding thioamide metabolite. Ring opening has also been observed in benzothiazoles. For instance, benzothiazole itself is converted to S-methylmercaptoaniline.

Acute toxicity data show that 1,2-benzisothiazoline-3-one (BIT) is moderately toxic by the oral and dermal routes but that this chemical is a severe eye irritant. Irritation to the skin from acute data show only mild skin irritation, but repeated dermal application indicated a more significant skin irritation response.

The neurotoxicity observed in the rat acute oral toxicity study (piloerection and upward curvature of the spine at 300 mg/kg and above; decreased activity, prostration, decreased abdominal muscle tone, reduced righting reflex, and decreased rate and depth of breathing at 900 mg/kg) and the acute dermal toxicity study (upward curvature of the spine was observed in increased incidence, but this was absent after day 5 post-dose at a dose of 2000 mg/kg) were felt to be at exposures in excess of those expected from the use pattern of this pesticide and that such effects would not be observed at estimated exposure doses.

Subchronic oral toxicity studies showed systemic effects after repeated oral administration including decreased body weight, increased incidence of forestomach hyperplasia, and non-glandular stomach lesions in rats. In dogs, the effects occurred at lower doses than in rats, and included alterations in blood chemistry (decreased plasma albumin, total protein, and alanine aminotransferase) and increased absolute liver

Developmental toxicity studies were conducted in rats with maternal effects including decreased body weight gain, decreased food consumption, and clinical toxicity signs (audible breathing, haircoat staining of the anogenital region, dry brown material around the nasal area) as well as increased mortality. Developmental effects consisted of increases in skeletal abnormalities (extra sites of ossification of skull bones, unossified sternebrae) but not external or visceral abnormalities.

Reproductive toxicity: In a two- generation reproduction study, parental toxicity was observed at 500 ppm and was characterized by lesions in the stomach. In pups, toxic effects were reported at 1000 ppm and consisted of preputial separation in males and impaired growth and

1,2-BENZISOTHIAZOLINE-3-ONE

2-METHYL-

4-ISOTHIAZOLIN-3-ONE

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survival in both sexes. The reproduction study did not show evidence of increased susceptibility of offspring.

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of

appropriate studies with similar materials using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.

The European Union has reclassified several formaldehyde-releasing agents (FRAs) such as methylenedimorpholine (MBM), oxazolidine (MBO) and hydroxypropylamine (HPT) as category 1B carcinogens. Previously, formaldehyde itself was classed as a carcinogen – but formaldehyde-releasing agents were not. This is no longer the case. Based on this regulation, formulations for which the maximum theoretical concentration of releasable formaldehyde is more than > 1000 ppm (>0.1%), have to be labelled as carcinogenic.

Water mix metalworking fluids are subject to contamination by bacteria and fungi, and the control of this is an essential part of good fluid maintenance. The use of preservatives both within the formulation and tank-side treatment plays a significant contribution in the protection of potentially harmful microbes that could cause health problems for workers.

A large proportion of bactericides on the market today are classed as formaldehyde releasing biocides which means that under specific conditions they release small amounts of formaldehyde – this is their mode of action in the presence of bacteria. Although they are effective as a biocide their use may become restricted or unfavourable due to potential changes in legislation.

A decision by the ECHA (European Chemicals Agency) was made to re-classify formaldehyde as a category 1b H350 carcinogen and category 2 mutagen in June 2015.

It has also been proposed by the ECHA Risk Assessment Committee (RAC) that formaldehyde release biocides should be classified the same as formaldehyde because formaldehyde is released when these substances come into contact under favorable conditions (i.e. interaction with microorganisms).

as formaldenyde because formaldenyde is released when these substances come into contact under ravorable conditions (i.e. interaction will microorganisms).

Formaldehyde generators (releasers) are often used as preservatives (antimicrobials, biocides, microbiocides). Formaldehyde may be generated following hydrolysis. The most widely used antimicrobial compounds function by releasing formaldehyde once inside the microbe

cell. Some release detectable levels of formaldehyde into the air space, above working solutions, especially when pH has dropped. Many countries are placing regulatory pressure on suppliers and users to replace formaldehyde generators. Formaldehyde generators are a diverse group of chemicals that can be recognised by a small, easily detachable formaldehyde moiety, prepared by reacting an amino alcohol with formaldehyde ("formaldehyde-condensates"),

There is concern that when formaldehyde-releasing preservatives are present in a formulation that also includes amines, such as triethanolamine (TEA), diethanolamine (DEA), or monoethanolamine (MEA), nitrosamines can be formed,; nitrosamines are carcinogenic substances that can potentially penetrate skin.

One widely-discussed hypothesis states that formaldehyde-condensate biocides, such as triazines and oxazolidines, may cause an imbalance in the microbial flora of in-use metalworking fluids (MWFs). The hypothesis further asserts that this putative microbial imbalance favours the proliferation of certain nontuberculosis mycobacteria (NTM) in MWFs and that the subsequent inhalation of NTM-containing aerosols can cause hypersensitivity pneumonitis (HP), also known as extrinsic allergic alveolitis, in a small percentage of susceptible workers. Symptoms of HP include flu-like illness accompanied by chronic dyspnea, i.e., difficult or laboured respiration

According to Annex VI of the Cosmetic Directive 76/768/EC, the maximum authorised concentration of free formaldehyde is 0.2% (2000 ppm). In addition, the provisions of Annex VI state that,

All finished products containing formaldehyde or substances in this Annex and which release formaldehyde must be labelled with the warning "contains formaldehyde" where the concentration of formaldehyde in the finished product exceeds 0.05%.

Formaldehyde-releasing preservatives have the ability to release formaldehyde in very small amounts over time. The use of formaldehyde-releasing preservatives ensures that the actual level of free formaldehyde in the products is always very low but at the same time sufficient to ensure absence of microbial growth. The formaldehyde reacts most rapidly with organic and inorganic anions, amino and sulfide groups and electron-rich groups to disrupt metabolic processes, eventually causing death of the organism.

NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.

Considered to be a minor sensitiser in Kathon CG (1) (1). Bruze etal - Contact Dermatitis 20: 219-39, 1989

NEPHELINE SYENITE &
ALUMINIUM OXIDE & TITANIUM
DIOXIDE & DIURON &
1,2-BENZISOTHIAZOLINE-3-ONE
& 2-METHYL4-ISOTHIAZOLIN-3-ONE

No significant acute toxicological data identified in literature search.

TITANIUM DIOXIDE & 2-METHYL-4-ISOTHIAZOLIN-3-ONE

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.

The following information refers to contact allergens as a group and may not be specific to this product.

thus the exposure of humans and the environment to the biocidal substance.

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. In light of potential adverse effects, and to ensure a harmonised risk assessment and management, the EU regulatory framework for biocides has been established with the objective of ensuring a high level of protection of human and animal health and the environment. To this aim, it is required that risk assessment of biocidal products is carried out before they can be placed on the market. A central element in the risk assessment of the biocidal products are the utilization instructions that defines the dosage, application method and amount of applications and

1,2-BENZISOTHIAZOLINE-3-ONE & 2-METHYL-4-ISOTHIAZOLIN-3-ONE

Humans may be exposed to biocidal products in different ways in both occupational and domestic settings. Many biocidal products are intended for industrial sectors or professional uses only, whereas other biocidal products are commonly available for private use by non-professional users. In addition, potential exposure of non-users of biocidal products (i.e. the general public) may occur indirectly via the environment, for example through drinking water, the food chain, as well as through atmospheric and residential exposure. Particular attention should be paid to the exposure of vulnerable sub-populations, such as the elderly, pregnant women, and children. Also pets and other domestic animals can be exposed indirectly following the application of biocidal products. Furthermore, exposure to biocides may vary in terms of route (inhalation, dermal contact, and ingestion) and pathway (food, drinking water, residential, occupational) of exposure, level, frequency and duration

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

Legend:

★ - Data either not available or does not fill the criteria for classification

Data available to make classification

SECTION 12 Ecological information

ÓΧ	,,,	• • •	~

	Endpoint	Test Duration (hr)	Species	Value	Source
Ardex WPM 909	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
nepheline syenite	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.017mg/L	2
	EC50	48h	Crustacea	0.736mg/L	2
aluminium oxide	EC50	96h	Algae or other aquatic plants	0.005mg/L	2
	LC50	96h	Fish	0.078-0.108mg/l	2
	NOEC(ECx)	72h	Algae or other aquatic plants	>100mg/l	1
	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<1.1-9.6	7
	EC50	72h	Algae or other aquatic plants	3.75-7.58mg/l	4
titanium dioxide	EC50	48h	Crustacea	1.9mg/l	2
	EC50	96h	Algae or other aquatic plants	179.05mg/l	2
	LC50	96h	Fish	1.85-3.06mg/l	4
	NOEC(ECx)	672h	Fish	>=0.004mg/L	2
	Endpoint	Test Duration (hr)	Species	Value	Source
	BCF	1008h	Fish	<2.9-14	7
	EC50	72h	Algae or other aquatic plants	0.00055mg/l	4
diuron	EC50	48h	Crustacea	>0.677mg/l	4
	EC50	96h	Algae or other aquatic plants	0.001mg/l	4
	LC50	96h	Fish	0.5mg/l	4
	EC10(ECx)	48h	Algae or other aquatic plants	0.00004mg/l	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.07mg/L	2
1,2-benzisothiazoline-3-one	EC50	48h	Crustacea	0.097mg/L	4
	NOEC(ECx)	72h	Algae or other aquatic plants	0.04mg/L	2
	LC50	96h	Fish	0.067-0.29mg/L	4
	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	72h	Algae or other aquatic plants	0.057mg/L	2
	EC50	48h	Crustacea	0.189-0.257mg/L	4
2-methyl-4-isothiazolin-3-one	EC50	96h	Algae or other aquatic plants	0.061mg/L	2
	LC50	96h	Fish	0.081-0.122mg/L	4
	NOEC(ECx)	96h	Algae or other aquatic plants	0.01mg/l	2

Harmful to aquatic organisms.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient Persistence: Water/Soil Persistence: Air

- Bioconcentration Data 8. Vendor Data

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Ingredient	Persistence: Water/Soil	Persistence: Air
titanium dioxide	HIGH	HIGH
diuron	HIGH	HIGH
2-methyl-4-isothiazolin-3-one	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
titanium dioxide	LOW (BCF = 10)
diuron	LOW (BCF = 14)
2-methyl-4-isothiazolin-3-one	LOW (LogKOW = -0.8767)

Mobility in soil

Ingredient	Mobility
titanium dioxide	LOW (KOC = 23.74)
diuron	LOW (KOC = 136)
2-methyl-4-isothiazolin-3-one	LOW (KOC = 27.88)

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal

- ▶ 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.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.7.1. Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

14.7.2. Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
nepheline syenite	Not Available
aluminium oxide	Not Available
titanium dioxide	Not Available
diuron	Not Available
1,2-benzisothiazoline-3-one	Not Available
2-methyl-4-isothiazolin-3-one	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

·	
Product name	Ship Type
nepheline syenite	Not Available
aluminium oxide	Not Available
titanium dioxide	Not Available
diuron	Not Available
1,2-benzisothiazoline-3-one	Not Available
2-methyl-4-isothiazolin-3-one	Not Available

SECTION 15 Regulatory information

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

nepheline syenite is found on the following regulatory lists

Not Applicable

aluminium oxide is found on the following regulatory lists

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Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

titanium dioxide is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List

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

diuron is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

1,2-benzisothiazoline-3-one is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

2-methyl-4-isothiazolin-3-one is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) -

Australia Standard for the Uniform Scheduling of Medicines and Schedule $\ensuremath{\mathbf{6}}$

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 2B: Possibly carcinogenic to humans

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

Chemical Footprint Project - Chemicals of High Concern List

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

Australian Inventory of Industrial Chemicals (AIIC)

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (nepheline syenite)
Canada - DSL	Yes
Canada - NDSL	No (nepheline syenite; aluminium oxide; diuron; 1,2-benzisothiazoline-3-one; 2-methyl-4-isothiazolin-3-one)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (nepheline syenite)
Japan - ENCS	No (nepheline syenite)
Korea - KECI	No (nepheline syenite)
New Zealand - NZIoC	Yes
Philippines - PICCS	No (nepheline syenite)
USA - TSCA	No (nepheline syenite)
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (nepheline syenite)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	10/03/2023
Initial Date	14/10/2020

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	15/04/2021	Classification change due to full database hazard calculation/update.
4.1	10/03/2023	Classification change due to full database hazard calculation/update.

Other information

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

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

Definitions and abbreviations

PC - TWA: Permissible Concentration-Time Weighted Average

PC - STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit₀

IDLH: Immediately Dangerous to Life or Health Concentrations

ES: Exposure Standard

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

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OTV: Odour Threshold Value BCF: BioConcentration Factors BEI: Biological Exposure Index

AIIC: Australian Inventory of Industrial Chemicals

DSL: Domestic Substances List NDSL: Non-Domestic Substances List

IECSC: Inventory of Existing Chemical Substance in China

EINECS: European INventory of Existing Commercial chemical Substances ELINCS: European List of Notified Chemical Substances

NLP: No-Longer Polymers

ENCS: Existing and New Chemical Substances Inventory

KECI: Korea Existing Chemicals Inventory NZIoC: New Zealand Inventory of Chemicals
PICCS: Philippine Inventory of Chemicals and Chemical Substances

TSCA: Toxic Substances Control Act TCSI: Taiwan Chemical Substance Inventory INSQ: Inventario Nacional de Sustancias Químicas

NCI: National Chemical Inventory

FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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Issue Date: 10/03/2023

Print Date: 15/09/2023