

# TP10 Tile Adhesive

Chemwatch Material Safety Data Sheet  
Issue Date: 3-May-2013  
A317LP

Hazard Alert Code: HIGH

CHEMWATCH 8044-33  
Version No:4.1.1.1  
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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

TP10 Tile Adhesive

### SYNONYMS

"cement-based mastic tile adhesive", Norcros

### PRODUCT USE

A flexible, fast setting cementitious mastic tile adhesive for fixing tiles and natural stones over internal walls and floor surfaces.

### SUPPLIER

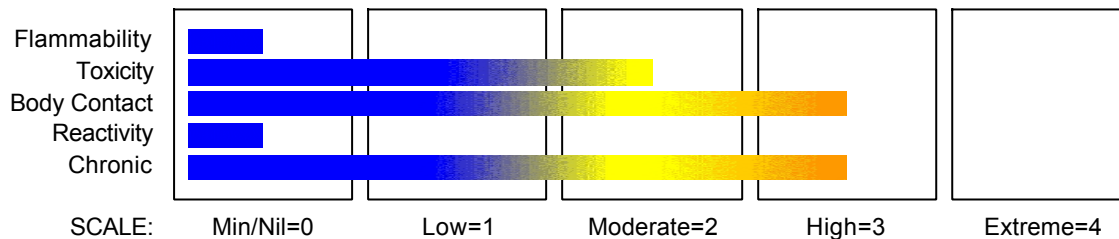
Company: Ardex Australia Pty Ltd  
Address:  
20 Powers Road  
Seven Hills  
NSW, 2147  
Australia  
Telephone: 1800 224 070  
Emergency Tel: 1800 224 070 (Mon- Fri, 9am- 5pm)  
Fax: +61 2 9838 7817

## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

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

### CHEMWATCH HAZARD RATINGS



### RISK

■ Irritating to respiratory system and skin.

### SAFETY

• Keep locked up.

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## Section 2 - HAZARDS IDENTIFICATION

- Risk of serious damage to eyes.
  - May cause SENSITISATION by skin contact.
  - May cause CANCER by inhalation.
  - Very toxic to aquatic organisms, may cause long- term adverse effects in the aquatic environment.
  - Inhalation may produce health damage\*.
  
  - Cumulative effects may result following exposure\*.
  - Possible respiratory sensitiser\*.
- \* (limited evidence).
- Do not breathe dust.
  - Avoid contact with skin.
  - Avoid contact with eyes.
  - Wear suitable protective clothing.
  
  - In case of insufficient ventilation, wear suitable respiratory equipment.
  - Wear suitable gloves.
  
  - Wear eye/face protection.
  - Use only in well ventilated areas.
  - Keep container in a well ventilated place.
  - Avoid exposure - obtain special instructions before use.
  - Do not empty into drains.
  - To clean the floor and all objects contaminated by this material, use water and detergent.
  - This material and its container must be disposed of in a safe way.
  - Keep away from food, drink and animal feeding stuffs.
  - In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.
  - Use appropriate container to avoid environmental contamination.
  - Avoid release to the environment. Refer to special instructions/Safety data sheets.
  - In case of accident by inhalation: remove casualty to fresh air and keep at rest.

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
portland cement	65997-15-1	10-60
fillers, not specified		10-60
super additives		<10
No further ingredient information supplied.		

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming

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Section 4 - FIRST AID MEASURES

unconscious

- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

## EYE

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

## SKIN

- If skin contact occurs:
  - Immediately remove all contaminated clothing, including footwear.
  - Flush skin and hair with running water (and soap if available).
  - Seek medical attention in event of irritation.

## INHALED

- If dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear breathing passages.
- Ask patient to rinse mouth with water but to not drink water.
- Seek immediate medical attention.

## NOTES TO PHYSICIAN

Treat symptomatically as for strong alkaline material.

## Section 5 - FIRE FIGHTING MEASURES

### EXTINGUISHING MEDIA

If small amounts are involved in a fire, there is no restriction on the type of extinguisher. Otherwise, use LARGE AMOUNTS of water to absorb heat generated.

### 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

- Non combustible.
  - Not considered a significant fire risk, however containers may burn.
- Decomposes on heating and produces toxic fumes of: caustic compounds.

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Section 5 - FIRE FIGHTING MEASURES

## FIRE INCOMPATIBILITY

- None known.

## HAZCHEM

None

## Section 6 - ACCIDENTAL RELEASE MEASURES

### MINOR SPILLS

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

### MAJOR SPILLS

- Clear area of personnel and move upwind.
- If inhalation risk of exposure exists, wear SAA approved dust respirator.
- Collect recoverable product into labelled containers for recycling.

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

## Section 7 - HANDLING AND STORAGE

### PROCEDURE FOR HANDLING

- Avoid generating and breathing dust.
- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Atmosphere should be checked against exposure standards
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Always wash hands with soap and water after handling.
- Use good occupational work practice.
- Observe manufacturer's storage and handling recommendations contained within this MSDS.

### SUITABLE CONTAINER

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

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

### STORAGE INCOMPATIBILITY

Avoid storage with oxidisers and strong acids.

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Section 7 - HANDLING AND STORAGE

### STORAGE REQUIREMENTS

- Keep dry Keep containers securely sealed when not in use.
- Absorbs water and carbon dioxide from the air.
- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storage and handling recommendations contained within this MSDS.

### SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X



X



+



X



X



+

+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

#### EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
portland cement 13763	5,000	

### MATERIAL DATA

TP10 TILE ADHESIVE:

None assigned. Refer to individual constituents.

PORTLAND CEMENT:

for calcium silicate:

containing no asbestos and <1% crystalline silica

ES TWA: 10 mg/m3 inspirable dust

TLV TWA: 10 mg/m3 total dust (synthetic nonfibrous) A4

Although in vitro studies indicate that calcium silicate is more toxic than substances described as "nuisance dusts" is thought that adverse health effects which might occur following exposure to 10-20 mg/m3 are likely to be minimal. The TLV-TWA is thought to be protective against the physical risk of eye and upper respiratory tract irritation in workers and to prevent interference with vision and deposition of particulate in the eyes, ears, nose and mouth.

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans.

For calcium oxide:

The TLV-TWA is thought to be protective against undue irritation and is analogous to that recommended for sodium hydroxide.

For aluminium oxide:

The experimental and clinical data indicate that aluminium oxide acts as an "inert" material when inhaled and seems to have little effect on the lungs nor does it produce significant organic disease or toxic effects

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

when exposures are kept under reasonable control.

[Documentation of the Threshold Limit Values], ACGIH, Sixth Edition.

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of  $4.0 \mu\text{m}$  (+-)  $0.3 \mu\text{m}$  and with a geometric standard deviation of  $1.5 \mu\text{m}$  (+-)  $0.1 \mu\text{m}$ , i.e..generally less than  $5 \mu\text{m}$ .

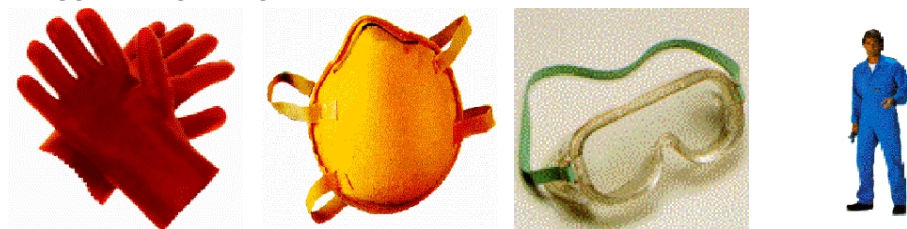
for chrome(VI) containing substances:

Some jurisdictions require that health surveillance be carried on workers occupationally exposed to inorganic chromium. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- physical examination with emphasis on the respiratory system and skin
- weekly skin inspection of hands and forearms by a "responsible person".

Portland cement is considered to be a nuisance dust that does not cause fibrosis and has little potential to induce adverse effects on the lung.

### PERSONAL PROTECTION



#### EYE

- Safety glasses with side shields; or as required,
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent].

#### HANDS/FEET

- Wear chemical protective gloves. e.g. PVC gloves with barrier cream Wear safety footwear.

#### OTHER

- Overalls.
- Eyewash unit.

Ensure there is ready access to a safety shower.

#### RESPIRATOR

- Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required. For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### ENGINEERING CONTROLS

- Use in a well-ventilated area.

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 is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
  - (a): particle dust respirators, if necessary, combined with an absorption cartridge;
  - (b): filter respirators with absorption cartridge or canister of the right type;
  - (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### APPEARANCE

Fine white powder; insoluble in water.

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

State	Divided solid	Molecular Weight	Not applicable
Melting Range (°C)	Not available	Viscosity	Not available
Boiling Range (°C)	Not applicable	Solubility in water (g/L)	Immiscible
Flash Point (°C)	Not applicable	pH (1% solution)	11 (paste form)
Decomposition Temp (°C)	Not available	pH (as supplied)	Not applicable
Autoignition Temp (°C)	Not applicable	Vapour Pressure (kPa)	Not applicable
Upper Explosive Limit (%)	Not applicable	Specific Gravity (water=1)	1.4 approx
Lower Explosive Limit (%)	Not applicable	Relative Vapour Density (air=1)	Not applicable
Volatile Component (%vol)	Not available	Evaporation Rate	Not applicable

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## Section 10 - STABILITY AND REACTIVITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

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

*For incompatible materials - refer to Section 7 - Handling and Storage.*

## Section 11 - TOXICOLOGICAL INFORMATION

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

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

The material is discomforting to the gastro-intestinal tract and is harmful if swallowed.

##### EYE

- The solid/dust is highly discomforting, may be abrasive to the eyes and is capable of causing a mild, temporary redness of the conjunctiva (similar to wind-burn), temporary impairment of vision and/ or other transient eye damage/ ulceration.

##### SKIN

- The dust is extremely discomforting to the skin and is capable of causing skin reactions which may lead to dermatitis.

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

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.

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Section 11 - TOXICOLOGICAL INFORMATION

## INHALED

- The dust is discomforting to the upper respiratory tract and lungs and may even cause in some cases, sensitisation. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. Effects on lungs are significantly enhanced in the presence of respirable particles.

## CHRONIC HEALTH EFFECTS

- Principal routes of exposure are by accidental skin and eye contact and inhalation of generated dusts. Cement eczema may be due to chromium in feed stocks or contamination from materials of construction. 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].

## TOXICITY AND IRRITATION

TP10 TILE ADHESIVE:

- Not available. Refer to individual constituents.

PORTLAND CEMENT:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.
- The following information refers to contact allergens as a group and may not be specific to this product. Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. 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. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. No significant acute toxicological data identified in literature search.

## Section 12 - ECOLOGICAL INFORMATION

PORTLAND CEMENT:

Marine Pollutant

Yes

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.

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## Section 12 - ECOLOGICAL INFORMATION

For Metal:

Atmospheric Fate - Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air.

Environmental Fate: Environmental processes, such as oxidation, the presence of acids or bases and microbiological processes, may transform insoluble metals to more soluble ionic forms. Environmental processes may enhance bioavailability and may also be important in changing solubilities.

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

Ecotoxicity: Even though many metals show few toxic effects at physiological pH levels, transformation may introduce new or magnified effects.

DO NOT discharge into sewer or waterways.

Marine Pollutant

Yes

### Ecotoxicity

Ingredient

Persistence:  
Water/Soil

Persistence: Air

Bioaccumulation

Mobility

portland cement

No Data  
Available

No Data  
Available

No Data  
Available

No Data  
Available

## Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

## Section 14 - TRANSPORTATION INFORMATION



HAZCHEM:

None (ADG7)

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: ADG7, IATA, IMDG

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## Section 15 - REGULATORY INFORMATION

### Indications of Danger:

N Dangerous for the environment

T Toxic

### POISONS SCHEDULE

None

### REGULATIONS

#### Regulations for ingredients

**portland cement (CAS: 65997-15-1) is found on the following regulatory lists;**

"Australia Exposure Standards", "Australia High Volume Industrial Chemical List (HVICL)", "Australia Inventory of Chemical Substances (AICS)", "OECD List of High Production Volume (HPV) Chemicals"

**No data for TP10 Tile Adhesive (CW: 8044-33)**

## Section 16 - OTHER INFORMATION

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

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

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

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

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*This is the end of the MSDS.*