J-Fill

Jennchem

Chemwatch: **5148-60**
Version No: **3.1.1.1**
Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: **3**

Issue Date: **22/08/2014**
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Initial Date: **Not Available**
L.GHS.AUS.EN

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

Product Identifier

Product name	J-Fill
Chemical Name	Not Applicable
Proper shipping name	Not Applicable
Chemical formula	Not Applicable
Other means of identification	Not Available
CAS number	Not Applicable

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

Relevant identified uses	Mine void filler.

Details of the manufacturer/importer

Registered company name	Jennchem
Address	9 Gallipoli St, Smeaton Grange 2567 NSW Australia
Telephone	02 4648 7550
Fax	02 4648 2939
Website	www.jennmar.com.au
Email	Not Available

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	1800 039 008 (all hours)
Other emergency telephone numbers	

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

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

Poisons Schedule	Not Applicable
GHS Classification [1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage Category 1, STOT - SE (Resp. Irr.) Category 3
Legend:	*1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI*

Label elements

GHS label elements	
SIGNAL WORD	**DANGER**

Continued...

Hazard statement(s)

H315	Causes skin irritation
H318	Causes serious eye damage
H335	May cause respiratory irritation

Precautionary statement(s): Prevention

P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.

Precautionary statement(s): Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider
P321	Specific treatment (see advice on this label).
P302+P352	IF ON SKIN: Wash with plenty of water and soap
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s): Storage

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

Precautionary statement(s): Disposal

P501	Dispose of contents/container to authorised chemical landfill or if organic to high temperature incineration

SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
65997-15-1	30-60	portland cement
65996-69-2	0-40	blast furnace slag
13397-24-5	10-20	gypsum
Not Available	<5	Ingredients determined not to be hazardous

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.
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 dust is inhaled, remove from contaminated area. ▸ Encourage patient to blow nose to ensure clear passage of breathing. ▸ If irritation or discomfort persists seek medical attention.
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

Continued...

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

Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.

Advice for firefighters

Fire Fighting	▸ 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.

SECTION 6 ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment and emergency procedures

Minor Spills	▸ Clean up all spills immediately. ▸ Avoid contact with skin and eyes. ▸ Wear impervious gloves and safety glasses. ▸ Use dry clean up procedures and avoid generating dust. ▸ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). ▸ Do NOT use air hoses for cleaning ▸ Place spilled material in clean, dry, sealable, labelled container.
Major Spills	▸ Clear area of personnel and move upwind. ▸ Alert Fire Brigade and tell them location and nature of hazard. ▸ Control personal contact with the substance, by using protective equipment and dust respirator. ▸ Prevent spillage from entering drains, sewers or water courses. ▸ Recover product wherever possible. Avoid generating dust. ▸ Sweep / shovel up. ▸ If required, wet with water to prevent dusting. ▸ Put residues in labelled plastic bags or other containers for disposal. ▸ Wash area down with large quantity of water and prevent runoff into drains. ▸ If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 HANDLING AND STORAGE

Precautions for safe handling

Safe handling	
Other information	▸ Keep dry. ▸ Store under cover. ▸ Protect containers against physical damage. ▸ Observe manufacturer's storage and handling recommendations contained within this MSDS.

Conditions for safe storage, including any incompatibilities

Suitable container	20 Kg sacks and 1 tonne bulk bags.
Storage incompatibility	Segregate from strong acids

PACKAGE MATERIAL INCOMPATIBILITIES

Not Available

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

INGREDIENT DATA

Not Available

EMERGENCY LIMITS

Ingredient	TEEL-0	TEEL-1	TEEL-2	TEEL-3
gypsum	15 ppm	30 ppm	50 ppm	250 ppm

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Ingredient	Original IDLH	Revised IDLH
portland cement	N.E. mg/m3 / N.E. ppm	5,000 mg/m3
blast furnace slag	Not Available	Not Available
gypsum	Not Available	Not Available
#30nonhaz	Not Available	Not Available

MATERIAL DATA

None assigned. Refer to individual constituents.
PORTLAND CEMENT TWA: 10 mg/m3 GYPSUM (as calcium sulfate) TWA: 10 mg/m3

Exposure controls

Appropriate engineering controls	General exhaust is adequate under normal operating conditions.
Personal protection	
Eye and face protection	▸ 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 lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]
Skin protection	See Hand protection below
Hands/feet protection	▸ Protective gloves eg. Leather gloves or gloves with Leather facing ▸ Wear chemical protective gloves, e.g. PVC. ▸ Wear safety footwear or safety gumboots, e.g. Rubber
Body protection	See Other protection below
Other protection	▸ Overalls. ▸ Eyewash unit.
Thermal hazards	Not Available

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 ***computer-generated*** selection:
J-Fill Not Available

Material	CPI

* 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.

Respiratory protection

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

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

* - Negative pressure demand ** - Continuous flow
A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Light grey odourless powder. Alkaline reaction when wet with water. Hardens on mixing with water.

Physical state	Divided Solid	**Relative density (Water = 1)**	0.95-1.05 g/cc
Odour	Not Available	**Partition coefficient n-octanol / water**	Not Available
Odour threshold	Not Available	**Auto-ignition temperature (°C)**	Not Applicable
pH (as supplied)	Not Applicable	**Decomposition temperature**	Not available.
Melting point / freezing point (°C)	Not Applicable	**Viscosity (cSt)**	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	**Molecular weight (g/mol)**	Not Applicable

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Flash point (°C)	Not Applicable	**Taste**	Not Available
Evaporation rate	Not Applicable	**Explosive properties**	Not Available
Flammability	Not Applicable	**Oxidising properties**	Not Available
Upper Explosive Limit (%)	Not Applicable	**Surface Tension (dyn/cm or mN/m)**	Not Applicable
Lower Explosive Limit (%)	Not Applicable	**Volatile Component (%vol)**	Not Applicable
Vapour pressure (kPa)	Not Applicable	**Gas group**	Not Available
Solubility in water (g/L)	Reacts	**pH as a solution(1%)**	>11
Vapour density (Air = 1)	Not Applicable	**VOC g/L**	Not Available

SECTION 10 STABILITY AND REACTIVITY

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

SECTION 11 TOXICOLOGICAL INFORMATION

Information on toxicological effects

Inhaled	Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system. 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	The material has **NOT** been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.
Skin Contact	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. Products when wet may be quite alkaline and this alkali action on the skin may contribute to cement contact dermatitis by causing drying and defatting of the skin which may be followed by hardening, cracking, development of lesions, possible infections of lesions and penetration by soluble salts. The material may accentuate any pre-existing dermatitis condition
Eye	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
Chronic	Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. 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

J-Fill	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
portland cement	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

Continued...

blast furnace slag	**TOXICITY**	**IRRITATION**
	Not Available	Not Available
gypsum	**TOXICITY**	**IRRITATION**
	Not Available	Not Available

Not available. Refer to individual constituents.

PORTLAND CEMENT	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.
BLAST FURNACE SLAG	No significant acute toxicological data identified in literature search. 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. For silica amorphous: When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact. Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure. Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m3 to 150 mg/m3. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m3. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m3. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL. Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected. In humans, SAS is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin. There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.
GYPSUM	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. Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous membrane, and respiratory system irritant. Early studies of gypsum miners did not relate pneumoconiosis with chronic exposure to gypsum. Other studies in humans (as well as animals) showed no lung fibrosis produced by natural dusts of calcium sulfate except in the presence of silica. However, a series of studies reported chronic nonspecific respiratory diseases in gypsum industry workers in Gacki, Poland.

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Unlike other fibers, gypsum is very soluble in the body; its half-life in the lungs has been estimated as minutes. In four healthy men receiving calcium supplementation with calcium sulfate (CaSO4·1/2H2O) (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported.
Several feeding studies in pigs on the bioavailability of calcium in calcium supplements, including gypsum, have been conducted. The bioavailability of calcium in gypsum was similar to that for calcitic limestone, oyster shell flour, marble dust, and aragonite, ranging from 85 to 102%. In mice, the i.p. and intragastric LD50 values were 6200 and 4704 mg/kg, respectively, for phosphogypsum (98% CaSO4·H2O). For Plaster of Paris, the values were 4415 and 5824, respectively. In
rats, an intragastric LD50 of 9934 mg/kg was reported for phosphogypsum
Repeat dose toxicity: In a study of 241 underground male workers employed in four gypsum mines in Nottinghamshire and Sussex for a year (November 1976-December 1977), results of chest X-rays, lung function tests, and respiratory systems suggested an association of the observed lung shadows with the higher quartz content in dust rather than to gypsum; the small round opacities in the lungs were characteristic of silica exposure.
Prophylactic examinations of workers in a gypsum extraction and production plant (dust concentration exceeded TLV 2.5- to 10-fold) reported no risk of pneumoconiosis due to gypsum exposure, while another study of gypsum manufacturing plant workers reported that chronic occupational exposure to gypsum dust had resulted in pulmonary ventilatory defect of the restrictive form.
Three cases of idiopathic interstitial pneumonia with multiple bullae throughout the lungs were seen in Japanese schoolteachers (lifetime occupation) exposed to chalk; 2/3 of the chalk was made from gypsum and small amounts of silica and other minerals.
In rats exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m3) or a combination of milled and fibrous calcium sulfate (60 mg/m3) six hours per day, five days per week for three weeks, gypsum dust was quickly cleared from the lungs of via dissolution and mechanisms of particle clearance.
In guinea pigs given intraperitoneal (i.p.) injections of gypsum (doses not provided), gypsum was absorbed followed by the dissolution of gypsum in surrounding tissues. In another study, after i.p. injection of gypsum (2 cm3 of a 5 or 10% suspension in saline) into guinea pigs, which were sacrificed at intervals up to 180 days, most of the dust was found distributed in the peritoneum of the anterior abdominal wall. Gypsum dust produced irregular and clustered nodules, which decreased in size over time.
Direct administration of WTC PM2.5 [mostly composed of calcium-based compounds, including calcium sulfate (gypsum) and calcium carbonate (calcite)] (10, 32, or 100 µg) into the airways of mice produced mild to moderate lung inflammation and airway hyperresponsiveness at the high dose. [It was noted that WTC PM2.5 is composed of many chemical species and that their interactions may be related with development of airway hyperresponsiveness.] In female SPF Wistar rats intratracheally (i.t.) instilled with anhydrite dust (35 mg) and sacrificed three months later, an increase in total lipid or hydroxyproline content in the lungs was not observed compared to controls.
In inhalation (nose-only) experiments in which male F344 rats were exposed to calcium sulfate fiber aerosols (100 mg/m3) for six hours per day, five days per week for three weeks, there were no effects on the number of macrophages per alveolus, bronchoalveolar lavage fluid (BALF) protein concentration, or BALF g-glutamyl transpeptidase activity (g-GT). Following three weeks of recovery, nonprotein thiol levels (NPSH), mainly glutathione, were increased in animals. In follow-up experiments, rats were exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m3) or a combination of milled and fibrous calcium sulfate (60 mg/m3) for the same duration. Calcium levels in the lungs were similar to those of controls; however, gypsum fibers were detected in the lungs of treated animals. Significant increases in NSPH levels in BALF were observed in rats killed immediately after exposure at both doses and in recovery group animals at the higher dose. At 15 mg/m3, almost all NPSH was lost in macrophages from all treated animals (including those in recovery), but a significant decrease in extracellular g-GT activity was seen only in recovery group animals. Overall, the findings were "considered to be non-pathological local effects due to physical factors related to the shape of the gypsum fibers and not to calcium sulphate per se."
Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks resulted in no deaths or significant body weight changes in female Syrian hamsters compared to controls.
Inflammation (specifically, chronic alveolitis with macrophage and neutrophil aggregation) was observed in the lung.
In guinea pigs, inhalation of calcined gypsum dust (1.6 x 104 particles/mL) for 44 hours per week in 5.5 days for two years, followed with or without a recovery period of up to 22 months, produced only minor effects in the lungs. There were 12 of 21 deaths over the entire experimental period. These were due to pneumonia or other pulmonary lesions; however, no significant gross signs of pulmonary disease or nodular or diffuse pneumoconiosis became significant. Beginning near 11 months, pigmentation and atelectasis were seen. During the recovery period, four of ten guinea pigs died; two died of pneumonia. Pigmentation continued in most animals but not atelectasis. Low-grade chronic inflammation, occurring in the first two months, also disappeared.
Mercury emissions controls on coal-fired power plants have increased the likelihood of the presence of mercury in synthetic gypsum formed in wet flue gas desulfurisation (FGD) systems and the finished wallboard produced from the FGD gypsum. In a study at a commercial wallboard plant, the raw FGD gypsum, the product stucco (beta form of CaSO4·1/2H2O), and the finished dry wallboard each contained about 1 ug Hg/g dry weight. Total mercury loss from the original FGD gypsum content was about 0.045 g Hg/ton dry gypsum processed
Synergistic/Antagonistic Effects: In rats, i.t. administration of anhydrite (5-35 mg) successively and simultaneously with quartz reduced the toxic effect of quartz in lung tissue. This protective effect on quartz toxicity was also seen in guinea pigs;
calcined gypsum dust prevented or hindered the development of fibrosis. Natural anhydrite, however, increased the fibrogenic effect of cadmium sulfide in rats. Additionally, calcined gypsum dust had a stimulatory effect on experimental tuberculosis in guinea pigs.
Cytotoxicity: In Syrian hamster embryo cells, gypsum (up to 10 ug/cm2) did not induce apoptosis. Negative results were also found in mouse peritoneal macrophages (tested at 150 ug/mL gypsum dust) and in Chinese hamster lung V79-4 cells (tested up to 100 ug/mL).
Carcinogenicity: In female Sprague-Dawley rats, i.p. injection of natural anhydrite dusts from German coal mines (doses not provided) induced granulomas; whether gypsum was the causal factor was not established. In Wistar rats, four i.p. injections of gypsum (25 mg each) induced abdominal cavity tumours, mostly sarcomatous mesothelioma, in 5% of animals; first tumour was seen at 546 days. In a subsequent experiment using the same procedure, female Wistar rats exhibited the first tumour at 579 days after the last injection. Mean survival of the tumour-bearing rats (5.7% of test group) was 583 days, while mean survival of the test group was 587 days. Tumour types seen were a sarcoma having cellular polymorphism, a carcinoma, and a reticulosarcoma.
Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks produced tumours in three of 20 female Syrian hamsters observed two years later. An anaplastic carcinoma was found in the heart, and one dark cell carcinoma was seen in the kidney. Two tumours of unspecified types were observed in the rib.
In guinea pigs, inhalation of gypsum (doses not provided) for 24 months produced no lung tumours.
In rats, i.t. administration of gypsum (doses not provided in abstract) from FGD for up to 18 months produced no arterial blood gas changes or indications of secondary heart damage as compared to controls.
In another study, a single i.t. dose (25 mg) of flue gas gypsum dust did not produce a pathological reaction when observed for up to 18 months. There were also no signs of developing granuloma of fibrosis of the lungs. Lead quickly accumulated in the femur after injection but was eliminated during the observation period. In the Ames test, the flue gas gypsum dust was negative.
Genotoxicity: Calcium sulfate (up to 2.5%) was negative in Salmonella typhimurium strains TA1535, TA1537, and TA1538 and in Saccharomyces cerevisiae strain D4 with and without metabolic activation.
Developmental toxicity: In pregnant mice, rats, and rabbits, daily oral administration of calcium sulfate (16-1600 mg/kg bw) beginning on gestation day 6 up to 18 produced no effects on maternal body weights, maternal or foetal survival, or nidation; developmental effects were also not seen.

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 required to make classification available*

Continued...

✖ – *Data available but does not fill the criteria for classification*
⊘ – *Data Not Available to make classification*

CMR STATUS

Not Applicable

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

NOT AVAILABLE

Ingredient	Endpoint	Test Duration	Effect	Value	Species	BCF
portland cement	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
blast furnace slag	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
gypsum	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available
#30nonhaz	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
Not Available	Not Available	Not Available

Bioaccumulative potential

Ingredient	Bioaccumulation
Not Available	Not Available

Mobility in soil

Ingredient	Mobility
Not Available	Not Available

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

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

SECTION 14 TRANSPORT INFORMATION

Labels Required

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

SECTION 15 REGULATORY INFORMATION

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

portland cement(65997-15-1) is found on the following regulatory lists	"Australia - New South Wales Protection of the Environment Operations (Waste) Regulation 2005 - Waste transported within NSW or interstate and required to be tracked","Australia - Tasmania - Work Health and Safety Regulations 2012 - Restricted hazardous chemicals","Australia - Northern Territories Work Health and Safety National Uniform Legislation Regulations- Restricted hazardous chemicals","Australia - South Australia - Work Health and Safety Regulations 2012 - Restricted hazardous chemicals","OECD List of High Production Volume (HPV) Chemicals","Australia Inventory of Chemical Substances (AICS)","Australia - Queensland Work Health and Safety Regulation - Restricted hazardous chemicals","Australia Hazardous Waste Act - List A Wastes","International Society of Automotive Engineers (SAE) Declarable Substances Chemical List - ARP9536","Australia - New South Wales - Work Health and Safety Regulation 2011 Restricted hazardous chemicals","Australia National Pollutant Inventory","UNECE - Kiev Protocol on Pollutant Release and Transfer Registers - Annex II","Australia High Volume Industrial Chemical List (HVICL)","Australia Work Health and Safety Regulations 2011 - Restricted hazardous chemicals"
blast furnace slag(65996-69-2) is found on the following regulatory lists	"International Council of Chemical Associations (ICCA) - High Production Volume List","International Maritime Dangerous Goods Requirements (IMDG Code) - Substance Index","Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (STOCK - inorganic chemicals)","Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (Domestic water supply - inorganic chemicals)","Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm (STOCK)","FisherTransport Information","OECD List of High Production Volume (HPV) Chemicals","Australia Inventory of Chemical Substances (AICS)","Wassenaar Arrangement - Munitions List - "Energetic materials", and related substances","Australia Drinking Water Guideline Values For Physical and Chemical Characteristics","Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm (Aquatic habitat)","International Numbering System for Food Additives","Australia - Australian Capital Territory - Environment

Continued...

	Protection Regulation: Ambient environmental standards (IRRIG - inorganic chemicals)","WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established","Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm - Domestic water supply quality","OECD Existing Chemicals Database","Sigma-AldrichTransport Information","Australia High Volume Industrial Chemical List (HVICL)","Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (AQUA/1 to 6 - inorganic chemicals)","Australia Hazardous Waste Act - List B Wastes","GESAMP/EHS Composite List - GESAMP Hazard Profiles","CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP","International Fragrance Association (IFRA) Survey: Transparency List","Acros Transport Information","Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm (IRRIG)"
gypsum(13397-24-5) is found on the following regulatory lists	"International Council of Chemical Associations (ICCA) - High Production Volume List","Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (STOCK - inorganic chemicals)","Australia - Australian Capital Territory - Environment Protection Regulation: Ambient environmental standards (Domestic water supply - inorganic chemicals)","Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm (STOCK)","FisherTransport Information","OECD List of High Production Volume (HPV) Chemicals","Australia Inventory of Chemical Substances (AICS)","Australia Drinking Water Guideline Values For Physical and Chemical Characteristics","International Numbering System for Food Additives","WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established","Australia - Australian Capital Territory - Environment Protection Regulation: Pollutants entering waterways taken to cause environmental harm - Domestic water supply quality","OECD Existing Chemicals Database","Sigma-AldrichTransport Information","Australia High Volume Industrial Chemical List (HVICL)","Australia Hazardous Waste Act - List B Wastes","GESAMP/EHS Composite List - GESAMP Hazard Profiles","CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP","International Fragrance Association (IFRA) Survey: Transparency List","Acros Transport Information"

SECTION 16 OTHER INFORMATION

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

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.