

## Wearcoat 720 / Wearcoat 735 Part C

### 1 PRODUCT AND COMPANY IDENTIFICATION

**Product Identifier:** Wearcoat 720 / Wearcoat 735 Part C  
**SDS Number:** I204  
**Revision Date:** 3/30/2021  
**Version:** 1  
**Chemical Family:** Ground Silica  
**Product Use:** Aggregate for polyurethane polymer concrete.  
**Supplier Details:** Coatings For Industry, Inc.  
 319 Township Line Road  
 Souderton, PA 18964  
**Phone:** 215-723-0919  
**Fax:** 215-723-0911  
**Email:** cs@cficoatings.com  
**Internet:** www.cficoatings.com  
**Emergency:** Infotrac: USA: 1-800-535-5053 / International :352-323-3500

### 2 HAZARDS IDENTIFICATION

#### Classification of Substance

##### GHS Classification in Accordance with 29 CFR 1910 (OSHA HCS):

Health, Skin corrosion/irritation, 2  
 Health, Serious Eye Damage/Eye Irritation, 1  
 Health, Skin sensitization, 1  
 Health, Carcinogenicity, 1 A  
 Health, Specific target organ toxicity - Single exposure, 3

#### GHS Label Elements, Including Precautionary Statements

**GHS Signal Word:** **DANGER**

**GHS Hazard Pictograms:**



**GHS Hazard Statements:**

H315 - Causes skin irritation  
 H318 - Causes serious eye damage  
 H317 - May cause an allergic skin reaction  
 H350 - May cause cancer (state route of exposure if it is conclusively proven that no other routes of exposure cause the hazard)  
 H335 - May cause respiratory irritation

**GHS Precautionary Statements:**

P201 - Obtain special instructions before use.  
 P202 - Do not handle until all safety precautions have been read and understood.  
 P261 - Avoid breathing dust.  
 P264 - Wash hands thoroughly after handling.  
 P271 - Use only outdoors or in a well-ventilated area.  
 P272 - Contaminated work clothing should not be allowed out of the workplace.  
 P280 - Wear protective gloves/protective clothing/eye protection/face protection.  
 P501 - Dispose of contents/container in accordance with local/regional/national/international regulations.  
 P308 + P313 - IF exposed or concerned: Get medical advice/ attention.  
 P304 + P340 - IF INHALED: Remove person to fresh air and keep comfortable for breathing.  
 P304 + P312 - IF INHALED: Call a POISON CENTER/doctor/...if you feel unwell.  
 P361 + P364 - Take off immediately all contaminated clothing and wash it before reuse.

P302 + P352 - IF ON SKIN: Wash with plenty of water.

P333 + P313 - If skin irritation or rash occurs: Get medical advice/attention.

P305 + P351 + P338 - IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Immediately call a POISON CENTER or doctor.

P405 - Store locked up.

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

P501 - Dispose of contents/container in accordance with all local, regional, national and international regulations.

P102 - Keep out of reach of children.

P234 - Keep only in original packaging.

## Hazards not Otherwise Classified (HNOC) or not Covered by GHS

### 3 COMPOSITION/INFORMATION ON INGREDIENTS

CAS#	Chemical Ingredients: % Chemical Name:
14808-60-7	60-85% Silica, crystalline quartz
65997-15-1	10-25% Portland cement
1305-62-0	<10% Calcium hydroxide

### 4 FIRST AID MEASURES

**Inhalation:** Get medical attention immediately. Call a poison center or physician. Remove victim to fresh air and keep at rest in a position comfortable for breathing. If it is suspected that fumes are still present, the rescuer should wear an appropriate mask or self-contained breathing apparatus. If not breathing, if breathing is irregular or if respiratory arrest occurs, provide artificial respiration or oxygen by trained personnel. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.

**Skin Contact:** Get medical attention immediately. Call a poison center or physician. Wash with plenty of soap and water. Remove contaminated clothing and shoes. Wash contaminated clothing thoroughly with water before removing it, or wear gloves. Continue to rinse for at least 10 minutes. Chemical burns must be treated promptly by a physician. In the event of any complaints or symptoms, avoid further exposure. Wash clothing before reuse. Clean shoes thoroughly before reuse.

**Eye Contact:** Get medical attention immediately. Call a poison center or physician. Immediately flush eyes with plenty of water, occasionally lifting the upper and lower eyelids. Check for and remove any contact lenses. Continue to rinse for at least 10 minutes. Chemical burns must be treated promptly by a physician.

**Ingestion:** Get medical attention immediately. Call a poison center or physician. Wash out mouth with water. Remove dentures if any. Remove victim to fresh air and keep at rest in a position comfortable for breathing. If material has been swallowed and the exposed person is conscious, give small quantities of water to drink. Stop if the exposed person feels sick as vomiting may be dangerous. Do not induce vomiting unless directed to do so by medical personnel. If vomiting occurs, the head should be kept low so that vomit does not enter the lungs. Chemical burns must be treated promptly by a physician. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and get medical attention immediately. Maintain an open airway. Loosen tight clothing such as a collar, tie, belt or waistband.

#### Most important symptoms/effects, acute and delayed

Inhalation : May cause respiratory irritation.

Ingestion : No known significant effects or critical hazards.

Skin contact : Causes skin irritation. May cause an allergic skin reaction.

Eye contact : Causes serious eye damage.

#### Over-exposure signs/symptoms

Skin contact : Adverse symptoms may include the following: pain or irritation, redness, blistering may occur

Ingestion : Adverse symptoms may include the following: stomach pains

Inhalation : Adverse symptoms may include the following: respiratory tract irritation, coughing

Eye contact : Adverse symptoms may include the following: pain, watering, redness

#### Indication of immediate medical attention and special treatment needed, if necessary

Notes to physician : Treat symptomatically. Contact poison treatment specialist immediately if large quantities have been ingested or inhaled.

Specific treatments : No specific treatment.

### Protection of first-aiders

No action shall be taken involving any personal risk or without suitable training. If it is suspected that fumes are still present, the rescuer should wear an appropriate mask or self-contained breathing apparatus. It may be dangerous to the person providing aid to give mouth-to-mouth resuscitation. Wash contaminated clothing thoroughly with water before removing it, or wear gloves.

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## FIRE FIGHTING MEASURES

**Flash Point:** Not Applicable

**Lower Explosive Limit:** Not Applicable

**Upper Explosive Limit:** Not Applicable

**Suitable extinguishing media:** Use an extinguishing agent suitable for the surrounding fire.

**Unsuitable extinguishing media:** None known.

**Specific hazards arising from the chemical:** No specific fire or explosion hazard.

**Hazardous thermal decomposition products:** Decomposition products may include the following materials: metal oxide/oxides

**Special protective actions for fire-fighters:** Promptly isolate the scene by removing all persons from the vicinity of the incident if there is a fire. No action shall be taken involving any personal risk or without suitable training.

**Special protective equipment for fire-fighters:** Fire-fighters should wear appropriate protective equipment and self-contained breathing apparatus (SCBA) with a full face-piece operated in positive pressure mode.

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## ACCIDENTAL RELEASE MEASURES

### Personal precautions, protective equipment and emergency procedures

**For non-emergency personnel:** No action shall be taken involving any personal risk or without suitable training. Evacuate surrounding areas. Keep unnecessary and unprotected personnel from entering. Do not touch or walk through spilled material. Provide adequate ventilation. Wear appropriate respirator when ventilation is inadequate. Put on appropriate personal protective equipment.

**For emergency responders :** If specialized clothing is required to deal with the spillage, take note of any information in Section 8 on suitable and unsuitable materials. See also the information in "For nonemergency personnel".

**Environmental precautions:** Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers. Inform the relevant authorities if the product has caused environmental pollution (sewers, waterways, soil or air).

### Methods and materials for containment and cleaning up

**Small spill:** Move containers from spill area. Avoid dust generation. Do not dry sweep. Vacuum dust with equipment fitted with a HEPA filter and place in a closed, labeled waste container. Place spilled material in a designated, labeled waste container. Dispose of via a licensed waste disposal contractor.

**Large spill:** Move containers from spill area. Approach release from upwind. Prevent entry into sewers, water courses, basements or confined areas. Avoid dust generation. Do not dry sweep. Vacuum dust with equipment fitted with a HEPA filter and place in a closed, labeled waste container. Dispose of via a licensed waste disposal contractor. Note: see Section 1 for emergency contact information and Section 13 for waste disposal.

**Handling Precautions:**

Protective measures: Put on appropriate personal protective equipment (see Section 8). Persons with a history of skin sensitization problems should not be employed in any process in which this product is used. Avoid exposure - obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Do not get in eyes or on skin or clothing. Do not ingest. Use only with adequate ventilation. Wear appropriate respirator when ventilation is inadequate. Keep in the original container or an approved alternative made from a compatible material, kept tightly closed when not in use. Empty containers retain product residue and can be hazardous. Do not reuse container.

Advice on general occupational hygiene: Eating, drinking and smoking should be prohibited in areas where this material is handled, stored and processed. Workers should wash hands and face before eating, drinking and smoking. Remove contaminated clothing and protective equipment before entering eating areas. See also Section 8 for additional information on hygiene measures.

**Storage Requirements:**

Conditions for safe storage, including any incompatibilities: Store in accordance with local regulations. Store in original container protected from direct sunlight in a dry, cool and well-ventilated area, away from incompatible materials (see Section 10) and food and drink. Store locked up. Keep container tightly closed and sealed until ready for use. Containers that have been opened must be carefully resealed and kept upright to prevent leakage. Do not store in unlabeled containers. Use appropriate containment to avoid environmental contamination. See Section 10 for incompatible materials before handling or use.

**Engineering Controls:**

Local Exhaust Ventilation:

Use sufficient local exhaust ventilation to reduce the level of respirable crystalline silica to below the OSHA PEL or other applicable limit (if lower than PEL). See ACGIH "Industrial Ventilation, A Manual of Recommended Practice" (latest edition).

**Personal Protective Equipment:**

Hygiene measures:

Wash hands, forearms and face thoroughly after handling chemical products, before eating, smoking and using the lavatory and at the end of the working period. Appropriate techniques should be used to remove potentially contaminated clothing. Contaminated work clothing should not be allowed out of the workplace. Wash contaminated clothing before reusing. Ensure that eyewash stations and safety showers are close to the workstation location.

Eye/face protection:

Safety eyewear complying with an approved standard should be used when a risk assessment indicates this is necessary to avoid exposure to liquid splashes, mists, gases or dusts. If contact is possible, the following protection should be worn, unless the assessment indicates a higher degree of protection: chemical splash goggles and/ or face shield. If inhalation hazards exist, a full-face respirator may be required instead.

Hand protection:

Chemical-resistant, impervious gloves complying with an approved standard should be worn at all times when handling chemical products if a risk assessment indicates this is necessary. Considering the parameters specified by the glove manufacturer, check during use that the gloves are still retaining their protective properties. It should be noted that the time to breakthrough for any glove material may be different for different glove manufacturers. In the case of mixtures, consisting of several substances, the protection time of the gloves cannot be accurately estimated.

Body protection:

Personal protective equipment for the body should be selected based on the task being performed and the risks involved and should be approved by a specialist before handling this product.

Other skin protection:

Appropriate footwear and any additional skin protection measures should be selected based on the task being performed and the risks involved and should be approved by a specialist before handling this product.

Respiratory protection:

Based on the hazard and potential for exposure, select a respirator that meets the appropriate standard or certification. Respirators must be used according to a respiratory protection program to ensure proper fitting, training, and other important aspects of use.

### Components with workplace control parameters

#### Silica, crystalline quartz (14808-60-7)

TWA 0.025 mg/m<sup>3</sup> USA. ACGIH Threshold Limit Values (TLV)  
Suspected human carcinogen

TWA 0.025 mg/m<sup>3</sup> USA. ACGIH Threshold Limit Values (TLV)  
Lung cancer Pulmonary fibrosis Suspected human carcinogen

Component	CAS No.	OSHA PEL		ACGHI TLV		NIOSH REL		Unit
		TWA	STEL	TWA	STEL	TWA	STEL	
Crystalline Silica (quartz)	14808-60-7	10	None	0.025	None	0.05	None	mg / m <sup>3</sup>

#### Calcium hydroxide (1305-62-0)

ACGIH TLV (United States, 3/2020): TWA: 5 mg/m<sup>3</sup> 8 hours.

OSHA PEL (United States, 5/2018): TWA: 5 mg/m<sup>3</sup> 8 hours. Form: Respirable fraction  
TWA: 15 mg/m<sup>3</sup> 8 hours. Form: Total dust

NIOSH REL (United States, 10/2016): TWA: 5 mg/m<sup>3</sup> 10 hours.

#### Portland Cement (65997-15-1)

ACGIH TLV (United States, 3/2020): TWA: 1 mg/m<sup>3</sup> 8 hours. Form: Respirable fraction

NIOSH REL (United States, 10/2016): TWA: 5 mg/m<sup>3</sup> 10 hours. Form: Respirable fraction  
TWA: 10 mg/m<sup>3</sup> 10 hours. Form: Total

OSHA PEL (United States, 5/2018): TWA: 5 mg/m<sup>3</sup> 8 hours. Form: Respirable fraction  
TWA: 15 mg/m<sup>3</sup> 8 hours. Form: Total dust

<b>9</b>	<b>PHYSICAL AND CHEMICAL PROPERTIES</b>
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<b>Appearance:</b>	white to off white	<b>Odor:</b>	No appreciable odor
<b>Physical State:</b>	Powder/granules	<b>Freezing or Melting Point:</b>	Not Applicable
<b>Specific Gravity or Density:</b>	2.73	<b>Flash Point:</b>	Closed cup: 499°C (930.2°F) [Pensky-Martens Closed Cup]
<b>Potentia Hydrogenii:</b>	6-8	<b>Volatile organic compound:</b>	None

<b>Reactivity:</b>	No specific test data related to reactivity available for this product or its ingredients.
<b>Chemical Stability:</b>	Product is stable under normal conditions.
<b>Conditions to Avoid Identification:</b>	No specific data.
<b>Materials to Avoid Identification:</b>	No specific data.
<b>Hazardous Decomposition:</b>	Under normal conditions of storage and use, hazardous decomposition products should not be produced.
<b>Hazardous Polymerization:</b>	Will not occur.

### Silica, crystalline quartz (14808-60-7)

Information on toxicological effects

The method of exposure that can lead to the adverse health effects described below is inhalation.

#### A. SILICOSIS

The major concern is silicosis, caused by the inhalation of respirable crystalline silica dust. Silicosis can exist in several forms, chronic (or ordinary), accelerated, or acute.

Chronic or Ordinary Silicosis is the most common form of silicosis, and can occur after many years (15 to 20 or more) of prolonged repeated inhalation of relatively low levels of airborne respirable crystalline silica dust. It is further defined as either simple or complicated silicosis. Simple silicosis is characterized by lung lesions (shown as radiographic opacities) less than 1 centimeter in diameter, primarily in the upper lung zones. Often, simple silicosis is not associated with symptoms, detectable changes in lung function or disability. Simple silicosis may be progressive and may develop into complicated silicosis or progressive massive fibrosis (PMF). Complicated silicosis or PMF is characterized by lung lesions (shown as radiographic opacities) greater than 1 centimeter in diameter. Although there may be no symptoms associated with complicated silicosis or PMF, the symptoms, if present, are shortness of breath and cough. Complicated silicosis or PMF may be associated with decreased lung function and may be disabling. Advanced complicated silicosis or PMF may lead to death. Advanced complicated silicosis or PMF can result in heart disease secondary to the lung disease (cor pulmonale).

Accelerated Silicosis can occur with prolonged repeated inhalation of high concentrations of respirable crystalline silica over a relatively short period; the lung lesions can appear within five (5) years of initial exposure. Progression can be rapid. Accelerated silicosis is similar to chronic or ordinary silicosis, except that lung lesions appear earlier and progression is more rapid.

Acute Silicosis can occur after the repeated inhalation of very high concentrations of respirable crystalline silica over a short time period, sometimes as short as a few months. The symptoms of acute silicosis include progressive shortness of breath, fever, cough, weakness and weight loss. Acute silicosis is fatal.

#### B. CANCER

IARC - The International Agency for Research on Cancer ("IARC") concluded that "crystalline silica in the form of quartz or cristobalite dust is carcinogenic to humans (Group 1)". For further information on the IARC evaluation, see IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 100C, "A Review of Human Carcinogens: Arsenic, Metals, Fibres and Dusts" (2011).

The American College of Occupational and Environmental Medicine ("ACOEM") notes: "In 1996, [IARC] re-classified silica as a Class I human lung carcinogen, based on sufficient animal and human data. Although the degree of increased risk varies (with relative risks ranging from 1.3 to 6.9), the risk appears to be greatest in workers with silicosis who smoke. The cancer risk to silica-exposed workers without silicosis (especially if they are not smokers) is less clear despite continuing research, some of which has yielded disparate results." ACOEM, "Medical Surveillance of Workers Exposed to Crystalline Silica", June 2005.

The EU Scientific Committee for Occupational Exposure Limits (SCOEL) concluded in June 2002 (SCOEL Sum Doc. 94-final): "The main effect in humans of inhalation of respirable silica dust is silicosis. There is sufficient information to conclude that the relative risk of lung cancer is increased in persons with silicosis (and apparently, not in employees without silicosis exposed to silica dust in quarries and in the ceramic industry). Therefore preventing the onset of silicosis will also reduce the cancer risk."

### C. AUTOIMMUNE DISEASES

Several studies have reported excess cases of several autoimmune disorders, -- scleroderma, systemic lupus erythematosus, rheumatoid arthritis -- among silica-exposed workers.).

### D. TUBERCULOSIS

Individuals with silicosis are at increased risk to develop pulmonary tuberculosis, if exposed to tuberculosis bacteria. Individuals with chronic silicosis have a three-fold higher risk of contracting tuberculosis than similar individuals without silicosis.

### E. KIDNEY DISEASE

Several studies have reported excess cases of kidney diseases, including end stage renal disease, among silica-exposed workers. For additional information on the subject, the following may be consulted: "Kidney Disease and Silicosis", *Nephron*, Volume 85, pp. 14-19 (2000).

### F. NON-MALIGNANT RESPIRATORY DISEASES

The reader is referred to Section 3.5 of the NIOSH Special Hazard Review cited below, for information concerning the association between exposure to crystalline silica and chronic bronchitis, emphysema and small airways disease. There are studies that disclose an association between dusts found in various mining occupations and non-malignant respiratory diseases, particularly among smokers. It is unclear whether the observed associations exist only with underlying silicosis, only among smokers, or result from exposure to mineral dusts generally (independent of the presence or absence of crystalline silica, or the level of crystalline silica in the dust).

Sources of information:

The ***NIOSH Hazard Review - Occupational Effects of Occupational Exposure to Respirable Crystalline Silica*** published in April 2002 summarizes and discusses the medical and epidemiological literature on the health risks and diseases associated with occupational exposures to respirable crystalline silica. The *NIOSH Hazard Review* should be consulted for additional information, and citations to published studies on health risks and diseases associated with occupational exposure to respirable crystalline silica. The *NIOSH Hazard Review* is available from NIOSH - Publications Dissemination, 4676 Columbia Parkway, Cincinnati, OH 45226, or through the NIOSH web site, [www.cdc.gov/niosh/topics/silica](http://www.cdc.gov/niosh/topics/silica), then click on the link "NIOSH Hazard Review: Health Effects of Occupational Exposure to Respirable Crystalline Silica".

### Calcium hydroxide (1305-62-0)

Information on toxicological effects

Acute toxicity:

Oral LD50 Oral - rat - 7,340 mg/kg

Inhalation LC50 no data available

Dermal LD50

Other information on acute toxicity

Skin corrosion/irritation: Skin - rabbit - Irritating to skin.

Serious eye damage/eye irritation: Eyes - rabbit - Severe eye irritation

Respiratory or skin sensitization: no data available

Germ cell mutagenicity: Genotoxicity in vitro - rat - Ascites tumor Cytogenetic analysis

Carcinogenicity:

IARC: No component of this product present at levels greater than or equal to 0.1% is identified as probable, possible or confirmed human carcinogen by IARC.

ACGIH: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.

NTP: No component of this product present at levels greater than or equal to 0.1% is identified as a known or anticipated carcinogen by NTP.

OSHA: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by OSHA.

Reproductive toxicity: no data available

Teratogenicity: no data available

Specific target organ toxicity - single exposure (Globally Harmonized System): Inhalation - May cause respiratory irritation. no data available

Specific target organ toxicity - repeated exposure (Globally Harmonized System): no data available

Aspiration hazard: no data available

Potential health effects: Inhalation May be harmful if inhaled. Material is extremely destructive to the tissue of the mucous membranes and upper respiratory tract.

Ingestion May be harmful if swallowed. Skin May be harmful if absorbed through skin. Causes skin burns. Eyes Causes eye burns.

Signs and Symptoms of Exposure: To the best of our knowledge, the chemical, physical, and toxicological properties have not been thoroughly investigated.

Synergistic effects: no data available

Additional Information:

RTECS: EW2800000

### **Portland Cement (65997-15-1)**

Acute toxicity:

Oral LD50 LD50 Oral: no data available

Inhalation LC50: no data available

Dermal LD50: no data available

Skin corrosion/irritation: Causes severe burns.

Serious eye damage/eye irritation: Causes serious eye damage.

Respiratory or skin sensitization: May cause allergic skin reaction.

Germ cell mutagenicity: no data available

Carcinogenicity: May cause cancer (inhalation)

IARC: 1 - Group 1: Carcinogenic to humans (Quartz)

ACGIH: No component of this product present at levels greater than or equal to 0.1% is identified as a carcinogen or potential carcinogen by ACGIH.

NTP: Known to be human carcinogen (Quartz)

OSHA: In OSHA hazard communication carcinogen list (Quartz)

Reproductive Toxicity: Not classified.

Specific Target Organ Toxicity (Single Exposure): May cause respiratory irritation.

Specific Target Organ Toxicity (Repeated Exposure): Causes damage to organs (lung/respiratory system) through prolonged or repeated exposure (Inhalation).

Aspiration Hazard: Not classified

Symptoms/Injuries After Inhalation: Irritation of the respiratory tract and the other mucous membranes. May be corrosive to the respiratory tract. The three types of silicosis include: 1) Simple chronic silicosis - which results from long-term exposure (more than 20 years) to low amounts of respirable crystalline silica. Nodules of chronic inflammation and scarring provoked by the respirable crystalline silica form in the lungs and chest lymph nodes. This disease may feature breathlessness and may resemble chronic obstructive pulmonary disease (COPD); 2) Accelerated silicosis - occurs after exposure to larger amounts of respirable crystalline silica over a shorter period of time (5-15 years); 3) Acute silicosis - results from short-term exposure to very large amounts of respirable crystalline silica. The lungs become very inflamed and may fill with fluid, causing severe shortness of breath and low blood oxygen levels. Inflammation, scarring, and symptoms progress faster in accelerated silicosis than in simple silicosis. Progressive massive fibrosis may occur in simple or accelerated silicosis, but is more common in the accelerated form. Progressive massive fibrosis results from severe scarring and leads to the destruction of normal lung structures.

Symptoms/Injuries After Skin Contact: Concrete may cause dry skin, discomfort, irritation, severe burns, and dermatitis.

Exposure of sufficient duration to wet concrete can cause serious, potentially irreversible damage to skin, eye, respiratory and digestive tracts due to chemical (caustic) burns, including third degree burns. A skin exposure may be hazardous even if there is no pain or discomfort. Unhardened concrete is capable of causing dermatitis by irritation and allergy. Skin affected by dermatitis may include symptoms such as, redness, itching, rash, scaling, and cracking. Irritant dermatitis is caused by the physical properties of concrete including alkalinity and abrasion. Allergic contact dermatitis is caused by sensitization to hexavalent chromium (chromate) present in concrete. The reaction can range from a mild rash to severe skin ulcers. Persons



already sensitized may react to the first contact with wet concrete. Others may develop allergic dermatitis after years of repeated contact with wet concrete.

**Symptoms/Injuries After Eye Contact:** Concrete may cause immediate or delayed irritation or inflammation. Eye contact with wet concrete can cause moderate eye irritation, chemical burns and blindness. Eye contact with large amounts of concrete dust can cause moderate eye irritation and abrasion. Eye exposures require immediate first aid and medical attention to prevent significant damage to the eye.

**Symptoms/Injuries After Ingestion:** May cause burns or irritation of the linings of the mouth, throat, and gastrointestinal tract.

**Chronic Symptoms:** May cause cancer by inhalation. Causes damage to organs (lungs, Respiratory system.) through prolonged or repeated exposure (Inhalation). Some studies show that exposure to respirable crystalline silica (without silicosis) or that the disease silicosis may be associated with the increased incidence of several autoimmune disorders such as scleroderma (thickening of the skin), systemic lupus erythematosus, rheumatoid arthritis and diseases affecting the kidneys. Silicosis increases the risk of tuberculosis. Some studies show an increased incidence of chronic kidney disease and end-stage renal disease in workers exposed to respirable crystalline silica.

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## ECOLOGICAL INFORMATION

### Silica, crystalline quartz (14808-60-7)

Information on ecological effects

Ecotoxicological Information:

Crystalline silica (quartz) is not known to be ecotoxic; i.e., no data suggests that crystalline silica (quartz) is toxic to birds, fish, invertebrates, microorganisms or plants.

Toxicity: no data available

Persistence and degradability: no data available

Bioaccumulative potential: no data available

Mobility in soil: no data available

PBT and vPvB assessment: no data available

Other adverse effects: no data available

### Calcium hydroxide cas#:(1305-62-0)

Information on ecological effects

Toxicity:

Toxicity to fish LC50 - Clarias gariepinus - 33.884 mg/l - 96 h.

Persistence and degradability: no data available

Bioaccumulative potential: no data available

Mobility in soil: no data available

PBT and vPvB assessment: no data available

Other adverse effects: An environmental hazard cannot be excluded in the event of unprofessional handling or disposal.

Harmful to aquatic life.

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## DISPOSAL CONSIDERATIONS

The generation of waste should be avoided or minimized wherever possible. Disposal of this product, solutions and any by-products should at all times comply with the requirements of environmental protection and waste disposal legislation and any regional local authority requirements. Dispose of surplus and non-recyclable products via a licensed waste disposal contractor. Waste should not be disposed of untreated to the sewer unless fully compliant with the requirements of all authorities with jurisdiction. Waste packaging should be recycled. Incineration or landfill should only be considered when recycling is not feasible. This material and its container must be disposed of in a safe way. Care should be taken when handling emptied containers that have not been cleaned or rinsed out. Empty containers or liners may retain some product residues. Avoid dispersal of spilled material and runoff and contact with soil, waterways, drains and sewers.

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**TRANSPORT INFORMATION**

Non-hazardous for air, sea and road freight.

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**REGULATORY INFORMATION**

[%] RQ (CAS#) Substance - Reg Codes

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[60-85%] Silica, crystalline quartz (14808-60-7) GADSL, MASS, NRC, OSHAWAC, PA, PROP65, TSCA, TXAIR

[10-25%] Portland cement (65997-15-1) MASS, OSHAWAC, PA, TSCA, TXAIR

[<10%] Calcium hydroxide (1305-62-0) MASS, OSHAWAC, PA, TSCA, TXAIR

**WARNING**

This product can expose you to chemicals including Silica, Crystalline, which is known to the State of California to cause cancer. For more information go to [www.P65Warnings.ca.gov](http://www.P65Warnings.ca.gov).

## Regulatory Code Legend

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GADSL = Global Automotive Declarable Substance List (GADSL)  
 MASS = MA Massachusetts Hazardous Substances List  
 NRC = Nationally Recognized Carcinogens  
 OSHAWAC = OSHA Workplace Air Contaminants  
 PA = PA Right-To-Know List of Hazardous Substances  
 PROP65 = CA Prop 65  
 TSCA = Toxic Substances Control Act  
 TXAIR = TX Air Contaminants with Health Effects Screening Level

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**OTHER INFORMATION**

**NOTICE :** This information is presented in good faith and believed to be accurate as of the effective date below. However, no warranty is express or implied regarding the accuracy of this data or the results to be obtained from the use thereof. Recubria assumes no responsibility for personal injury or property damage to vendees, users, or third parties caused by the material, such vendees or users assume all risks associated with the use of the material. Regulatory requirements are subject to change and may differ from one location to another; it is the buyer's responsibility to ensure that its activities comply with federal, state or provincial, and local laws. The preceding specific information is made for the purpose of complying with numerous federal, state or provincial, and local laws and regulations.

Revision Date: 3/30/2021