

ARDEX FG8, FLEXIBLE COLOURED GROUT

Chemwatch Material Safety Data Sheet

Issue Date: 31-May-2006

A317EC

CHEMWATCH 4673-45

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

ARDEX FG8, FLEXIBLE COLOURED GROUT

SYNONYMS

"grouting material"

PRODUCT USE

Cement based grouting material for filling joints around ceramic floor and wall tiles.

SUPPLIER

Company: Ardex Australia Pty Ltd

Address:

20 Powers Road

Seven Hills

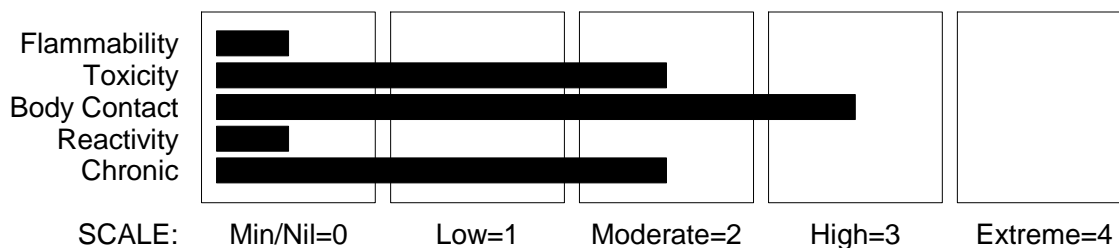
NSW, 2147

AUS

Telephone: 1800 224 070

Fax: +61 2 9838 7817

HAZARD RATINGS



Section 2 - HAZARDS IDENTIFICATION

STATEMENT OF HAZARDOUS NATURE

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

POISONS SCHEDULE

None

RISK

Irritating to eyes and skin.

Inhalation may produce health damage*.

Cumulative effects may result following exposure*.

Possible respiratory sensitiser*.

Possible skin sensitiser*.

* (limited evidence).

continued...

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Section 2 - HAZARDS IDENTIFICATION

SAFETY

Do not breathe dust.
Wear eye/face protection.
Use only in well ventilated areas.
Keep container in a well ventilated place.
Take off immediately all contaminated clothing.
In case of contact with eyes, rinse with plenty of water and contact Doctor or Poisons Information Centre.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
portland cement	65997-15-1	30-60
graded sand	14808-60-7.	30-60
other non hazardous ingredients		10-40

Section 4 - FIRST AID MEASURES

SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

EYE

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.
- If pain persists or recurs seek medical attention.
- 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 fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Protheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor.

NOTES TO PHYSICIAN

Treat symptomatically.
For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue

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Section 4 - FIRST AID MEASURES

edema.

- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
 - Oxygen is given as indicated.
 - The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
 - Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.
- Alkalis continue to cause damage after exposure.

INGESTION:

- Milk and water are the preferred diluents
- No more than 2 glasses of water should be given to an adult.
- Neutralising agents should never be given since exothermic heat reaction may compound injury.
 - * Catharsis and emesis are absolutely contra-indicated.
 - * Activated charcoal does not absorb alkali.
 - * Gastric lavage should not be used.

Supportive care involves the following:

- Withhold oral feedings initially.
- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.
- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.
- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.
- Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology].
-

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

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

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves for fire only.
- 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.

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Section 5 - FIRE FIGHTING MEASURES

Decomposition may produce toxic fumes of, metal oxides.

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

None known.

HAZCHEM

None

Personal Protective Equipment

Breathing apparatus.

Gas tight chemical resistant suit.

Limit exposure duration to 1 BA set 30 mins.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

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

MAJOR SPILLS

Moderate hazard.

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

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

graded sand 50 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

graded sand 0.25 mg/m³

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Section 6 - ACCIDENTAL RELEASE MEASURES

other than mild, transient adverse effects
without perceiving a clearly defined odour is:
graded sand 0.15 mg/m³

The threshold concentration below which most people
will experience no appreciable risk of health effects:
graded sand 0.15 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	>= 0.1%	Toxic (T)	>= 3.0%
R50	>= 0.25%	Corrosive (C)	>= 5.0%
R51	>= 2.5%		
else	>= 10%		

where percentage is percentage of ingredient found in the mixture

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

Metals and their oxides or salts may react violently with chlorine trifluoride. Chlorine trifluoride is a hypergolic oxidiser. It ignites on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. The state of subdivision may affect the results.

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Section 7 - HANDLING AND STORAGE

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL m ⁵ /m ³	Peak ppm	Peak mg/m ³
Australia Exposure Standards	portland cement		10				
Australia Exposure Standards	graded sand		0.1				

The following materials had no OELs on our record under the following CAS or Chemwatch (CW) numbers
Ardex FG8, Flexible Coloured Grout: No data available for CW:4673-45

EMERGENCY EXPOSURE LIMITS

Material	Original IDLH Value (ppm)	Original IDLH Value (mg/m ³)	Revised IDLH Value (mg/m ³)	Revised IDLH Value (ppm)
portland cement	N.E.	N.E.	5,000	
graded sand	N.E.	N.E.	50	

Not available. Refer to individual constituents.

INGREDIENT DATA

PORTLAND CEMENT:

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.

GRADED SAND:

NOTE: This product contains negligible amount of respirable dust.

PERSONAL PROTECTION

EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of 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].

HANDS/FEET

Suitability and durability of glove type is dependent on usage. Factors such a:

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

are important in the selection of gloves.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocautchouc
- polyvinyl chloride

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

NOTE: The material may produce skin sensitisation in predisposed individuals.

Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

OTHER

- Overalls.
- P.V.C. apron.
- Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

RESPIRATOR

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

* - Negative pressure demand ** - Continuous flow.

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.

ENGINEERING CONTROLS

Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection.

Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection.

An approved self contained breathing apparatus (SCBA) may be required in some situations.

Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:

Air Speed:

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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

Within each range the appropriate value depends on:

Lower end of the range

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only.
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood-local control only

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Coloured powder; insoluble in water.

PHYSICAL PROPERTIES

Does not mix with water.

Alkaline.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Molecular Weight: Not Applicable
Melting Range (°C): Not Available
Solubility in water (g/L): Immiscible
pH (1% solution): Not Applicable
Volatile Component (%vol): Not Applicable
Relative Vapour Density (air=1): Not Applicable
Lower Explosive Limit (%): Not Applicable
Autoignition Temp (°C): Not Applicable
State: Divided Solid

Boiling Range (°C): Not Applicable
Specific Gravity (water= 1): Not Available
pH (as supplied): Not Applicable
Vapour Pressure (kPa): Not Applicable
Evaporation Rate: Not Applicable
Flash Point (°C): Not Applicable
Upper Explosive Limit (%): Not Applicable
Decomposition Temp (°C): Not Available
Viscosity: Not Applicable

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

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

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

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.

EYE

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

SKIN

Limited evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this

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Section 11 - TOXICOLOGICAL INFORMATION

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. Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. 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.

CHRONIC HEALTH EFFECTS

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.

TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances

PORTLAND CEMENT:

Not available. Refer to individual constituents.

GRADED SAND:

No data of toxicological significance identified in literature search.

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Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

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

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

Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE

None

REGULATIONS

portland cement (CAS: 65997-15-1) is found on the following regulatory lists;
Australia High Volume Industrial Chemical List (HVICL)
Australia Inventory of Chemical Substances (AICS)
OECD Representative List of High Production Volume (HPV) Chemicals

graded sand (CAS: 14808-60-7) is found on the following regulatory lists;
Australia - New South Wales Hazardous Substances Prohibited for Specific Uses
Australia - New South Wales Hazardous Substances Requiring Health Surveillance
Australia - South Australia Hazardous Substances Requiring Health Surveillance
Australia - Tasmania Hazardous Substances Prohibited for Specified Uses
Australia - Tasmania Hazardous Substances Requiring Health Surveillance
Australia - Western Australia Hazardous Substances Requiring Health Surveillance
Australia Hazardous Substances Requiring Health Surveillance
Australia High Volume Industrial Chemical List (HVICL)
Australia Inventory of Chemical Substances (AICS)
Australia Occupational Health and Safety (Commonwealth Employment) (National Standards) Regulations 1994 - Hazardous Substances Requiring Health Surveillance
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

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Section 16 - OTHER INFORMATION

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Issue Date: 31-May-2006

Print Date: 31-May-2006