



# GU80-1 WHITE TOPCOAT - FPLI1GU8192

ICP Building Solutions Group/Pli-Dek

Version No: 3.3

Safety Data Sheet according to OSHA HazCom Standard (2012) requirements

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S.GHS.USA.EN

## SECTION 1 IDENTIFICATION

### Product Identifier

Product name	GU80-1 WHITE TOPCOAT - FPLI1GU8192
Synonyms	Not Available
Other means of identification	Not Available

### Recommended use of the chemical and restrictions on use

Relevant identified uses	Waterborne Coatings
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### Name, address, and telephone number of the chemical manufacturer, importer, or other responsible party

Registered company name	ICP Building Solutions Group/Pli-Dek
Address	4565 W. Watkins Street Phoenix AZ Not applicable
Telephone	623-435-2277
Fax	Not Available
Website	www.ICPGROUP.com
Email	Not Available

### Emergency phone number

Association / Organisation	ChemTel
Emergency telephone numbers	1-800-255-3924
Other emergency telephone numbers	1-813-248-0585

## SECTION 2 HAZARD(S) IDENTIFICATION

### Classification of the substance or mixture

NFPA 704 diamond



Note: The hazard category numbers found in GHS classification in section 2 of this SDSs are NOT to be used to fill in the NFPA 704 diamond. Blue = Health Red = Fire Yellow = Reactivity White = Special (Oxidizer or water reactive substances)

Classification	Specific target organ toxicity - single exposure Category 2, Serious Eye Damage Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Skin Sensitizer Category 1, Germ cell mutagenicity Category 2, Specific target organ toxicity - repeated exposure Category 1, Skin Corrosion/Irritation Category 1A
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### Label elements

Hazard pictogram(s)	
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SIGNAL WORD	DANGER
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### Hazard statement(s)

H371	May cause damage to organs. (Respiratory system) (Inhalation)
H335	May cause respiratory irritation.
H317	May cause an allergic skin reaction.
H341	Suspected of causing genetic defects.

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H372	Causes damage to organs through prolonged or repeated exposure. (Respiratory system) (Inhalation)
H314	Causes severe skin burns and eye damage.

**Hazard(s) not otherwise classified**

Not Applicable

**Precautionary statement(s) General**

P101	If medical advice is needed, have product container or label at hand.
P102	Keep out of reach of children.

**Precautionary statement(s) Prevention**

P202	Do not handle until all precautionary statements have been read and understood.
P260	Do not breathe dust/fume.
P264	Wash thoroughly after handling
P270	Do not eat, drink, or smoke when using this product.
P271	Use only outdoors or in a well ventilated environment.
P272	Contaminated work clothing should not be allowed out of the workplace.
P280	Wear protective gloves/protective clothing/eye protection/face protection.

**Precautionary statement(s) Response**

P301+P330+P331	IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
P304+P340	IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do - continue rinsing.
P309+P311	If exposed or if you feel unwell, call a POISON CENTER or doctor/physician.
P303+P361+P353	IF ON SKIN (or hair): Remove/Take off immediately all contaminated clothing. Rinse skin with water/shower.
P333+P313	IF SKIN irritation or rash occurs get medical advice/attention.
P363	Wash contaminated clothing 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 hazardous or special waste collection point in accordance with any local regulation.
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**SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS****Substances**

See section below for composition of Mixtures

**Mixtures**

CAS No	%[weight]	Name
14808-60-7	20-30	<u>silica crystalline - quartz</u>
7429-90-5	1-5	<u>aluminium</u>
65997-15-1	35-40	<u>portland cement</u>

The specific chemical identity and/or exact percentage (concentration) of composition has been withheld as a trade secret.

**SECTION 4 FIRST-AID MEASURES****Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately flush body and clothes with large amounts of water, using safety shower if available.</li> <li>▶ Quickly remove all contaminated clothing, including footwear.</li> <li>▶ Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.</li> <li>▶ Transport to hospital, or doctor.</li> </ul>

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<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ For advice, contact a Poisons Information Centre or a doctor at once.</li> <li>▶ Urgent hospital treatment is likely to be needed.</li> <li>▶ <b>If swallowed do NOT induce vomiting.</b></li> <li>▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.</li> <li>▶ Observe the patient carefully.</li> <li>▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.</li> <li>▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.</li> <li>▶ Transport to hospital or doctor without delay.</li> </ul>

**Most important symptoms and effects, both acute and delayed**

See Section 11

**Indication of any immediate medical attention and special treatment needed**

Treat symptomatically.

For acute or short term repeated exposures to dichromates and chromates:

- ▶ Absorption occurs from the alimentary tract and lungs.
- ▶ The kidney excretes about 60% of absorbed chromate within 8 hours of ingestion. Urinary excretion may take up to 14 days.
- ▶ Establish airway, breathing and circulation. Assist ventilation.
- ▶ Induce emesis with Ipecac Syrup if patient is not convulsing, in coma or obtunded and if the gag reflex is present.
- ▶ Otherwise use gastric lavage with endotracheal intubation.
- ▶ Fluid balance is critical. Peritoneal dialysis, haemodialysis or exchange transfusion may be effective although available data is limited.
- ▶ British Anti-Lewisite, ascorbic acid, folic acid and EDTA are probably not effective.
- ▶ There are no antidotes.
- ▶ Primary irritation, including chrome ulceration, may be treated with ointments comprising calcium-sodium-EDTA. This, together with the use of frequently renewed dressings, will ensure rapid healing of any ulcer which may develop.

The mechanism of action involves the reduction of Cr (VI) to Cr(III) and subsequent chelation; the irritant effect of Cr(III)/ protein complexes is thus avoided. [ILO Encyclopedia]

[Ellenhorn and Barceloux: Medical Toxicology]

- ▶ Manifestation of aluminium toxicity include hypercalcaemia, anaemia, Vitamin D refractory osteodystrophy and a progressive encephalopathy (mixed dysarthria-apraxia of speech, asterix, tremulousness, myoclonus, dementia, focal seizures). Bone pain, pathological fractures and proximal myopathy can occur.
- ▶ Symptoms usually develop insidiously over months to years (in chronic renal failure patients) unless dietary aluminium loads are excessive.
- ▶ Serum aluminium levels above 60 ug/ml indicate increased absorption. Potential toxicity occurs above 100 ug/ml and clinical symptoms are present when levels exceed 200 ug/ml.
- ▶ Deferoxamine has been used to treat dialysis encephalopathy and osteomalacia. CaNa2EDTA is less effective in chelating aluminium.

[Ellenhorn and Barceloux: Medical Toxicology]

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

- ▶ Respiratory stress is uncommon but present occasionally because of soft tissue 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 &amp; 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.

**Special hazards arising from the substrate or mixture**

<b>Fire Incompatibility</b>	None known.
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**Special protective equipment and precautions for fire-fighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles.</li> <li>▶ When heated to extreme temperatures, (&gt;1700 deg.C) amorphous silica can fuse.</li> </ul>
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	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> </ul>
<b>Fire/Explosion Hazard</b>	<p>Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite.</p> <p>Decomposition may produce toxic fumes of:</p> <p>silicon dioxide (SiO<sub>2</sub>) metal oxides</p> <p>When aluminium oxide dust is dispersed in air, firefighters should wear protection against inhalation of dust particles, which can also contain hazardous substances from the fire absorbed on the alumina particles.</p> <p>May emit poisonous fumes. May emit corrosive fumes.</p>

**SECTION 6 ACCIDENTAL RELEASE MEASURES****Personal precautions, protective equipment and emergency procedures**

See section 8

**Environmental precautions**

See section 12

**Methods and material for containment and cleaning up**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up waste regularly and abnormal spills immediately.</li> <li>▶ Avoid breathing dust and contact with skin and eyes.</li> </ul>
<b>Major Spills</b>	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> </ul>

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

**SECTION 7 HANDLING AND STORAGE****Precautions for safe handling**

<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> </ul>
<b>Other information</b>	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> </ul>

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<p>Derivative of electropositive metal.</p> <p>For aluminas (aluminium oxide): Incompatible with hot chlorinated rubber. In the presence of chlorine trifluoride may react violently and ignite.</p> <p>Calcium oxide:</p> <ul style="list-style-type: none"> <li>▶ reacts violently with water, evolving high quantities of heat</li> <li>▶ reacts violently, with possible ignition or explosion, with acids, anilinium perchlorate, bromine pentafluoride, chlorine trifluoride, fluorine, hydrogen fluoride, hydrazine, hydrogen sulfide, hydrogen trisulfide, isopropyl isocyanide dichloride, light metals, lithium, magnesium, powdered aluminium, phosphorus, potassium, sulfur trioxide</li> <li>▶ increase the explosive sensitivity of azides, nitroalkanes (e.g. nitroethane, nitromethane, 1-nitropropane etc.)</li> <li>▶ is incompatible with boric acid, boron trifluoride, carbon dioxide, ethanol, halogens (such as fluorine), metal halides, phosphorus pentoxide, selenium oxychloride, sulfur dioxide and many organic materials</li> </ul> <p>Calcium sulfate:</p> <ul style="list-style-type: none"> <li>▶ reacts violently with reducing agents, acrolein, alcohols, chlorine trifluoride, diazomethane, ethers, fluorine, hydrazine, hydrazinium perchlorate, hydrogen peroxide, finely divided aluminium or magnesium, peroxyfuroic acid, red phosphorus, sodium acetylride</li> <li>▶ sensitises most organic azides which are unstable shock- and heat- sensitive explosives</li> <li>▶ may form explosive materials with 1,3-di(5-tetrazolyl)triazene</li> <li>▶ is incompatible with glycidol, isopropyl chlorocarbonate, nitrosyl perchlorate, sodium borohydride</li> <li>▶ is hygroscopic; reacts with water to form gypsum and Plaster of Paris</li> </ul> <p>For iron oxide (ferric oxide):</p> <ul style="list-style-type: none"> <li>▶ Avoid storage with aluminium, calcium hypochlorite and ethylene oxide.</li> <li>▶ Risk of explosion occurs following reaction with powdered aluminium, calcium silicide, ethylene oxide (polymerises), carbon monoxide, magnesium and perchlorates.</li> </ul> <p>Silicas:</p> <ul style="list-style-type: none"> <li>▶ react with hydrofluoric acid to produce silicon tetrafluoride gas</li> <li>▶ react with xenon hexafluoride to produce explosive xenon trioxide</li> <li>▶ reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds</li> <li>▶ may react with fluorine, chlorates</li> <li>▶ are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate</li> <li>▶ may react vigorously when heated with alkali carbonates.</li> <li>▶ WARNING: Avoid or control reaction with peroxides. All <i>transition metal</i> peroxides should be considered as potentially explosive.</li> <li>▶ Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride.</li> <li>▶ These trifluorides are hypergolic oxidisers.</li> </ul>

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- ▶ Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.
- ▶ Avoid contact with copper, aluminium and their alloys.

## SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

## Control parameters

## OCCUPATIONAL EXPOSURE LIMITS (OEL)

## INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
US NIOSH Recommended Exposure Limits (RELs)	silica crystalline - quartz	Cristobalite, Quartz, Tridymite, Tripoli	0.05 mg/m3	Not Available	Not Available	Ca See Appendix A
US OSHA Permissible Exposure Levels (PELs) - Table Z3	silica crystalline - quartz	Silica: Crystalline Quartz	10 / (% SiO <sub>2</sub> + 2) mg/m <sup>3</sup> / 250 / (%SiO <sub>2</sub> + 5) mppcf	Not Available	Not Available	(Name ((Respirable) ((f) This standard applies to any operations or sectors for which the respirable crystalline silica standard, 1910.1053, is stayed or is otherwise not in effect.)); (TWA mppcf (((b) The percentage of crystalline silica in the formula is the amount determined from airborne samples, except in those instances in which other methods have been shown to be applicable.)); (TWA mg/m <sup>3</sup> (((e) Both concentration and percent quartz for the application of this limit are to be determined from the fraction passing a size-selector with the following characteristics: Aerodynamic diameter (unit density sphere), Percent passing selector 2, 90   2.5, 75   3.5, 50   5.0, 25   10, 0. The measurements under this note refer to the use of an AEC (now NRC) instrument. The respirable fraction of coal dust is determined with an MRE; the figure corresponding to that of 2.4 mg/m <sup>3</sup> in the table for coal dust is 4.5 mg/m <sup>3</sup> K.)))
US OSHA Permissible Exposure Levels (PELs) - Table Z1	silica crystalline - quartz	Silica, crystalline, respirable dust: Quartz	Not Available	Not Available	Not Available	see 1910.1053; (7) See Table Z-3 for the exposure limit for any operations or sectors where the exposure limit in § 1910.1053 is stayed or is otherwise not in effect.
US ACGIH Threshold Limit Values (TLV)	silica crystalline - quartz	Silica, crystalline -α-quartz and cristobalite (Inhalable fraction and vapor)	0.025 ppm / 0.025 mg/m <sup>3</sup>	Not Available	Not Available	Pulm fibrosis; lung cancer
US NIOSH Recommended Exposure Limits (RELs)	aluminium	Aluminium, Aluminum metal, Aluminum powder, Elemental aluminum	10 (total), 5 (resp) mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Levels (PELs) - Table Z1	aluminium	Aluminum, metal (as Al): Total dust	15 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Levels (PELs) - Table Z1	aluminium	Aluminum, metal (as Al): Respirable fraction	5 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US ACGIH Threshold Limit Values (TLV)	aluminium	Aluminum metal and insoluble compounds (Inhalable fraction and vapor)	1 mg/m <sup>3</sup>	Not Available	Not Available	Pneumoconiosis; LRT irr; neurotoxicity
US NIOSH Recommended Exposure Limits (RELs)	portland cement	Cement, Hydraulic cement, Portland cement silicate [Note: A class of hydraulic cements containing tri- and dicalcium silicate in addition to alumina, tricalcium aluminate, and iron oxide.]	10 (total), 5 (resp) mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Levels (PELs) - Table Z3	portland cement	Portland cement	50 mppcf	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Levels (PELs) - Table Z1	portland cement	Portland cement: Total dust	15 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US OSHA Permissible Exposure Levels (PELs) - Table Z1	portland cement	Portland cement: Respirable fraction	5 mg/m <sup>3</sup>	Not Available	Not Available	Not Available
US ACGIH Threshold Limit Values (TLV)	portland cement	Portland cement (Respirable particulate matter)	1 mg/m <sup>3</sup>	Not Available	Not Available	Pulm func; resp symptoms; asthma


## EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m <sup>3</sup>	33 mg/m <sup>3</sup>	200 mg/m <sup>3</sup>
Ingredient	Original IDLH	Revised IDLH		

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silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
aluminium	Not Available	Not Available
portland cement	5,000 mg/m3	Not Available

## Exposure controls

<b>Appropriate engineering controls</b>	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
<b>Personal protection</b>	
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with unperforated side shields may be used where continuous eye protection is desirable, as in laboratories; spectacles are not sufficient where complete eye protection is needed such as when handling bulk-quantities, where there is a danger of splashing, or if the material may be under pressure.</li> <li>▶ Chemical goggles whenever there is a danger of the material coming in contact with the eyes; goggles must be properly fitted.</li> </ul>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Elbow length PVC gloves</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>▶ 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.</li> </ul> <p>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.</p> <ul style="list-style-type: none"> <li>▶ Neoprene rubber gloves</li> </ul> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>▶ polychloroprene.</li> </ul>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>▶ Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges.</li> <li>▶ Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels.</li> <li>▶ Overalls.</li> <li>▶ P.V.C.</li> </ul>

## Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- ▶ The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- ▶ Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- ▶ Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

## SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

## Information on basic physical and chemical properties

<b>Appearance</b>	Not Available		
<b>Physical state</b>	Divided Solid Powder	<b>Relative density (Water = 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature</b>	Not Available

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Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

## SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> </ul>
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	<p>There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage. Inhaling corrosive bases may irritate the respiratory tract. Symptoms include cough, choking, pain and damage to the mucous membrane. Inhalation may result in ulcers or sores of the lining of the nose (nasal mucosa), and lung damage. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles. Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. The disease is rapidly progressive and spreads widely through the lungs within months of the initial exposure and causing death within 1 to 2 years.</p>
Ingestion	<p>There is strong evidence to suggest that this material can cause, if swallowed once, very serious, irreversible damage of organs. Ingestion of alkaline corrosives may produce burns around the mouth, ulcerations and swellings of the mucous membranes, profuse saliva production, with an inability to speak or swallow. Both the oesophagus and stomach may experience burning pain; vomiting and diarrhoea may follow. The material has <b>NOT</b> 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. Accidental ingestion of the material may be damaging to the health of the individual.</p>
Skin Contact	<p>The material can produce severe chemical burns following direct contact with the skin. There is strong evidence to suggest that this material, on a single contact with skin, can cause very serious, irreversible damage of organs. Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. Though considered non-harmful, slight irritation may result from contact because of the abrasive nature of the aluminium oxide particles. Thus it may cause itching and skin reaction and inflammation. Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Handling wet cement can cause dermatitis. Cement when wet is quite alkaline and this alkali action on the skin contributes strongly to cement contact dermatitis since it may cause drying and defatting of the skin which is followed by hardening, cracking, lesions developing, possible infections of lesions and penetration by soluble salts. Skin contact may result in severe irritation particularly to broken skin. Ulceration known as "chrome ulcers" may develop. Open cuts, abraded or irritated skin should not be exposed to this material. 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. This material can cause inflammation of the skin on contact in some persons.</p>
Eye	<p>If applied to the eyes, this material causes severe eye damage. Direct eye contact with corrosive bases can cause pain and burns. There may be swelling, epithelium destruction, clouding of the cornea and inflammation of the iris.</p>

## GU80-1 WHITE TOPCOAT - FPL1GU8192

<b>Chronic</b>	<p>Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of bronchial pneumonia may ensue.</p> <p>Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems.</p> <p>Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure.</p> <p>Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population.</p> <p>There is ample evidence that this material can be regarded as being able to cause cancer in humans based on experiments and other information.</p> <p>Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.</p> <p>Animal testing shows long term exposure to aluminium oxides may cause lung disease and cancer, depending on the size of the particle. The smaller the size, the greater the tendencies of causing harm.</p> <p>Red blood cells and rabbit alveolar macrophages exposed to calcium silicate insulation materials in vitro showed haemolysis in one study but not in another. Both studies showed the substance to be more cytotoxic than titanium dioxide but less toxic than asbestos.</p> <p>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.</p> <p>Crystalline silicas activate the inflammatory response of white blood cells after they injure the lung epithelium. Chronic exposure to crystalline silicas reduces lung capacity and predisposes to chest infections.</p> <p>Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections.</p> <p>Chronic excessive intake of iron have been associated with damage to the liver and pancreas. People with a genetic disposition to poor control over iron are at an increased risk.</p> <p>Chromium (III) is an essential trace mineral. Chronic exposure to chromium (III) irritates the airways, malnourishes the liver and kidneys, causes fluid in the lungs, and adverse effects on white blood cells, and also increases the risk of developing lung cancer.</p>
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<b>GU80-1 WHITE TOPCOAT - FPL1GU8192</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>silica crystalline - quartz</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: =500 mg/kg <sup>[2]</sup>	Not Available
<b>aluminium</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Oral (rat) LD50: >2000 mg/kg <sup>[1]</sup>	Eye: no adverse effect observed (not irritating) <sup>[1]</sup> Skin: no adverse effect observed (not irritating) <sup>[1]</sup>
<b>portland cement</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>Legend:</b>	1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. * Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances	

<b>GU80-1 WHITE TOPCOAT - FPL1GU8192</b>	Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation.
<b>SILICA CRYSTALLINE - QUARTZ</b>	<b>WARNING:</b> For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b>  The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (<5 um) crystalline silica as being carcinogenic to humans . This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite.
<b>GU80-1 WHITE TOPCOAT - FPL1GU8192 &amp; PORTLAND CEMENT</b>	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. 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.
<b>ALUMINIUM &amp; PORTLAND CEMENT</b>	No significant acute toxicological data identified in literature search.

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

Legend: ✗ – Data either not available or does not fill the criteria for classification  
✓ – Data available to make classification

## SECTION 12 ECOLOGICAL INFORMATION

## Toxicity

<b>GU80-1 WHITE TOPCOAT - FPL1GU8192</b>	<b>ENDPOINT</b>	<b>TEST DURATION (HR)</b>	<b>SPECIES</b>	<b>VALUE</b>	<b>SOURCE</b>
	Not Available	Not Available	Not Available	Not Available	Not Available
<b>silica crystalline - quartz</b>	<b>ENDPOINT</b>	<b>TEST DURATION (HR)</b>	<b>SPECIES</b>	<b>VALUE</b>	<b>SOURCE</b>
	Not Available	Not Available	Not Available	Not Available	Not Available

Continued...



## GU80-1 WHITE TOPCOAT - FPL1GU8192

aluminium	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	LC50	96	Fish	0.001-0.134mg/L	2
	EC50	48	Crustacea	0.7364mg/L	2
	EC50	72	Algae or other aquatic plants	0.001-0.799mg/L	2
	BCF	360	Algae or other aquatic plants	9mg/L	4
	NOEC	168	Crustacea	0.001-mg/L	2
portland cement	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
<b>Legend:</b>	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

## For Silica:

Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).

Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen.

## For Metal:

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

Environmental Fate: Environmental processes, such as oxidation, the presence of acids or bases and microbiological processes, may transform insoluble metals to more soluble ionic forms.

For Chromium: Chromium is poorly absorbed by cells found in microorganisms, plants and animals. Hexavalent chromate anions are readily transported into cells and toxicity is closely linked to the higher oxidation state.

## For chromium:

Aquatic Fate - Most chromium released into water will be deposited in the sediment. A small percentage of chromium can be found in soluble and insoluble forms with soluble chromium making up a very small percentage of the total chromium.

**DO NOT discharge into sewer or waterways.**

## Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

## Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

## Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

## SECTION 13 DISPOSAL CONSIDERATIONS

## Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ Recycle wherever possible or consult manufacturer for recycling options.</li> <li>▶ Consult State Land Waste Management Authority for disposal.</li> </ul>
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## SECTION 14 TRANSPORT INFORMATION

## Labels Required

Marine Pollutant	NO
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Land transport (DOT): 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

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

Not Applicable

## SECTION 15 REGULATORY INFORMATION

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

Continued...

## GU80-1 WHITE TOPCOAT - FPL1GU8192

**SILICA CRYSTALLINE - QUARTZ IS FOUND ON THE FOLLOWING REGULATORY LISTS**

Chemical Footprint Project - Chemicals of High Concern List  
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs  
 International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1 : Carcinogenic to humans  
 US - California Proposition 65 - Carcinogens  
 US - California Safe Drinking Water and Toxic Enforcement Act of 1986 - Proposition 65 List  
 US ACGIH Threshold Limit Values (Spanish)  
 US ACGIH Threshold Limit Values (TLV)  
 US AIHA Workplace Environmental Exposure Levels (WEELs)  
 US DOE Temporary Emergency Exposure Limits (TEELs)  
 US National Toxicology Program (NTP) 14th Report Part A Known to be Human Carcinogens  
 US NIOSH Recommended Exposure Limits (RELs)  
 US NIOSH Recommended Exposure Limits (RELs) (Spanish)  
 US OSHA Permissible Exposure Levels (PELs) - Table Z1  
 US OSHA Permissible Exposure Levels (PELs) - Table Z3  
 US OSHA Permissible Exposure Limits - Annotated Table Z-1 (Spanish)  
 US OSHA Permissible Exposure Limits - Annotated Table Z-3 (Spanish)  
 US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory  
 US TSCA Chemical Substance Inventory - Interim List of Active Substances

**ALUMINIUM IS FOUND ON THE FOLLOWING REGULATORY LISTS**

US ACGIH Threshold Limit Values (Spanish)  
 US ACGIH Threshold Limit Values (TLV)  
 US AIHA Workplace Environmental Exposure Levels (WEELs)  
 US ATSDR Minimal Risk Levels for Hazardous Substances (MRLs)  
 US Department of Homeland Security (DHS) - Chemical Facility Anti-Terrorism Standards (CFATS) - Chemicals of Interest  
 US EPCRA Section 313 Chemical List  
 US NIOSH Recommended Exposure Limits (RELs)  
 US NIOSH Recommended Exposure Limits (RELs) (Spanish)  
 US OSHA Permissible Exposure Levels (PELs) - Table Z1  
 US OSHA Permissible Exposure Limits - Annotated Table Z-1 (Spanish)  
 US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory  
 US TSCA Chemical Substance Inventory - Interim List of Active Substances

**PORTLAND CEMENT IS FOUND ON THE FOLLOWING REGULATORY LISTS**

US ACGIH Threshold Limit Values (Spanish)  
 US ACGIH Threshold Limit Values (TLV)  
 US AIHA Workplace Environmental Exposure Levels (WEELs)  
 US NIOSH Recommended Exposure Limits (RELs)  
 US NIOSH Recommended Exposure Limits (RELs) (Spanish)  
 US OSHA Permissible Exposure Levels (PELs) - Table Z1  
 US OSHA Permissible Exposure Levels (PELs) - Table Z3  
 US OSHA Permissible Exposure Limits - Annotated Table Z-1 (Spanish)  
 US OSHA Permissible Exposure Limits - Annotated Table Z-3 (Spanish)  
 US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory  
 US TSCA Chemical Substance Inventory - Interim List of Active Substances

**Federal Regulations****Superfund Amendments and Reauthorization Act of 1986 (SARA)****SECTION 311/312 HAZARD CATEGORIES**

Flammable (Gases, Aerosols, Liquids, or Solids)	No
Gas under pressure	No
Explosive	No
Self-heating	No
Pyrophoric (Liquid or Solid)	No
Pyrophoric Gas	No
Corrosive to metal	No
Oxidizer (Liquid, Solid or Gas)	No
Organic Peroxide	No
Self-reactive	No
In contact with water emits flammable gas	No
Combustible Dust	No
Carcinogenicity	No
Acute toxicity (any route of exposure)	No
Reproductive toxicity	No
Skin Corrosion or Irritation	Yes
Respiratory or Skin Sensitization	Yes
Serious eye damage or eye irritation	Yes
Specific target organ toxicity (single or repeated exposure)	Yes

Continued...

## GU80-1 WHITE TOPCOAT - FPL1GU8192

Aspiration Hazard	No
Germ cell mutagenicity	Yes
Simple Asphyxiant	No
Hazards Not Otherwise Classified	No

**US. EPA CERCLA HAZARDOUS SUBSTANCES AND REPORTABLE QUANTITIES (40 CFR 302.4)**

None Reported

**State Regulations****US. CALIFORNIA PROPOSITION 65**

WARNING: This product contains a chemical known to the State of California to cause cancer and birth defects or other reproductive harm

**US - CALIFORNIA PROPOSITION 65 - CARCINOGENS: LISTED SUBSTANCE**

Silica, crystalline (airborne particles of respirable size) Listed

**National Inventory Status**

National Inventory	Status
Australia - AICS	Yes
Canada - DSL	Yes
Canada - NDSL	No (silica crystalline - quartz; aluminium; portland cement)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (aluminium; portland cement)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	No (portland cement)
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - ARIPS	Yes

**Legend:**  
Yes = All CAS declared ingredients are on the inventory  
No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing (see specific ingredients in brackets)

**SECTION 16 OTHER INFORMATION**

<b>Revision Date</b>	04/06/2020
<b>Initial Date</b>	01/29/2020

**CONTACT POINT**

\*\*PLEASE NOTE THAT TITANIUM DIOXIDE IS NOT PRESENT IN CLEAR OR NEUTRAL BASES\*\*

**SDS Version Summary**

Version	Issue Date	Sections Updated
2.3.1.1.1	04/06/2020	Ingredients

**Other information**

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

The SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings.

**Definitions and abbreviations**

PC—TWA: Permissible Concentration-Time Weighted Average  
PC—STEL: Permissible Concentration-Short Term Exposure Limit  
IARC: International Agency for Research on Cancer  
ACGIH: American Conference of Governmental Industrial Hygienists  
STEL: Short Term Exposure Limit  
TEEL: Temporary Emergency Exposure Limit.  
IDLH: Immediately Dangerous to Life or Health Concentrations  
OSF: Odour Safety Factor  
NOAEL :No Observed Adverse Effect Level  
LOAEL: Lowest Observed Adverse Effect Level  
TLV: Threshold Limit Value  
LOD: Limit Of Detection  
OTV: Odour Threshold Value  
BCF: BioConcentration Factors  
BEI: Biological Exposure Index

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