

TRAFALGAR FYRESET MORTAR

Chemwatch Material Safety Data Sheet
Issue Date: Mon 15-Aug-2005

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

TRAFALGAR FYRESET MORTAR

SYNONYMS

"Fyreset hydraulic cement"

PRODUCT USE

Material is mixed and used in accordance with manufacturers directions. Mixed with water by hand and applied to wall and floor openings by hand trowel as a fire resistant stopping for piping etc.

SUPPLIER

Company: Trafalgar Building Products
Address:
P.O. Box 251
Brookvale
N.S.W. 2100
Australia
Telephone: +61 2 9938 5499
Fax: +61 2 9905 7019

Company: Trafalgar Building Products
Address:
21-25 Mitchell Road
Brookvale
N.S.W. 2100
Australia

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

Causes burns.
Risk of serious damage to eyes.
Inhalation may produce health damage*.
Cumulative effects may result following exposure*.
Possible respiratory and skin sensitiser*.
* (limited evidence).

SAFETY

Keep locked up.
Do not breathe dust.
Avoid contact with eyes.
Wear suitable protective clothing.
Use only in well ventilated areas.
Keep container in a well ventilated place.
To clean the floor and all objects contaminated by this material, use water and detergent.
Take off immediately all contaminated clothing.
In case of accident or if you feel unwell IMMEDIATELY contact Doctor or Poisons

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Section 2 - HAZARDS IDENTIFICATION

Information Centre (show label if possible).

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
mineral silicate filler unregulated		55
portland cement	65997-15-1	30
kaolin	1332-58-7	10
organic fibre as wool fibre		5

NOTE: Manufacturer has supplied full ingredient information to allow CHEMWATCH assessment.

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Transport to hospital or doctor without delay.

EYE

If this product comes in contact with the eyes:

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

SKIN

If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prosthesis such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.

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Section 4 - FIRST AID MEASURES

- 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, without delay.

NOTES TO PHYSICIAN

- 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 & 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.

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Section 5 - FIRE FIGHTING MEASURES

- 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.
- 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

PERSONAL PROTECTION 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.
- 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

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Section 6 - ACCIDENTAL RELEASE MEASURES

life-threatening health effects is:

portland cement 500 mg/m³

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

portland cement 100 mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:

portland cement 6 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:

portland cement 5 mg/m³

American Industrial Hygiene Association (AIHA)

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

None known.

STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m ³	STEL ppm	STEL mg/m ³	Peak ppm	Peak mg/m ³
Australian Exposure Standards	Portland cement		10				
Australian Exposure Standards	Kaolin		10				

None assigned. 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.

KAOLIN:

Kaolin dust appears to have fibrogenic potential even in the absence of crystalline silica. Kaolinosis can exist as simple and complicated forms with the latter often associated with respiratory symptoms. Crystalline silica enhances the severity of the pneumoconiosis.

PERSONAL PROTECTION

EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- 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

- Wear chemical protective gloves, eg. PVC.
- Wear safety footwear or safety gumboots, eg. Rubber.
- 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.

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Lightweight hydraulic cement powder; partly soluble in water.
Hardens when damp or wet.

PHYSICAL PROPERTIES

Alkaline.

Molecular Weight: Not Applicable
Melting Range (°C): Not Available
Solubility in water (g/L): Partly Miscible
pH (1% solution): Not Available
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): >1.2
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

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 can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.

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Section 11 - TOXICOLOGICAL INFORMATION

EYE

The material can produce chemical burns to the eye following direct contact.
Vapours or mists may be extremely irritating.
The dust may produce eye discomfort and abrasive eye inflammation.

SKIN

The material can produce chemical burns following direct contact with the skin.
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.
Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.
Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.

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. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure. 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.

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Section 11 - TOXICOLOGICAL INFORMATION

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.

KAOLIN:

TOXICITY

No significant acute toxicological data identified in literature search.

IRRITATION

Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

Refer to data for ingredients, which follows:

Section 13 - DISPOSAL CONSIDERATIONS

Puncture containers to prevent re-use and bury at an authorised landfill.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

Dangerous Goods Class: None

Subrisk: None

UN/NA Number: None

Packing Group: None

Labels Required:

Additional Shipping Information:

International Transport Regulations:

IMO Dangerous Goods class: None

IMO Packing group: None

IATA Dangerous goods class: None

Cargo Instructions:

Cargo Max:

Passenger Instructions:

Passenger Max:

Special Provisions: None, None

HAZCHEM

None

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Section 15 - REGULATORY INFORMATION

POISONS SCHEDULE

None

REGULATIONS

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

Australian Inventory of Chemical Substances (AICS)

Australia High Volume Industrial Chemical List (HVICL)

kaolin (CAS: 1332-58-7) is found on the following regulatory lists:

Australian Inventory of Chemical Substances (AICS)

Australia High Volume Industrial Chemical List (HVICL)

Section 16 - OTHER INFORMATION

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