

essastone

Laminex Group Pty Ltd

Chemwatch: 22-9931 Version No: 11.1 Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements Issue Date: **01/11/2019** Print Date: **02/03/2022** L.GHS.AUS.EN

Chemwatch Hazard Alert Code: 2

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	essastone
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Rol	levant identified uses	Quartz surfacing product.
Relevant identified uses	Use according to manufacturer's directions.	

Details of the supplier of the safety data sheet

Registered company name	Laminex Group Pty Ltd	
Address	90-94 Tram Road Doncaster VIC 3108 Australia	
Telephone	+61 3 9840 4347	
Fax	+61 3 9840 6513	
Website	www.laminex.com.au	
Email	Sant.quaremba@laminex.com.au	

Emergency telephone number

Association / Organisation	CHEMWATCH EMERGENCY RESPONSE
Emergency telephone numbers	+61 1800 951 288
Other emergency telephone numbers	+61 2 9186 1132

Once connected and if the message is not in your prefered language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture	
Poisons Schedule	Not Applicable
Classification ^[1]	Not Applicable

Label elements

Hazard pictogram(s)	Not Applicable
Signal word	Not Applicable

Not Applicable

Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7	70-95	silica crystalline - quartz
Not Available		may also include
14464-46-1		cristobalite
Not Available	5-15	polyester resin
100-42-5		styrene
Not Available	<5	pigments and additives
Legend:	1. Classified by Chemwatch; 2. Classification Annex VI; 4. Classification drawn from C&L,	n drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - * EU IOELVs available

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	 If this product comes in contact with the eyes: Wash out immediately with fresh running water. Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	 If skin or hair contact occurs: Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
Inhalation	 If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses 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.
Ingestion	 Immediately give a glass of water. First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

SECTION 5 Firefighting 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

Fire Incompatibility	None known.

Fire Fighting	 Alert Fire Brigade and tell them location and nature of hazard. Wear breathing apparatus plus protective gloves in the event of a fire. Prevent, by any means available, spillage from entering drains or water courses. Use fire fighting procedures suitable for surrounding area. DO NOT approach containers suspected to be hot. Cool fire exposed containers with water spray from a protected location. If safe to do so, remove containers from path of fire. Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	 Solid which exhibits difficult combustion or is difficult to ignite. Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less; may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type. Dry dust can also be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport. Build-up of electrostatic charge may be prevented by bonding and grounding. Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion renting. All movable parts coming in contact with this material should have a speed of less than 1-metre/sec. Combustion products include: carbon monoxide (CO) carbon monoxide (CO) silicon dioxide (SiO2) metal oxides other pyrolysis products typical of burning organic material.
HAZCHEM	Not Applicable

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

Minor Spills	 Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, 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.

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	 Hazard relates to dust released by cutting, grinding, trimming or other shaping operations. Avoid generating and breathing dust Avoid contact with skin and eyes. Wear nominated personal protective equipment when handling. Use in a well-ventilated area. Use good occupational work practices. Observe manufacturer's storage and handling recommendations contained within this SDS. Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	 Store in original containers. Keep containers securely sealed. Store in a cool, dry, well-ventilated area. Store away from incompatible materials and foodstuff containers. Protect containers against physical damage and check regularly for leaks. Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	 Polyethylene or polypropylene container. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	None known

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	cristobalite	Silica - Crystalline: Cristobalite (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	styrene	Styrene, monomer	50 ppm / 213 mg/m3	426 mg/m3 / 100 ppm	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2		TEEL-3
silica crystalline - quartz	0.075 mg/m3	33 mg/m3		200 mg/m3
cristobalite	0.075 mg/m3	33 mg/m3		200 mg/m3
styrene	Not Available	Not Available		Not Available
Ingredient	Original IDLH		Revised	IDLH
silica crystalline - quartz	25 mg/m3 / 50 mg/m3		Not Avail	able
cristobalite	Not Available		Not Avail	able
styrene	700 ppm		Not Avail	able

MATERIAL DATA

for styrene:

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 um (+-) 0.3 um and with a geometric standard deviation of 1.5 um (+-) 0.1 um, i.e..generally less than 5 um.

Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where

respirable dusts of of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits. Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013

Odour Threshold: 0.017 to 1.9 with a geometric average threshold of 0.32 ppm.

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NOTE:Detector tubes measuring styrene at greater than 10 ppm are available.

The recommended TLV-TWA and STEL is based on the influence of styrene exposure on the central and peripheral nervous systems At the TWA, total daily styrene exposure to the standard 70 kg medium-frame man who inhales 10 m3 and who retains 70% of the inspired compound is 21 mg/kg with 0.5 mg/kg absorbed through the skin. The total absorbed dose can be increased six-fold with physical work and increased respiration rate.

Measurement of styrene and its metabolites in the urine can be an indication of recent exposure though this approach may be limited by factors such as the influence of alcohol consumption on styrene pharmodynamics. Exposure at or below the TLV-TWA is thought to protect the worker against the significant risks of narcosis, neuropathies and irritation although other findings suggest that neuro-optical effects are significant amongst workers exposed at 4 ppm. Odour Safety Factor(OSF)

OSF=63 (STYRENE)

NOTE D: Certain substances which are susceptible to spontaneous polymerisation or decomposition are generally placed on the market in a stabilised form. It is in this form that they are listed on Annex I

When they are placed on the market in a non-stabilised form, the label must state the name of the substance followed by the words "non-stabilised" European Union (EU) List of harmonised classification and labelling hazardous substances, Table 3.1, Annex VI, Regulation (EC) No 1272/2008 (CLP) - up to the latest ATP

Exposure controls

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a engineering controls can be highly effective in protecting wor provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activit Enclosure and/or isolation of emission source which keeps a that strategically "adds" and "removes" air in the work enviror designed properly. The design of a ventilation system must m Employers may need to use multiple types of controls to prev. • Local exhaust ventilation is required where solids are har large, a certain proportion will be powdered by mutual frid • If in spite of local exhaust an adverse concentration of the considered. Such protection might consist of: (a): particle dust respirators, if necessary, combined with an a (b): filter respirators with absorption cartridge or canister of th (c): fresh-air hoods or masks. Air contaminants generated in the workplace possess varying velocities" of fresh circulating air required to effectively remov Type of Contaminant: direct spray, spray painting in shallow booths, drum filling, of discharge (active generation into zone of rapid air motion) grinding, abrasive blasting, tumbling, high speed wheel ger velocity into zone of very high rapid air motion). 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 Simple theory shows that air velocity falls rapidly with distance generally decreases with the square of distance from the ext extraction point should be adjusted, accordingly, after referer extraction point should be adjusted, accordingly after referer extraction point should be adjusted, accord	kers and will typically be independent of w ty or process is done to reduce the risk. selected hazard "physically" away from the nment. Ventilation can remove or dilute an natch the particular process and chemical of vent employee overexposure. Indied as powders or crystals; even when p ction. e substance in air could occur, respiratory p absorption cartridge; ne right type; g "escape" velocities which, in turn, determ ve the contaminant. conveyer loading, crusher dusts, gas nerated dusts (released at high initial 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 eaway from the opening of a simple extra raction point (in simple cases). Therefore the time to distance from the contaminating sou s (800-2000 f/min) for extraction of crusher titons, producing performance deficits within	e worker and ventilation air contaminant if or contaminant in use. articulates are relatively protection should be ine the "capture Air Speed: 1-2.5 m/s (200-500 f/min.) 2.5-10 m/s (500-2000 f/min.)
Personal protection			
Eye and face protection	No special equipment required due to the physical form of the However when cutting or sanding, safety glasses may be rec	•	
Skin protection	See Hand protection below	1	
	No special equipment needed when handling small quantities	8	
Hands/feet protection	However when cutting or sanding, light weight rubber gloves		

	Wear safety footwear.
Body protection	See Other protection below
Other protection	 Loose fitting protective clothing, eg overalls/ long sleeve shirts. When working above head height, use head covering, dust mask and goggles. Minimise dust generation by using sharp hand cutting tools if possible. Powered tools (eg saws etc.) should only be used if fitted with dust extraction and containment equipment. Vacuum cleaners should be available for fibre/dust removal.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the *computer-generated* selection:

essastone

Material	CPI
PE/EVAL/PE	А
PVA	А
TEFLON	А
NATURAL RUBBER	С
NITRILE	С
NITRILE+PVC	С
PVC	С
SARANEX-23	С

Respiratory protection

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

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

* - Negative pressure demand ** - Continuous flow

 $\begin{array}{l} \mbox{A(All classes)} = \mbox{Organic vapours, B AUS or B1} = \mbox{Acid gasses, B2} = \mbox{Acid gas} \\ \mbox{or hydrogen cyanide(HCN), B3} = \mbox{Acid gas or hydrogen cyanide(HCN), E} = \\ \mbox{Sulfur dioxide(SO2), G} = \mbox{Agricultural chemicals, K} = \mbox{Ammonia(NH3), Hg} = \\ \mbox{Mercury, NO} = \mbox{Oxides of nitrogen, MB} = \mbox{Methyl bromide, AX} = \mbox{Low boiling} \\ \mbox{point organic compounds(below 65 degC)} \end{array}$

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Polished solid sheets and shaped articles.		
Physical state	Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Applicable	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	Not Applicable	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Applicable	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available

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Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (Not Available%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Available

SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

Information on toxicological effects

Inhaled	Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. It differs greatly from classical silicosis both clinically and pathologically. The disease is rapidly progressive with diffuse pulmonary involvement developing only months after the initial exposure and causing deaths within 1 to 2 years. It is often complicated by an associated tuberculosis. The lungs of victims contain no classical silicotic nodules or only a few, microscopic abortive nodules, whereas the air spaces are diffusively filled and distended with silica-containing, lipoprotein paste in which degenerating and necrotic macrophages are sometimes discernible - the condition is sometimes described as alveolar lipoproteinosis. The uptake of silica particles by macrophages and lysosymal incorporation, is followed by rupture of the lysosomal membrane and release of lysosomal enzymes into cytoplasm of the macrophage. This causes the macrophage to be digested by its own enzymes and after lysis the free silica is released to be ingested by other macrophages thus continuing initiate collagen formation in the lung tissue producing the characteristic nodule found in classical (chronic) silicosis. Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern. Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract
Skin Contact	The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to 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.
Chronic	Harmful: danger of serious damage to health by prolonged exposure through inhalation. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity tests. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung. The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis.

Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure. Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking. Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more. The nodules isolate the inhaled silica particles and protect the surrounding normal and
functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the
regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and
peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m3 (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.
Some studies show excess numbers of cases of schleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers NOTE: Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such
 surveillance should emphasise demography, occupational and medical history and health advice standardised respiratory function tests such as FEV1, FVC and FEV1/FVC
 standardised respiratory function tests such as FV1, FVC and FEV1/FVC chest X-ray, full size PA view records of personal exposure
Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity, chest infections 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 (exertional dyspnea), 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. Other signs or symptoms include altered breath or exertion decreases and weight loss are severed or the signs or symptoms include altered breath or exercise.
sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication. Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken Dust inhalation over an extended number of years may produce pneumoconiosis 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. Hazard relates to dust released by cutting, grinding, trimming or other shaping operations.

essastone	TOXICITY Not Available	IRRITATION Not Available
silica crystalline - quartz	TOXICITY Oral (Rat) LD50; 500 mg/kg ^[2]	IRRITATION Not Available
cristobalite	TOXICITY Not Available	IRRITATION Not Available

TOXICITY IRRITATION dermal (rat) LD50: >2000 mg/kg ^[1] Eye (rabbit): 100 mg/24h - moderate			
dermal (rat) LD50: >2000 mg/kg ^[1] Eye (rabbit): 100 mg/24h - moderate		ΤΟΧΙΟΙΤΥ	IRRITATION
		dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 100 mg/24h - moderate
styreneInhalation(Mouse) LC50; 9.5 mg/L4h ^[2] Eye (rabbit): 100 mg/24h - moderate	styrene	Inhalation(Mouse) LC50; 9.5 mg/L4h ^[2]	Eye (rabbit): 100 mg/24h - moderate
Oral (Mouse) LD50; 316 mg/kg ^[2] Skin (rabbit): 500 mg - mild		Oral (Mouse) LD50; 316 mg/kg ^[2]	Skin (rabbit): 500 mg - mild
Skin (rabbit): 500 mg - mild			Skin (rabbit): 500 mg - mild
Legend: 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	Legend:	, , ,	

CRISTOBALITE	Inhalation (human) TCLo: 16 mppcf*/8H/17.9y-I * Millions of particles per cubic foot		
STYRENE	The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. WARNING: This substance has been classified by the IARC as Group 2B: Possibly Carcinogenic to Humans.		
	TARANTO, This substance has been classified by the FARC as Group 2D. I ossibly Calcinogenic to Humans.		
SILICA CRYSTALLINE - QUARTZ & CRISTOBALITE	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS		
	The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<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. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.		
	Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.		
	* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).		
	NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.		

Acute Toxicity	×	Carcinogenicity	×
Skin Irritation/Corrosion	×	Reproductivity	×
Serious Eye Damage/Irritation	×	STOT - Single Exposure	×
Respiratory or Skin sensitisation	×	STOT - Repeated Exposure	×
Mutagenicity	×	Aspiration Hazard	×
	Le	gend: 🛛 🗙 – Data either not ava	ilable or does not fill the criteria for classification

X – Data either not available or does not fill the criteria for classification Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
essastone	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
silica crystalline - quartz	Not Available	Not Available	Not Available	Not Available	Not Available
cristobalite	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
styrene	NOEC(ECx)	96h	Algae or other aquatic plants	0.063mg/l	1
	LC50	96h	Fish	4.02mg/l	2
	EC50	72h	Algae or other aquatic plants	1.4mg/l	1
	EC50	48h	Crustacea	4.7mg/l	1

	I.				
	EC50	96h	Algae or other aquatic plants	0.72mg/l	1
Legend:	4. US EPA, Eco	,	egistered Substances - Ecotoxicological Infor TOC Aquatic Hazard Assessment Data 6. N Data 8. Vendor Data		tic Toxicity

For silica:

The literature on the fate of silica in the environment concerns dissolved silica in the aquatic environment, irrespective of its origin (man-made or natural), or structure (crystalline or amorphous). Indeed, once released and dissolved into the environment no distinction can be made between the initial forms of silica. At normal environmental pH, dissolved silica exists exclusively as monosilicic acid [Si(OH)4]. At pH 9.4 the solubility of amorphous silica is about 120 mg SiO2/I. Quartz has a solubility of only 6 mg/l, but its rate of dissolution is so slow at ordinary temperature and pressure that the solubility of amorphous silica represents the upper limit of dissolved silica concentration in natural waters. Moreover, silicic acid is the bioavailable form for aquatic organisms and it plays an important role in the biogeochemical cycle of Si, particularly in the oceans.

In the oceans, the transfer of dissolved silica from the marine hydrosphere to the biosphere initiates the global biological silicon cycle. Marine organisms such as diatoms, silicoflagellates and radiolarians build up their skeletons by taking up silicic acid from seawater. After these organisms die, the biogenic silica accumulated in them partly dissolves. The portion of the biogenic silica that does not dissolve settles and ultimately reaches the sediment. The transformation of opal (amorphous biogenic silica) deposits in sediments through diagenetic processes allows silica to re-enter the geological cycle. Silica is labile between the water and sediment interface.

Ecotoxicity:

Fish LC50 (96 h): Brachydanio rerio >10000 mg/l; zebra fish >10000 mg/l

Daphnia magna EC50 (24 h): >1000 mg/l; LC50 924 h): >10000 mg/l

Metal-containing inorganic substances generally have negligible vapour pressure and are not expected to partition to air. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. Environmental processes (such as oxidation and the presence of acids or bases) may transform insoluble metals to more soluble ionic forms. Microbiological processes may also transform insoluble metals to more soluble forms. Such ionic species may bind to dissolved ligands or sorb to solid particles in aquatic or aqueous media. A significant proportion of dissolved/ sorbed metals will end up in sediments through the settling of suspended particles. The remaining metal ions can then be taken up by aquatic organisms.

When released to dry soil most metals will exhibit limited mobility and remain in the upper layer; some will leach locally into ground water and/ or surface water ecosystems when soaked by rain or melt ice. Environmental processes may also be important in changing solubilities.

Even though many metals show few toxic effects at physiological pHs, transformation may introduce new or magnified effects.

A metal ion is considered infinitely persistent because it cannot degrade further.

The current state of science does not allow for an unambiguous interpretation of various measures of bioaccumulation.

The counter-ion may also create health and environmental concerns once isolated from the metal. Under normal physiological conditions the counter-ion may be essentially insoluble and may not be bioavailable.

Environmental processes may enhance bioavailability.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
styrene	HIGH (Half-life = 210 days)	LOW (Half-life = 0.3 days)

Bioaccumulative potential

Ingredient	Bioaccumulation
styrene	LOW (BCF = 77)

Mobility in soil

Ingredient	Mobility
styrene	LOW (KOC = 517.8)

SECTION 13 Disposal considerations

Waste treatment methods

DO NOT allow wash water from cleaning or process equipment to enter drains.
It may be necessary to collect all wash water for treatment before disposal.
In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
Where in doubt contact the responsible authority.
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 land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or Incineration in a licensed executive (after a desirture with switchle executive)
 licensed apparatus (after admixture with suitable combustible material) Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

SECTION 14 Transport information

Labels Required

•	
Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

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

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
silica crystalline - quartz	Not Available
cristobalite	Not Available
styrene	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
silica crystalline - quartz	Not Available
cristobalite	Not Available
styrene	Not Available

SECTION 15 Regulatory information

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

silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous	Chemical Footprint Project - Chemicals of High Concern List	
Chemicals	International Agency for Research on Cancer (IARC) - Agents Classified by	
Australia Model Work Health and Safety Regulations - Hazardous chemicals	the IARC Monographs	
(other than lead) requiring health monitoring	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans	
Australian Inventory of Industrial Chemicals (AIIC)		
cristobalite is found on the following regulatory lists		
Australia Hazardous Chemical Information System (HCIS) - Hazardous	Chemical Footprint Project - Chemicals of High Concern List	
Chemicals	International WHO List of Proposed Occupational Exposure Limit (OEL)	
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring	Values for Manufactured Nanomaterials (MNMS)	
Australian Inventory of Industrial Chemicals (AIIC)		
Australian Inventory of Industrial Orienticals (Allo)		
styrene is found on the following regulatory lists		
Australia Hazardous Chemical Information System (HCIS) - Hazardous	Chemical Footprint Project - Chemicals of High Concern List	
Chemicals	International Agency for Research on Cancer (IARC) - Agents Classified by	
Australia Standard for the Uniform Scheduling of Medicines and Poisons	the IARC Monographs	
(SUSMP) - Schedule 5	International Agency for Research on Cancer (IARC) - Agents Classified by	
Australian Inventory of Industrial Chemicals (AIIC)	the IARC Monographs - Group 2A: Probably carcinogenic to humans	

National Inventory Status

Status	
Yes	
5	
No (silica crystalline - quartz; cristobalite; styrene)	
Yes	

Netional Incontant	Clature
National Inventory	Status
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	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. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	01/11/2019
Initial Date	01/11/2009

SDS Version Summary

Version	Date of Update	Sections Updated
10.1	05/07/2016	Acute Health (inhaled)
11.1	01/11/2019	One-off system update. NOTE: This may or may not change the GHS classification

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. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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 ES: Exposure Standard 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 AIIC: Australian Inventory of Industrial Chemicals **DSL:** Domestic Substances List NDSL: Non-Domestic Substances List IECSC: Inventory of Existing Chemical Substance in China EINECS: European INventory of Existing Commercial chemical Substances ELINCS: European List of Notified Chemical Substances NLP: No-Longer Polymers ENCS: Existing and New Chemical Substances Inventory KECI: Korea Existing Chemicals Inventory

NZIOC: New Zealand Inventory of Chemicals PICCS: Philippine Inventory of Chemicals and Chemical Substances TSCA: Toxic Substances Control Act TCSI: Taiwan Chemical Substance Inventory INSQ: Inventario Nacional de Sustancias Químicas NCI: National Chemical Inventory FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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