Dunlop Fine Coat Render

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME
Dunlop Fine Coat Render

STATEMENT OF HAZARDOUS NATURE
Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Not regulated for transport of Dangerous Goods.

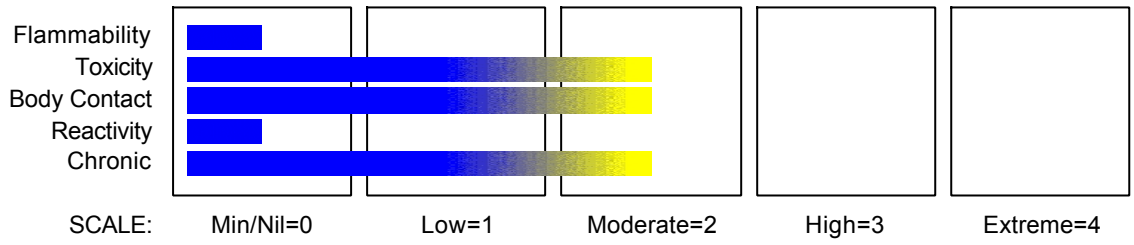
OTHER NAMES
"Premium Smooth finish wall render"

PRODUCT USE
For rendering and smoothing brickwork, concrete surfaces.

SUPPLIER
Company: Ardex NZ Pty Ltd
Address:
32 Lane Street
Woolston
Christchurch,
New Zealand
Telephone: +64 3384 3029
Emergency Tel:**1800 222 841 (General Information**
Fax: +64 3384 9779

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS



GHS Classification
Eye Irritation Category 2A
Respiratory Sensitizer Category 1
Skin Corrosion/Irritation Category 2
Skin Sensitizer Category 1

continued...

EMERGENCY OVERVIEW

HAZARD
DANGER

Determined by Chemwatch using GHS/HSNO criteria
6.3A, 6.4A, 6.5A, 6.5B.

HAZARD STATEMENTS

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H334	May cause allergy or asthma symptoms or breathing difficulties if inhaled.

PRECAUTIONARY STATEMENTS

Prevention

Code	Phrase
P261	Avoid breathing dust/fume/gas/mist/vapours/spray.
P264	Wash ... thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.
P280	Wear protective gloves/protective clothing/eye protection/face protection.
P285	In case of inadequate ventilation wear respiratory protection.

Response

Code	Phrase
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P304+P341	IF INHALED: If breathing is difficult, remove victim to fresh air and keep at rest in a position 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.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: Get medical advice/attention.
P342+P311	If experiencing respiratory symptoms: Call a POISON CENTER or doctor/physician.
P362	Take off contaminated clothing and wash before re- use.
P363	Wash contaminated clothing before reuse.

Disposal

Code	Phrase
P501	Dispose of contents/container to ...

continued...

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
portland cement	65997-15-1	30-60
graded sand	14808-60-7.	30-60
lightweight aggregates		10-30
acrylic copolymer		5-20
other nonhazardous ingredients		10-40

Section 4 - FIRST AID MEASURES

NEW ZEALAND POISONS INFORMATION CENTRE 0800 POISON (0800 764 766)
NZ EMERGENCY SERVICES: 111

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.
- 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.

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NOTES TO PHYSICIAN
Treat symptomatically.

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 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
• Non combustible.
• Not considered a significant fire risk, however containers may burn, silicon dioxide (SiO2).
Decomposes on heating and produces toxic fumes of:

FIRE INCOMPATIBILITY
■ None known.

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS
• Clean up all spills immediately.
• Avoid contact with skin and eyes.
• Wear impervious gloves and safety goggles.
• Trowel up/scrape up.
• Place spilled material in clean, dry, sealed container.
• Flush spill area with water.

MAJOR SPILLS
• Clear area of personnel and move upwind.
• Alert Fire Brigade and tell them location and nature of hazard.
• Wear breathing apparatus plus protective gloves.
• Prevent, by any means available, spillage from entering drains or water course.
• Stop leak if safe to do so.
• Contain spill with sand, earth or vermiculite.
• Collect recoverable product into labelled containers for recycling.
• Neutralise/decontaminate residue (see Section 13 for specific agent).
• Collect solid residues and seal in labelled drums for disposal.
• Wash area and prevent runoff into drains.
• After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.

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• If contamination of drains or waterways occurs, advise emergency services.

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 storage and handling recommendations contained within this MSDS.
• Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

• Polyethylene or polypropylene container.
• Packing as recommended by manufacturer.
• Check all containers are clearly labelled and free from leaks.

STORAGE INCOMPATIBILITY

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

STORAGE REQUIREMENTS

• 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 MSDS.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS

+	X	+	X	X	+

+: May be stored together
O: May be stored together with specific preventions
X: Must not be stored together

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m³	STEL ppm	STEL mg/m³	Peak ppm	Peak mg/m³	TWA F/CC	Notes
New Zealand Workplace Exposure Standards (WES)	portland cement (Portland cement)		10						(a)The value for inhalable dust containing no asbestos and less than 1% free silica.
New Zealand Workplace Exposure Standards (WES)	graded sand (Silica-Crystalline Quartz)		0.2 Respirable dust						2011 correction; Confirmed carcinogen

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
portland cement|13763	5,000	
graded sand|85014	50	

MATERIAL DATA

DUNLOP FINE COAT RENDER:

Not available

PORTLAND CEMENT:

for calcium silicate:

containing no asbestos and <1% crystalline silica

ES TWA: 10 mg/m3 inspirable dust

TLV TWA: 10 mg/m3 total dust (synthetic nonfibrous) A4

Although in vitro studies indicate that calcium silicate is more toxic than substances described as "nuisance dusts" is thought that adverse health effects which might occur following exposure to 10-20 mg/m3 are likely to be minimal. The TLV-TWA is thought to be protective against the physical risk of eye and upper respiratory tract irritation in workers and to prevent interference with vision and deposition of particulate in the eyes, ears, nose and mouth.

For calcium oxide:

The TLV-TWA is thought to be protective against undue irritation and is analogous to that recommended for sodium hydroxide.

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 µm (+-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+-) 0.1 µm, i.e..generally less than 5 µm.

NOTE: This substance has been classified by the ACGIH as A4 NOT classifiable as causing Cancer in humans.

Portland cement is considered to be a nuisance dust that does not cause fibrosis and has little potential to induce adverse effects on the lung.

GRADED SAND:

NOTE: This product contains negligible amount of respirable dust.

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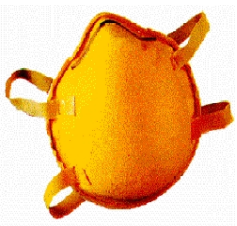
PERSONAL PROTECTION

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], [AS/NZS 1336 or national equivalent].

HANDS/FEET
- Wear chemical protective gloves, e.g. PVC.
- Wear safety footwear or safety gumboots, e.g. Rubber.

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

RESPIRATOR
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
■ 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.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

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.

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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
Off-white creamy paste; does not mix with water.

PHYSICAL PROPERTIES
Does not mix with water.

State	Non Slump Paste	Molecular Weight	Not Applicable
Melting Range (°C)	Not Available	Viscosity	Not Available
Boiling Range (°C)	Not Available	Solubility in water (g/L)	Immiscible
Flash Point (°C)	Not Available	pH (1% solution)	Not Available
Decomposition Temp (°C)	Not Available	pH (as supplied)	Not Available
Autoignition Temp (°C)	Not Available	Vapour Pressure (kPa)	Not Available
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	Not Available
Lower Explosive Limit (%)	Not Available	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Available

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY
■ Product is considered stable and hazardous polymerisation will not occur.
For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

Health hazard summary table:

Acute toxicity	Not applicable
Skin corrosion/irritation	Skin Irrit. 2
Serious eye damage/irritation	Eye Irrit. 2A
Respiratory or skin sensitization	Resp. Sens. 1 Skin Sens. 1
Germ cell mutagenicity	Not applicable
Carcinogenicity	Not applicable
Reproductive toxicity	Not applicable
STOT- single exposure	Not applicable
STOT- repeated exposure	Not applicable
Aspiration hazard	Not applicable

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

continued...

SWALLOWED
■ Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract.

EYE
■ This material can cause eye irritation and damage in some persons.

SKIN
■ This material can cause inflammation of the skin oncontact in some persons.
■ 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.
■ 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 vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.
■ Effects on lungs are significantly enhanced in the presence of respirableparticles.

CHRONIC HEALTH EFFECTS
■ There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population.
■ There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.
Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.
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. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.
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. Soluble chromates readily penetrate intact skin. Cement dermatitis can be characterised by fissures, eczematous rash, dystrophic nails, and dry skin; acute contact with highly alkaline mixtures may cause localised necrosis.
Cement eczema may be due to chromium in feed stocks or contamination from materials of construction used in processing the cement. Sensitisation to chromium may be the leading cause of nickel and cobalt sensitivity and the high alkalinity of cement is an important factor in cement dermatoses [ILO].
Repeated, prolonged severe inhalation exposure may cause pulmonary oedema and rarely, pulmonary fibrosis. Workers may also suffer from dust-induced bronchitis with chronic bronchitis reported in 17% of a group occupationally exposed to high dust levels.
Respiratory symptoms and ventilatory function were studied in a group of 591 male Portland cement workers employed in four Taiwanese cement plants, with at least 5 years of exposure (1). This group had a significantly lowered mean forced vital capacity (FCV), forced expiratory volume at 1 s (FEV1) and forced expiratory flows after exhalation of 50% and 75% of the vital capacity (FEF50, FEF75). The data suggests that occupational exposure to Portland cement dust may lead to a higher incidence of chronic respiratory symptoms and a reduction of ventilatory capacity.
Chun-Yuh et al; Journal of Toxicology and Environmental Health 49: 581-588, 1996.
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

continued...

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 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.

TOXICITY AND IRRITATION
■ unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

DUNLOP FINE COAT RENDER:
■ Not available. Refer to individual constituents.

PORTLAND CEMENT:
■ Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

GRADED SAND:
■ No data of toxicological significance identified in literature search.

CARCINOGEN

graded sand	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	1

Section 12 - ECOLOGICAL INFORMATION

PORTLAND CEMENT:
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. Environmental processes may enhance bioavailability and may also be important in changing solubilities.
Aquatic/Terrestrial Fate: 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. A metal ion is considered infinitely persistent because it cannot degrade further. Once released to surface waters and moist soils their fate depends on solubility and dissociation in water. 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. Ionic species may bind to dissolved ligands or sorb to solid particles in water.
Ecotoxicity: Even though many metals show few toxic effects at physiological pH levels, transformation may introduce new or magnified effects.
DO NOT discharge into sewer or waterways.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
portland cement	No Data Available	No Data Available	No Data Available	No Data Available
graded sand	No Data Available	No Data Available	No Data Available	No Data Available

Section 13 - DISPOSAL CONSIDERATIONS

- 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 or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

Insure that the disposal of material is carried out in accordance with Hazardous Substances (Disposal) Regulations 2001.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM:
None

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

continued...

Section 15 - REGULATORY INFORMATION

EPA Approval number
This substance is to be managed in accordance with the classification and controls specified in the Hazardous Substances Transfer Notice, 2004, (see table below). This substance may alternatively be managed under the conditions imposed by an applicable Group Standard.

HSR No.	HSR Name
HSR002503	Additives, Process Chemicals and Raw Materials (Subsidiary Hazard) Group Standard 2006
HSR002519	Aerosols (Subsidiary Hazard) Group Standard 2006
HSR002521	Animal Nutritional and Animal Care Products Group Standard 2006
HSR002530	Cleaning Products (Subsidiary Hazard) Group Standard 2006
HSR002535	Compressed Gas Mixtures (Subsidiary Hazard) Group Standard 2006
HSR002544	Construction Products (Subsidiary Hazard) Group Standard 2006
HSR002549	Corrosion Inhibitors (Subsidiary Hazard) Group Standard 2006
HSR002552	Cosmetic Products Group Standard 2006
HSR002558	Dental Products (Subsidiary Hazard) Group Standard 2006
HSR002565	Embalming Products (Subsidiary Hazard) Group Standard 2006
HSR002571	Fertilisers (Subsidiary Hazard) Group Standard 2006
HSR002573	Fire Fighting Chemicals Group Standard 2006
HSR002578	Food Additives and Fragrance Materials (Subsidiary Hazard) Group Standard 2006
HSR002585	Fuel Additives (Subsidiary Hazard) Group Standard 2006
HSR002647	Reagent Kits Group Standard 2006
HSR002612	Metal Industry Products (Subsidiary Hazard) Group Standard 2006
HSR002638	Photographic Chemicals (Subsidiary Hazard) Group Standard 2006
HSR002644	Polymers (Subsidiary Hazard) Group Standard 2006
HSR002648	Refining Catalysts Group Standard 2006
HSR002653	Solvents (Subsidiary Hazard) Group Standard 2006
HSR002670	Surface Coatings and Colourants (Subsidiary Hazard) Group Standard 2006
HSR002684	Water Treatment Chemicals (Subsidiary Hazard) Group Standard 2006
HSR100425	Pharmaceutical Active Ingredients Group Standard 2010
HSR002600	Leather and Textile Products (Subsidiary Hazard) Group Standard 2006
HSR002606	Lubricants, Lubricant Additives, Coolants and Anti- freeze Agents (Subsidiary Hazard) Group Standard 2006

REGULATIONS

Regulations for ingredients

portland cement (CAS: 65997-15-1) is found on the following regulatory lists;
"New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "OECD List of High Production Volume (HPV) Chemicals"

graded sand (CAS: 14808-60-7) is found on the following regulatory lists;
"FisherTransport Information", "International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs", "International Fragrance Association (IFRA) Survey: Transparency List", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Chemicals (single components)", "New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals", "New Zealand Hazardous Substances and

continued...

New Organisms (HSNO) Act - Classification of Chemicals - Classification Data", "New Zealand Inventory of Chemicals (NZIoC)", "New Zealand Workplace Exposure Standards (WES)", "OECD List of High Production Volume (HPV) Chemicals", "United Nations Consolidated List of Products Whose Consumption and/or Sale Have Been Banned, Withdrawn, Severely Restricted or Not Approved by Governments"

No data for Dunlop Fine Coat Render (CW: 25-8987)

Specific advice on controls required for materials used in New Zealand can be found at www.epa.govt.nz/search-databases/Pages/controls-search.aspx

Section 16 - OTHER INFORMATION

NEW ZEALAND POISONS INFORMATION CENTRE
0800 POISON (0800 764 766)
NZ EMERGENCY SERVICES: 111
■ 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.
A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

■ The (M)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.

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