Mandala Art

Chemwatch Hazard Alert Code: 3 Chemwatch: 5510-90 Issue Date: 09/11/2021 Version No: 2.1 Print Date: 09/11/2021 Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements S.GHS.AUS.EN

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

Product Identifier

Product name	Mandala Art Super Fine White Mosaic Grout
Chemical Name	Not Applicable
Synonyms	PGWH500g PGWH5KG
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	For grouting. Use according to manufacturer's directions.
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Details of the supplier of the safety data sheet

Registered company name	Mandala Art
Address	Factory 8, 50-52 Malvern Street Bayswater VIC 3153 Australia
Telephone	+61 3 9729 0248
Fax	+61 3 9720 1431
Website	www.mandalaart.com.au
Email	art@mandalaart.com.au

Emergency telephone number

Emergency telephone number	
Association / Organisation	Poisons Information Centre
Emergency telephone numbers	13 1126
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

Poisons Schedule	Not Applicable
Classification ^[1]	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chernwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	

Signal word Danger

Hazard statement(s)

H315	Causes skin irritation.
H318	Causes serious eye damage.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

P260	Do not breathe dust/fume.	
P280	Wear protective gloves, protective clothing, eye protection and face protection.	
P264	Wash all exposed external body areas thoroughly after handling.	

Precautionary statement(s) Response

P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P310	Immediately call a POISON CENTER/doctor/physician/first aider.
P302+P352	IF ON SKIN: Wash with plenty of water and soap.
P332+P313	If skin irritation occurs: Get medical advice/attention.
P362+P364	Take off contaminated clothing and wash it before reuse.

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

P501 Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1327-39-5	30-60	calcium aluminosilicate
14808-60-7	30-60	silica crystalline - quartz
471-34-1	10-<20	calcium carbonate
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measure	es
Eye Contact	 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 Contact	 If skin contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation.
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, without delay.
Ingestion	 Give a slurry of activated charcoal in water to drink. NEVER GIVE AN UNCONSCIOUS PATIENT WATER TO DRINK. At least 3 tablespoons in a glass of water should be given. Although induction of vomiting may be recommended (IN CONSCIOUS PERSONS ONLY), such a first aid measure is dissuaded due to the risk of aspiration of stomach contents. (i) It is better to take the patient to a doctor who can decide on the necessity and method of emptying the stomach. (ii) Special circumstances may however exist; these include non-availability of charcoal and the ready availability of the doctor. NOTE: If vomiting is induced, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear protective gloves when inducing vomiting. REFER FOR MEDICAL ATTENTION WITHOUT DELAY. In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. (ICSC20305/20307)

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.
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Advice for firefighters	
Fire Fighting	 When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. 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	Under certain conditions the material may become combustible because of the ease of ignition which occurs after the material reaches a high specific area ratio (thin sections, fine particles, or molten states). However, the same material in massive solid form is comparatively difficult to ignite. Nearly all metals will burn in air under certain conditions. Some are oxidised rapidly in the presence of air or moisture, generating sufficient heat to reach their ignition temperatures. Others oxidise so slowly that heat generated during oxidation is dissipated before the metal becomes hot enough to ignite. Particle size, shape, quantity, and alloy are important factors to be considered when evaluating metal combustibility. Combustibility of metallic alloys may differ and vary widely from the combustibility characteristics of the alloys' constituent elements. Decomposition may produce toxic fumes of: silicon dioxide (SiO2) metal oxides May emit poisonous fumes. May emit poisonous fumes.
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	 Clean up waste regularly and abnormal spills immediately. Avoid breathing dust and contact with skin and eyes. Wear protective clothing, gloves, safety glasses and dust respirator. Use dry clean up procedures and avoid generating dust. Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). Dampen with water to prevent dusting before sweeping. Place in suitable containers for disposal.
Major Spills	 Clear area of personnel and move upwind. Alert Fire Brigade and tell them location and nature of hazard. Wear full body protective clothing with breathing apparatus. Prevent, by all means available, spillage from entering drains or water courses. Consider evacuation (or protect in place). No smoking, naked lights or ignition sources. Increase ventilation. Stop leak if safe to do so. Water spray or fog may be used to disperse / absorb vapour. Contain or absorb spill with sand, earth or vermiculite. Collect recoverable product into labelled containers for recycling. Collect 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. If contamination of drains or waterways occurs, advise emergency services.

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

SECTION 7 Handling and storage

Precautions for safe handling	
Safe 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 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 area protected from environmental extremes. 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. For major quantities: Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams). Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.
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Conditions for safe storage, including any incompatibilities

Suitable container	Tub. Polyethylene or polypropylene container. Packing as recommended by manufacturer. Check all containers are clearly labelled and free from leaks.
Storage incompatibility	 Inorganic alkaline earth metal derivative. Derivative of very electropositive metal. Calcium carbonate: is incompatible with acids, ammonium salts, fluorine, germanium, lead diacetate, magnesium, mercurous chloride, silicon, silver nitrate, titanium. Contact with acid generates carbon dioxide gas, which may pressurise and then rupture closed containers Silicas: react with hydrofluoric acid to produce silicon tetrafluoride gas react with xenon hexafluoride to produce explosive xenon trioxide reacts exothermically with oxygen diffuoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds may react with fluorine, chlorates are incompatible with strong oxidisers, manganese trioxide, chlorine trifluoride, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate may react vigorously when heated with alkali carbonates. Metals and their oxides or salts may react violently with chlorine trifluoride and bromine trifluoride. These trifluorides are hypergolic oxidisers. They ignite on contact (without external source of heat or ignition) with recognised fuels - contact with these materials, following an ambient or slightly elevated temperature, is often violent and may produce ignition. The state of subdivision may affect the results. Avoid reaction with oxidising agents, bases and strong reducing agents. Avoid strong acids, acid chlorides, acid anhydrides and chloroformates.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA	
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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	calcium carbonate	Calcium carbonate	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.

Emergency Limits

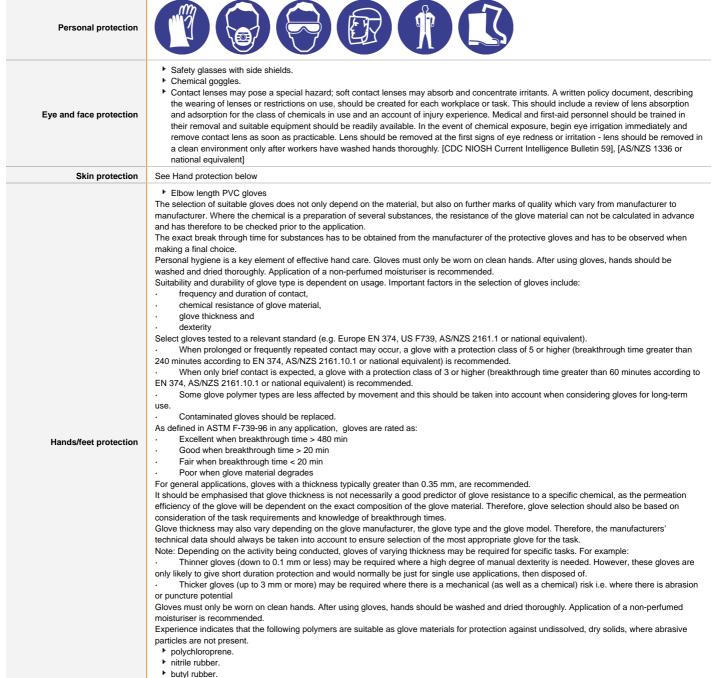
Ingredient	TEEL-1	TEEL-2		TEEL-3	
silica crystalline - quartz	0.075 mg/m3	33 mg/m3		200 mg/m3	
calcium carbonate	45 mg/m3	210 mg/m3		1,300 mg/m3	
Ingredient	Original IDLH	Original IDLH		Revised IDLH	
calcium aluminosilicate	Not Available		Not Avai	Not Available	
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	25 mg/m3 / 50 mg/m3		Not Available	
calcium carbonate	Not Available	Not Available		Not Available	

Exposure controls

	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level. 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 ve "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed propriventilation 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.	I of protection.
Appropriate engineering controls	Local exhaust ventilation usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essenti protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adec An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace posses velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the con-	uate protection. ss varying "escape"
	Type of Contaminant:	Air Speed:

aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)				
direct spray, spray painting in shallow booths, drum filling, generation into zone of rapid air motion)	conveyer loading, crusher dusts, gas discharge (active	1-2.5 m/s (200- f/min.)		
grinding, abrasive blasting, tumbling, high speed wheel ger very high rapid air motion).	nerated dusts (released at high initial velocity into zone of	2.5-10 m/s (500-2000 f/min		
Within each range the appropriate value depends on:				
Lower end of the range	Upper end of the range			
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents			
1. Room an currents minimal of lavourable to capture				
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity			
· · · · · · · · · · · · · · · · · · ·	2: Contaminants of high toxicity3: High production, heavy use			

more when extraction systems are installed or used.



fluorocaoutchouc.

	 polyvinyl chloride. Gloves should be examined for wear and/ or degradation constantly.
Body protection	See Other protection below
Other protection	 Overalls. P.V.C apron. Barrier cream. Skin cleansing cream. Eye wash unit.

Respiratory protection

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

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

* - Negative pressure demand ** - Continuous flow

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

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

- Use respirators with protection factors appropriate for the exposure level.
- Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).

Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.

Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection
program.

Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)

· Use approved positive flow mask if significant quantities of dust becomes airborne.

Try to avoid creating dust conditions.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.

- · Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	White powder; insoluble in water.		
Physical state	Divided 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 Available	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	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
Vapour pressure (kPa)	Not Available	Gas group	Not Available

Solubility in water	Immiscible	pH as a solution (%)	Not Available
Vapour density (Air = 1)	Not Available	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	There is strong evidence to suggest that this material can cause, if inhaled once, very serious, irreversible damage of organs. The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of d or fumes, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress. Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lac co-ordination, and vertigo. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual. Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disal if excessive concentrations of particulate are inhaled. If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures. Effects on lungs are significantly enhanced in the presence of respirable particles.	
Ingestion	There is strong evidence to suggest that this material can cause, i Compared with other metals, the calcium ion and most calcium co when calcium compounds are taken in high doses over a long per Excessive consumption of calcium carbonate antacids or pills ove calcium and potentially fatal kidney failure. Excessive calcium supplementation can be detrimental to cardiova	if swallowed once, very serious, irreversible damage of organs. ompounds have low toxicity. Acute calcium poisoning is rare, and occurs only riod, or given through a vein. r a period of weeks or months can cause milk-alkali syndrome, with high blood ascular health, especially in men. tion of thyroxine, when taken within 4-6 hours of each other. This may lead to n.
Skin Contact	This material can cause inflammation of the skin on contact in some persons. There is strong evidence to suggest that this material, on a single contact with skin, can cause very serious, irreversible damage of organs. The material may accentuate any pre-existing dermatitis condition Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.	
Eye	If applied to the eyes, this material causes severe eye damage.	
Eye	Strong evidence exists that this substance may cause irreversible There is sufficient evidence to suggest that this material directly cc Toxic: danger of serious damage to health by prolonged exposure This material can cause serious damage if one is exposed to it for produce severe defects. Substance accumulation, in the human body, may occur and may Pure calcium carbonate does not cause the disease pneumoconic particulates can infect the lung and airway to cause inflammation. Crystalline silicas activate the inflammatory response of white bloc silicas reduces lung capacity and predisposes to chest infections. High blood concentrations of calcium ion may give rise to dilation of fainting (syncope). Calcium ions enhance the effects of digitalis or the absorption of tetracyclines. In newborns, giving calcium during Overexposure to the breathable dust may cause coughing, wheez include decreased vital lung capacity and chest infections. Repeat a condition known as pneumoconiosis, which is the lodgement of As the disease progresses, the cough produces stringy phlegm, vi Other signs or symptoms include changed breath sounds, reducer the lung cavity). Removing workers from the possibility of further exposure to dust for worker exposure, examinations at regular period with emphasia	auses cancer in humans. through inhalation, in contact with skin and if swallowed. I ong periods. It can be assumed that it contains a substance which can cause some concern following repeated or long-term occupational exposure. biss probably due to its rapid elimination from the body. However, its unsterilised od cells after they injure the lung epithelium. Chronic exposure to crystalline of blood vessels and depress heart function, leading to low blood pressure and in the heart, and may precipitate digitalis poisoning. Calcium salts also reduce g treatment has resulted in calcification of soft tissue. ting, difficulty in breathing and impaired lung function. Chronic symptoms may ted exposures in the workplace to high levels of fine-divided dusts may produc any inhaled dusts in the lung, irrespective of the effect. This is particularly true 1000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of of breath on exertion, increased chest expansion, weakness and weight loss. Ital capacity decreases further, and shortness of breath becomes more severe d oxygen uptake during exercise, emphysema and rarely, pneumothorax (air ir generally stops the progress of lung abnormalities. When there is high potentia s on lung function should be performed.
	Strong evidence exists that this substance may cause irreversible There is sufficient evidence to suggest that this material directly co Toxic: danger of serious damage to health by prolonged exposure This material can cause serious damage if one is exposed to it for produce severe defects. Substance accumulation, in the human body, may occur and may Pure calcium carbonate does not cause the disease pneumoconic particulates can infect the lung and airway to cause inflammation. Crystalline silicas activate the inflammatory response of white bloc silicas reduces lung capacity and predisposes to chest infections. High blood concentrations of calcium ion may give rise to dilation fainting (syncope). Calcium ions enhance the effects of digitalis or the absorption of tetracyclines. In newborns, giving calcium during Overexposure to the breathable dust may cause coughing, wheez include decreased vital lung capacity and chest infections. Repeat a condition known as pneumoconicsis, which is the lodgement of when a significant number of particles less than 0.5 microns (1/50 pneumoconiosis may include a progressive dry cough, shortness (As the disease progresses, the cough produces stringy phlegm, vi Other signs or symptoms include changed breath sounds, reducer the lung cavity). Removing workers from the possibility of further exposure to dust for worker exposure, examinations at regular period with emphasis Inhaling dust over an extended number of years may cause pneur	auses cancer in humans. through inhalation, in contact with skin and if swallowed. I ong periods. It can be assumed that it contains a substance which can cause some concern following repeated or long-term occupational exposure. biss probably due to its rapid elimination from the body. However, its unsterilised od cells after they injure the lung epithelium. Chronic exposure to crystalline of blood vessels and depress heart function, leading to low blood pressure and in the heart, and may precipitate digitalis poisoning. Calcium salts also reduce g treatment has resulted in calcification of soft tissue. ting, difficulty in breathing and impaired lung function. Chronic symptoms may ted exposures in the workplace to high levels of fine-divided dusts may produce any inhaled dusts in the lung, irrespective of the effect. This is particularly true 1000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of of breath on exertion, increased chest expansion, weakness and weight loss. ital capacity decreases further, and shortness of breath becomes more severe. d oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in generally stops the progress of lung abnormalities. When there is high potentia

Continued...

Mandala Art Super Fine White Mosaic Grout

	TOXICITY	IRRITATION	
calcium aluminosilicate	Not Available	Not Available	
	ΤΟΧΙΟΙΤΥ	IRRITATION	
silica crystalline - quartz	Oral(Rat) LD50; 500 mg/kg ^[2]	Not Available	
	тохісіту	IRRITATION	
	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): 0.7	5 mg/24h - SEVERE
calcium carbonate	Inhalation(Rat) LC50; >3 mg/l4h ^[1]	Eye: no adverse	effect observed (not irritating) ^[1]
	Oral(Rat) LD50; >2000 mg/kg ^[1]	Skin (rabbit): 50	0 mg/24h-moderate
		Skin: no adverse	e effect observed (not irritating) ^[1]
Legend:	1. Value obtained from Europe ECHA Registered Sub specified data extracted from RTECS - Register of Tox	-	ained from manufacturer's SDS. Unless otherwise
	No significant acute toxicological data identified in liter	ature search.	
	WARNING: For inhalation exposure <u>ONLY</u> : This subst		
	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.		
SILICA CRYSTALLINE - QUARTZ	the carcinogenicity of inhaled silica in the forms of qua disease. Intermittent exposure produces; focal fibrosis, (pneum * Millions of particles per cubic foot (based on impinge NOTE : the physical nature of quartz in the product de	rtz and cristobalite. Crystalline silica i oconiosis), cough, dyspnoea, liver tur r samples counted by light field techn stermines whether it is likely to preser	is also known to cause silicosis, a non-cancerous lur mours. niques).
	the carcinogenicity of inhaled silica in the forms of qua disease. Intermittent exposure produces; focal fibrosis, (pneum * Millions of particles per cubic foot (based on impinge NOTE : the physical nature of quartz in the product de	rtz and cristobalite. Crystalline silica i oconiosis), cough, dyspnoea, liver tur r samples counted by light field techn etermines whether it is likely to preser articles. of mutagenic or teratogenic effects. en years after exposure to the materi DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Oth ere bronchial hyperreactivity on meth (or asthma) following an irritating inh ritating substance. On the other hand ng substance (often particles) and is and mucus production. causing pronounced inflammation. Ref	is also known to cause silicosis, a non-cancerous lum mours. hiques). It a chronic health problem. To be a hazard the al ends. This may be due to a non-allergic condition o high levels of highly irritating compound. Main obic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The epeated or prolonged exposure to irritants may
QUARTZ	the carcinogenicity of inhaled silica in the forms of qua disease. Intermittent exposure produces; focal fibrosis, (pneum * Millions of particles per cubic foot (based on impinge NOTE : the physical nature of quartz in the product de material must enter the breathing zone as respirable p No evidence of carcinogenic properties. No evidence of Asthma-like symptoms may continue for months or evi- known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to servi lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the im- result of exposure due to high concentrations of irritatii disorder is characterized by difficulty breathing, cough The material may produce severe irritation to the eye of produce conjunctivitis. The material may cause skin irritation after prolonged	rtz and cristobalite. Crystalline silica i oconiosis), cough, dyspnoea, liver tur r samples counted by light field techn etermines whether it is likely to preser articles. of mutagenic or teratogenic effects. en years after exposure to the materi DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Oth ere bronchial hyperreactivity on meth (or asthma) following an irritating inh ritating substance. On the other hand ng substance (often particles) and is and mucus production. causing pronounced inflammation. Ref	is also known to cause silicosis, a non-cancerous lur mours. hiques). It a chronic health problem. To be a hazard the al ends. This may be due to a non-allergic condition o high levels of highly irritating compound. Main obic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversibl acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The epeated or prolonged exposure to irritants may
QUARTZ	the carcinogenicity of inhaled silica in the forms of quadisease. Intermittent exposure produces; focal fibrosis, (pneum * Millions of particles per cubic foot (based on impinge NOTE : the physical nature of quartz in the product de material must enter the breathing zone as respirable p No evidence of carcinogenic properties. No evidence of Asthma-like symptoms may continue for months or evi- known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of pl asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sevi- lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the im- result of exposure due to high concentrations of irritatii disorder is characterized by difficulty breathing, cough The material may couse skin irritation after prolonged vesicles, scaling and thickening of the skin.	rtz and cristobalite. Crystalline silica i oconiosis), cough, dyspnoea, liver tur r samples counted by light field techn termines whether it is likely to preser articles. of mutagenic or teratogenic effects. en years after exposure to the materi DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Ott ere bronchial hyperreactivity on meth (or asthma) following an irritating inh ritating substance. On the other hand ng substance (often particles) and is and mucus production. causing pronounced inflammation. Re or repeated exposure and may produ	is also known to cause silicosis, a non-cancerous lur mours. hiques). In a chronic health problem. To be a hazard the al ends. This may be due to a non-allergic condition o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversibl acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The epeated or prolonged exposure to irritants may tice on contact skin redness, swelling, the production
QUARTZ CALCIUM CARBONATE Acute Toxicity Skin Irritation/Corrosion	the carcinogenicity of inhaled silica in the forms of quadisease. Intermittent exposure produces; focal fibrosis, (pneum * Millions of particles per cubic foot (based on impinge NOTE : the physical nature of quartz in the product de material must enter the breathing zone as respirable p No evidence of carcinogenic properties. No evidence of Asthma-like symptoms may continue for months or evi- known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of pr asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to serve lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the in result of exposure due to high concentrations of irritatii disorder is characterized by difficulty breathing, cough The material may produce severe irritation to the eye of produce conjunctivitis. The material may cause skin irritation after prolonged vesicles, scaling and thickening of the skin.	rtz and cristobalite. Crystalline silica i oconiosis), cough, dyspnoea, liver tur r samples counted by light field techn termines whether it is likely to preser articles. of mutagenic or teratogenic effects. en years after exposure to the materi DS) which can occur after exposure to revious airways disease in a non-atog cumented exposure to the irritant. Oth ere bronchial hyperreactivity on meth (or asthma) following an irritating inh ritating substance. On the other hand ng substance (often particles) and is and mucus production. causing pronounced inflammation. Re or repeated exposure and may produ	is also known to cause silicosis, a non-cancerous lur mours. hiques). In a chronic health problem. To be a hazard the al ends. This may be due to a non-allergic condition o high levels of highly irritating compound. Main bic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversibl acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The epeated or prolonged exposure to irritants may use on contact skin redness, swelling, the production
QUARTZ CALCIUM CARBONATE Acute Toxicity	the carcinogenicity of inhaled silica in the forms of quadisease. Intermittent exposure produces; focal fibrosis, (pneum * Millions of particles per cubic foot (based on impinge NOTE : the physical nature of quartz in the product de material must enter the breathing zone as respirable p No evidence of carcinogenic properties. No evidence of Asthma-like symptoms may continue for months or evi- known as reactive airways dysfunction syndrome (RAI criteria for diagnosing RADS include the absence of pu- asthma-like symptoms within minutes to hours of a do airflow pattern on lung function tests, moderate to sevi- lymphocytic inflammation, without eosinophilia. RADS the concentration of and duration of exposure to the irr result of exposure due to high concentrations of irritatii disorder is characterized by difficulty breathing, cough The material may produce severe irritation to the eye of produce conjunctivitis. The material may cause skin irritation after prolonged vesicles, scaling and thickening of the skin.	rtz and cristobalite. Crystalline silica i oconiosis), cough, dyspnoea, liver tur r samples counted by light field techn etermines whether it is likely to preser articles. of mutagenic or teratogenic effects. en years after exposure to the materi DS) which can occur after exposure to revious airways disease in a non-atop cumented exposure to the irritant. Oth ere bronchial hyperreactivity on meth (or asthma) following an irritating inh itating substance. On the other hand ng substance (often particles) and is i and mucus production. causing pronounced inflammation. Re or repeated exposure and may produ Carcinogenicity Reproductivity	is also known to cause silicosis, a non-cancerous lum mours. hiques). In a chronic health problem. To be a hazard the al ends. This may be due to a non-allergic condition o high levels of highly irritating compound. Main obic individual, with sudden onset of persistent her criteria for diagnosis of RADS include a reversible acholine challenge testing, and the lack of minimal alation is an infrequent disorder with rates related to , industrial bronchitis is a disorder that occurs as a completely reversible after exposure ceases. The espeated or prolonged exposure to irritants may the on contact skin redness, swelling, the production

SECTION 12 Ecological information

	Endpoint	Test Duration (hr)	Species	Value	Source
Mandala Art Super Fine White Mosaic Grout	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
calcium aluminosilicate	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
	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	6h	Fish	4-320mg/l	4
calcium carbonate	EC50	72h	Algae or other aquatic plants	>14mg/l	2
	LC50	96h	Fish	>165200mg/L	4

EISION NO. 2.1	en
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Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

For Silica:

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

Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen. Silicon is not found free in nature, but occurs chiefly as the oxide and as silicates. Once released into the environment, no distinction can be made between the initial forms of silica.

Aquatic Fate: At normal environmental pH, dissolved silica exists exclusively as monosilicic acid. At pH 9.4, amorphous silica is highly soluble in water. Crystalline silica, in the form of quartz, has low solubility in water. Silicic acid plays an important role in the biological/geological/chemical cycle of silicon, especially in the ocean. Marine organisms such as diatoms, silicoflagellates and radiolarians use silicic acid in their skeletal structures and their skeletal remains leave silica in sea sediment

Ecotoxicity: Silicon is important to plant and animal life and is practically non-toxic to fish including zebrafish, and Daphnia magna water fleas.

for calcium chloride:

Environmental fate:

Calcium chlorides vapour pressure is negligible and its water solubility is 745 g/L at 20 deg C. Calcium chloride is readily dissociated into calcium and chloride ions in water. These physico-chemical properties indicate that calcium chloride released into the environment is distributed into the water compartment in the form of calcium and chloride ions. **Ecotoxicity:**

Fish LC50 (96 h): Pimephales promelas 4630 mg/l

Algae EC50 (72 h): Selenastrum capricornutum 2900 mg/l

Daphnia magna EC50 (48 h): 1062 mg/l

The chronic toxicity study with Daphnia magna shows that a 16% impairment of reproduction (EC16) is caused at the concentration of 320 mg/L. The 72-hour EC20 for Selenastrum capricornutum determined by the OECD TG 201 study is 1000 mg/L. All the data compiled on the acute and chronic toxicity are greater than 100 mg/L.

Calcium provides an important link between tectonics, climate and the carbon cycle. In the simplest terms, uplift of mountains exposes Ca-bearing rocks to chemical weathering and releases Ca2+ into surface water. This Ca2+ eventually is transported to the ocean where it reacts with dissolved CO2 to form limestone. Some of this limestone settles to the sea floor where it is incorporated into new rocks. Dissolved CO2, along with carbonate and bicarbonate ions, are referred to as dissolved inorganic carbon (DIC). 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.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air	
	No Data available for all ingredients	No Data available for all ingredients	
Bioaccumulative pote	ential		
Ingredient	Bioaccumulation		
	No Data available for all ingredients		
Mobility in soil			
Ingredient	Mobility		
	No Data available for all ingredients		

SECTION 13 Disposal considerations

Product / Packaging disposal	 Containers may still present a chemical hazard/ danger when empty. Return to supplier for reuse/ recycling if possible. Otherwise: If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. Where possible retain label warnings and SDS and observe all notices pertaining to the product. Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in the area. In some areas, certain wastes must be tracked. A Hierarchy of Controls seems to be common - the user should investigate: Reduction Reuse Recycling Disposal (if all else fails) This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted. 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 sever 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.
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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
calcium aluminosilicate	Not Available
silica crystalline - quartz	Not Available
calcium carbonate	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
calcium aluminosilicate	Not Available
silica crystalline - quartz	Not Available
calcium carbonate	Not Available

Monographs

Chemical Footprint Project - Chemicals of High Concern List

Monographs - Group 1: Carcinogenic to humans

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC

SECTION 15 Regulatory information

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

calcium aluminosilicate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring Australian Inventory of Industrial Chemicals (AIIC)

calcium carbonate is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory Status Australia - AIIC / Australia Yes Non-Industrial Use Canada - DSL Yes Canada - NDSL No (silica crystalline - quartz) China - IECSC Yes 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 No (calcium aluminosilicate) Vietnam - NCI Yes Russia - FBEPH No (calcium aluminosilicate) Yes = All CAS declared ingredients are on the inventory Legend: 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	09/11/2021
Initial Date	09/11/2021

Part Number:

Version No: 2.1

Mandala Art Super Fine White Mosaic Grout

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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