



DIATOMACEOUS EARTH, FLUX-CALCINED

Telford Industries

Chemwatch Hazard Alert Code: 3

Chemwatch: 21851

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Safety Data Sheet according to WHS and ADG requirements

L.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	DIATOMACEOUS EARTH, FLUX-CALCINED
Chemical Name	Celite
Synonyms	101568, Kieselguhr soda ash Flux Calcined, SiO ₂ , absorbent granules for spilled chemicals, calcined diatomite, celatom, celite, diatomite, flux-calcined diatomaceous earth, infusorial earth, kieselguhr, silica, silicon dioxide, tripolite
Chemical formula	SiO ₂
Other means of identification	Not Available
CAS number	68855-54-9

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

Relevant identified uses	Filtration, clarifying and decolourising of solutions; mild abrasive. Drilling mud thickener; anticaking agent in powders, fertilisers. Extender pigment in paints, paper coatings, rubber and plastics products. Ceramics, electrical and heat insulation; refractories: anticaking diluent, filler, filter aid, laboratory reagent.
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Details of the supplier of the safety data sheet

Registered company name	Telford Industries
Address	7 Valentine Street Kewdale WA 6105 Australia
Telephone	+61 8 9353 2053 1 800 835 115
Fax	+61 8 9 353 2054
Website	https://www.telfordindustries.com.au/
Email	info@telfordindustries.com.au

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	1 800 774 557
Other emergency telephone numbers	1 800 SPILLS

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification ^[1]	Carcinogenicity Category 1A, Specific target organ toxicity - repeated exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Continued...

GHS label elements



SIGNAL WORD

DANGER

Hazard statement(s)

H350	May cause cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe dust/fume/gas/mist/vapours/spray.
P281	Use personal protective equipment as required.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P314	Get medical advice/attention if you feel unwell.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

CAS No	%[weight]	Name
7631-86-9	>=60	<u>silica amorphous</u> converted by flux calcining to
14464-46-1	5-15	<u>crystalite</u>
14808-60-7	<3	<u>silica crystalline - quartz</u>
15468-32-3	NotSpec.	<u>tridymite</u>

Mixtures

See section above for composition of Substances

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ 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	<p>If skin or hair contact occurs:</p> <ul style="list-style-type: none"> ▶ Flush skin and hair with running water (and soap if available). ▶ Seek medical attention in event of irritation.
Inhalation	<ul style="list-style-type: none"> ▶ 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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	<ul style="list-style-type: none"> ▶ If dust is inhaled, remove from contaminated area. ▶ Encourage patient to blow nose to ensure clear breathing passages. ▶ Ask patient to rinse mouth with water but to not drink water. ▶ Seek immediate medical attention.
Ingestion	<ul style="list-style-type: none"> ▶ 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.
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ 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	<p>’ ’</p> <ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>Decomposition may produce toxic fumes of: silicon dioxide (SiO₂) metal oxides May emit poisonous fumes. May emit corrosive fumes.</p>
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	<ul style="list-style-type: none"> ▶ 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	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ 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.

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- ▶ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.
- ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<p>Silicas:</p> <ul style="list-style-type: none"> ▶ react with hydrofluoric acid to produce silicon tetrafluoride gas ▶ react with xenon hexafluoride to produce explosive xenon trioxide ▶ reacts exothermically with oxygen difluoride, 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 trioxide, 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 ignites 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.

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 amorphous	Silica - Amorphous: Precipitated silica / Silica - Amorphous: Silica gel / Precipitated silica / Silica gel	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Diatomaceous earth (uncalcined) / Diatomaceous earth (uncalcined)	10 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Fume (thermally generated) (respirable dust)	2 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica amorphous	Silica - Amorphous: Fumed silica (respirable dust) / Fumed silica (respirable dust)	2 mg/m3	Not Available	Not Available	Not Available

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Australia Exposure Standards	crystalobalite	Silica - Crystalline: Cristobalite (respirable dust) / Cristobalite (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust) / Quartz (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	tridymite	Silica - Crystalline: Tridymite (respirable dust) / Tridymite (respirable dust)	0.1 mg/m3	Not Available	Not Available	Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
silica amorphous	Silica gel, amorphous synthetic	18 mg/m3	200 mg/m3	1,200 mg/m3
silica amorphous	Silica, amorphous fumed	18 mg/m3	100 mg/m3	630 mg/m3
silica amorphous	Siloxanes and silicones, dimethyl, reaction products with silica; (Hydrophobic silicon dioxide, amorphous)	120 mg/m3	1,300 mg/m3	7,900 mg/m3
silica amorphous	Silica, amorphous fume	45 mg/m3	500 mg/m3	3,000 mg/m3
silica amorphous	Silica amorphous hydrated	18 mg/m3	220 mg/m3	1,300 mg/m3
crystalobalite	Cristobalite	0.075 mg/m3	33 mg/m3	200 mg/m3
silica crystalline - quartz	Silica, crystalline-quartz; (Silicon dioxide)	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
silica amorphous	N.E. mg/m3 / N.E. ppm	3,000 mg/m3
crystalobalite	N.E. mg/m3 / N.E. ppm	25 mg/m3
silica crystalline - quartz	N.E. mg/m3 / N.E. ppm	50 mg/m3
tridymite	N.E. mg/m3 / N.E. ppm	25 mg/m3

MATERIAL DATA

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 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

For amorphous crystalline silica (precipitated silicic acid):

Amorphous crystalline silica shows little potential for producing adverse effects on the lung and exposure standards should reflect a particulate of low intrinsic toxicity. Mixtures of amorphous silicas/ diatomaceous earth and crystalline silica should be monitored as if they comprise only the crystalline forms.

The dusts from precipitated silica and silica gel produce little adverse effect on pulmonary functions and are not known to produce significant disease or toxic effect.

IARC has classified silica, amorphous as Group 3: **NOT** classifiable as to its carcinogenicity to humans.

Evidence of carcinogenicity may be inadequate or limited in animal testing.

Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <ul style="list-style-type: none"> 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. <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <p>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.</p> <p>An approved self contained breathing apparatus (SCBA) may be required in some situations.</p>
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Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
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)	0.5-1 m/s (100-200 f/min.)
direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	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
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Personal protection



Eye and face protection

- ▶ Safety glasses with side shields.
- ▶ Chemical goggles.
- ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses 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]

Skin protection

See Hand protection below

Hands/feet protection

The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.

The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.

Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturizer is recommended.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.
- Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

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It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times. Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.

Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.
- Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- ▶ polychloroprene.
- ▶ nitrile rubber.
- ▶ butyl rubber.
- ▶ fluorocautchouc.
- ▶ polyvinyl chloride.

Gloves should be examined for wear and/ or degradation constantly.

Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C. apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.
Thermal hazards	Not Available

Respiratory protection

Type AX-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	AX P1 Air-line*	- -	AX PAPR-P1 -
up to 50 x ES	Air-line**	AX P2	AX PAPR-P2
up to 100 x ES	-	AX P3 Air-line*	-
100+ x ES	-	Air-line**	AX 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)

- ▶ Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- ▶ The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- ▶ Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
- ▶ Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	White (calcined) or pale pink (calcined) powder. Insoluble in water and acids. No odour. Soluble in strong alkalies and hydrogen fluoride. Absorbs up to 1.5-4 times its weight of water. Regarded as an insulator i.e. poor conductor of sound, heat, electricity. Highly heat resistant: Fusion temperature = 1590 deg. C. Contains an amount of more hazardous crystalline silica depending on time-temperature conditions during flux-calcining. Calcining at 760-1200 C. for 30 minutes may form
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cristobalite crystalline silica at levels of 15-60%. [MANUFACTURER]			
Physical state	Divided Solid	Relative density (Water = 1)	2.2-2.35
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)	1710 approx.	Viscosity (cSt)	Not Applicable
Initial boiling point and boiling range (°C)	2232	Molecular weight (g/mol)	Not available.
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)	< 1 as water
Vapour pressure (kPa)	Negligible	Gas group	Not Available
Solubility in water (g/L)	Immiscible	pH as a solution (1%)	Not Applicable
Vapour density (Air = 1)	Not Applicable	VOC g/L	Not Applicable

SECTION 10 STABILITY AND REACTIVITY

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ 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	<p>The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of dusts, or fumes, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.</p> <p>Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.</p> <p>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.</p> <p>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.</p> <p>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. 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</p>
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	<p>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 lysosomal 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.</p>
Ingestion	<p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
Skin Contact	<p>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. Irritation and skin reactions are possible with sensitive skin Open cuts, abraded or irritated skin should not be exposed to this material</p>
Eye	<p>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.</p>
Chronic	<p>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. On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans. Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.</p> <p>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. 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.</p> <p>Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers</p> <p>NOTE: Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such surveillance should emphasise</p> <ul style="list-style-type: none"> ▶ 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 <p>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</p>

DIATOMACEOUS EARTH, FLUX-CALCINED

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.

The synthetic, amorphous silicas are believed to represent a very greatly reduced silicosis hazard compared to crystalline silicas and are considered to be nuisance dusts.

When heated to high temperature and a long time, amorphous silica can produce crystalline silica on cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling pulmonary fibrosis that may take years to develop.

Discrepancies between various studies showing that fibrosis associated with chronic exposure to amorphous silica and those that do not may be explained by assuming that diatomaceous earth (a non-synthetic silica commonly used in industry) is either weakly fibrogenic or nonfibrogenic and that fibrosis is due to contamination by crystalline silica content

DIATOMACEOUS EARTH, FLUX-CALCINED	TOXICITY	IRRITATION
	Oral (rat) LD50: >2000 mg/kg ^[1]	Not Available
silica amorphous	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >2000 mg/kg ^[1]	Eye (rabbit): non-irritating *
	Inhalation (rat) LC50: >0.139 mg/l/14hr * ^[2]	Skin (rabbit): non-irritating *
	Oral (rat) LD50: 3160 mg/kg ^[2]	
cristobalite	TOXICITY	IRRITATION
	Not Available	Not Available
silica crystalline - quartz	TOXICITY	IRRITATION
	Not Available	Not Available
tridymite	TOXICITY	IRRITATION
	Not Available	Not Available
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	

SILICA AMORPHOUS	The substance is classified by IARC as Group 3: NOT classifiable as to its carcinogenicity to humans. Evidence of carcinogenicity may be inadequate or limited in animal testing. Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS]
CRISTOBALITE	Inhalation (human) TCLo: 16 mppcf*/8H/17.9y-I * Millions of particles per cubic foot
TRIDYMITE	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 2A: Probably Carcinogenic to Humans. 16 mppcf/8h/17.9y - I Human cell mutagen
DIATOMACEOUS EARTH, FLUX-CALCINED & SILICA AMORPHOUS	For silica amorphous: When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals. After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification. Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser. Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact.

DIATOMACEOUS EARTH, FLUX-CALCINED

Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure.

Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m³ to 150 mg/m³. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m³. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m³. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL.

Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected.

In humans, SAS is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin.

There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.

CRISTOBALITE & SILICA CRYSTALLINE - QUARTZ
WARNING: For inhalation exposure ONLY: This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

CRISTOBALITE & SILICA CRYSTALLINE - QUARTZ

The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 µm) 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	⊖

Legend: ✗ – Data available but does not fill the criteria for classification
✓ – Data required to make classification available
⊖ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Ingredient	Endpoint	Test Duration (hr)	Species	Value	Source
silica amorphous	LC50	96	Fish	120.743mg/L	3
silica amorphous	EC50	48	Crustacea	ca.7600mg/L	1
silica amorphous	EC50	72	Algae or other aquatic plants	440mg/L	1
silica amorphous	EC50	384	Crustacea	28.000mg/L	3
silica amorphous	NOEC	72	Algae or other aquatic plants	60mg/L	1

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 - 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:

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/l. 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

For silica amorphous:

Amorphous silica is chemically and biologically inert. It is not biodegradable. Due to its insolubility in water there is a separation at every filtration and sedimentation process.]

Crystalline and/or amorphous silicas are ubiquitous on the earth in soils and sediments, and in living organisms (e.g. diatoms), but only the dissolved form is bioavailable. On a global scale, the level of man-made synthetic amorphous silicas (SAS) represents up to 2.4% of the dissolved silica naturally present in the aquatic environment. The rate of SAS released into the environment during the product life cycle is negligible in comparison with the natural flux of silica in the environment

Untreated SASs have a relatively low water solubility of 1.91 to 2.51 mmol/l (114 - 151 mg/l) and an extremely low vapour pressure (e.g. < 10–3 Pa at 20° C for Aerosil R972). On the basis of these properties it is expected that SAS released into the environment will be distributed mainly into soil/sediment, slightly into water, and probably not at all into air.

With surface-treated SASs, the addition of organosilicon compounds increases the hydrophobicity. Consequently, the water solubility is lower than that of untreated silica. The vapour pressure remains extremely low. Due to the presence of organic substances such as surfactants, salts, acids and alkalis in the environment, it is expected that surface-treated silica will be wetted and then adsorbed onto soils or sediments.

SAS is regarded as an inert substance and is not expected to undergo any transformation in the atmospheric or terrestrial compartment, apart from dissolution by water.

Biodegradability in sewage treatment plant or in surface water is not applicable to inorganic substances like SAS. Therefore the biodegradation endpoint has limited relevance for SAS. In surface modified SASs, the most common treating agents are organosilicon compounds and these generally represent less than 5% of the material. Biodegradation in sewage treatment plant or in surface water is not expected. Some biodegradation in soil may occur by analogy with the behaviour of linear polydimethylsiloxane in this compartment

Ecotoxicity:

Based on available data, SAS is not toxic to environmental organisms (apart from physical desiccation in insects). SAS presents a low risk for adverse effects to the environment.

When hydrophilic SASs (Aerosil 200 and Ultrasil VN3; purity 100% and 98%, respectively), were tested for their acute toxicity to fish and crustaceans, the LC50 and EC50 values were higher than 10,000 mg/l and 1,000 mg/l, respectively.

The zebra fish (*Brachydanio rerio*) test was performed with SAS in suspension, due to the insolubility of the SAS. No mortality was observed for the fish after 96 hours of exposure at 1,000 mg/l and 10,000 mg/l. The test media remained turbid throughout the test, indicating that the limit of solubility of the product was exceeded.

With the water flea (*Daphnia magna*), SAS suspensions exceeding the limit of solubility were tested.; some immobilisation was observed. However, no significant immobilisation was observed when a solution filtered through microfibre glass filter was tested. The observed effects were likely caused by physical hampering of the *Daphnia* due to the presence of undissolved particles.

A surface-treated SAS (Aerosil R974; 99.9% pure) was tested on fish and crustaceans. The LC50 to fish and EC50 to *Daphnia* were found to be higher than 10,000 mg/l and 1,000 mg/l, respectively

The EC50 to algae was found to be higher than 10,000 mg/l filtered suspension The actual dissolved concentrations were not determined. There was no inhibition of the biomass or of the growth rate with the 10,000 mg/l filtered suspension.

The antibacterial effect of pressed and unpressed high purity SAS (Aerosil, unspecified) (0.2 g silica + 0.15 ml bacteria strain suspension) kept at 22 C has been investigated (SAS is sometimes pressed to remove air before transportation). The following micro-organisms were studied: *Escherichia coli*, *Proteus* sp., *Pseudomonas aeruginosa*, *Aerobacter aerogenes*,

Micrococcus pyrogenes aureus, *Streptococcus faecalis*, *Streptococcus pyrogenes humans*, *Corynebacterium diphtheria*, *Candida albicans* and *Bacillus subtilis*. The SAS was contaminated either by hand contact, by saliva droplets or by contact with the atmosphere. Rodshaped gram-negative organisms (*Escherichia coli*, *Bacterium proteus*, *Pseudomonas aeruginosa*

and *Aerobacter aerogenes*) died between 6 hours and 3 days in contact with unpressed SAS. Gram-positive micro-organisms were somewhat more resistant. In addition, the tests demonstrated that survival of bacteria was shorter in unpressed than in pressed SAS.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
silica amorphous	LOW	LOW

Bioaccumulative potential

Ingredient	Bioaccumulation
silica amorphous	LOW (LogKOW = 0.5294)

Mobility in soil

Ingredient	Mobility
silica amorphous	LOW (KOC = 23.74)

SECTION 13 DISPOSAL CONSIDERATIONS

DIATOMACEOUS EARTH, FLUX-CALCINED

Waste treatment methods

Product / Packaging disposal	<p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> ▶ Reduction ▶ Reuse ▶ Recycling ▶ Disposal (if all else fails) <p>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.</p> <ul style="list-style-type: none"> ▶ 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.
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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

SECTION 15 REGULATORY INFORMATION

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

SILICA AMORPHOUS(7631-86-9) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

CRISTOBALITE(14464-46-1) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	Australia Work Health and Safety Regulations 2016 - Hazardous chemicals (other than lead) requiring health monitoring

SILICA CRYSTALLINE - QUARTZ(14808-60-7) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Inventory of Chemical Substances (AICS)
Australia Hazardous Substances Information System - Consolidated Lists	International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

TRIDYMITE(15468-32-3) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Exposure Standards	Australia Hazardous Substances Information System - Consolidated Lists
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National Inventory	Status
Australia - AICS	N (tridymite)
Canada - DSL	N (tridymite)
Canada - NDSL	N (tridymite; silica crystalline - quartz; cristobalite)
China - IECSC	N (tridymite)
Europe - EINEC / ELINCS / NLP	Y

DIATOMACEOUS EARTH, FLUX-CALCINED

Japan - ENCS	Y
Korea - KECI	Y
New Zealand - NZIoC	Y
Philippines - PICCS	N (tridymite)
USA - TSCA	N (tridymite)
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

Other information

Ingredients with multiple cas numbers

Name	CAS No
silica amorphous	7631-86-9, 112945-52-5, 67762-90-7, 68611-44-9, 68909-20-6, 112926-00-8, 61790-53-2, 60676-86-0, 91053-39-3, 69012-64-2, 844491-94-7
silica crystalline - quartz	14808-60-7, 122304-48-7, 122304-49-8, 12425-26-2, 1317-79-9, 70594-95-5, 87347-84-0

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

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
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index

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