

Heidelberg Materials Silica Sand  
Heidelberg Materials Australia Pty Ltd

Chemwatch: 7962-60  
Version No: 2.1  
Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Initial Date: 01/07/2025  
Revision Date: 01/07/2025  
Print Date: 02/07/2025  
L.GHS.AUS.EN.E

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

Product Identifier	
Product name	Heidelberg Materials Silica Sand
Chemical Name	silica crystalline - quartz
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Quartz sands are used in building construction and other civil engineering activities such as road building. Use according to manufacturer's directions.
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Details of the manufacturer or importer of the safety data sheet

Registered company name	Heidelberg Materials Australia Pty Ltd
Address	Level 14, 35 Clarence Street Sydney NSW 2000 Australia
Telephone	+61 2 9323 4000
Fax	+61 2 9323 4500
Website	Not Available
Email	paul.johnston@heidelbergmaterials.com

Emergency telephone number


Association / Organisation	Heidelberg Materials Australia Pty Ltd
Emergency telephone number(s)	1800 882 478
Other emergency telephone number(s)	Not Available

SECTION 2 Hazards identification

Classification of the substance or mixture

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

Label elements

Hazard pictogram(s)	
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Signal word	Warning
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Hazard statement(s)

H315	Causes skin irritation.
H319	Causes serious eye irritation.
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.
P314	Get medical advice/attention if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.
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.
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No further product hazard information.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
14808-60-7	0-100	silica crystalline - quartz
Not Available	balance	Mineral and organic impurities
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 measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"><li>Wash out immediately with fresh running water.</li><li>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.</li><li>Seek medical attention without delay; if pain persists or recurs seek medical attention.</li><li>Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li></ul>
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"><li>Immediately remove all contaminated clothing, including footwear.</li><li>Flush skin and hair with running water (and soap if available).</li><li>Seek medical attention in event of irritation.</li></ul>
Inhalation	<ul style="list-style-type: none"><li>If fumes or combustion products are inhaled remove from contaminated area.</li><li>Lay patient down. Keep warm and rested.</li><li>Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li><li>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.</li><li>Transport to hospital, or doctor, without delay.</li></ul>
Ingestion	<ul style="list-style-type: none"><li>Immediately give a glass of water.</li><li>First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.</li></ul>

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"><li>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.</li><li>When heated to extreme temperatures, (&gt;1700 deg.C) amorphous silica can fuse.</li><li>Alert Fire Brigade and tell them location and nature of hazard.</li><li>Wear breathing apparatus plus protective gloves in the event of a fire.</li><li>Prevent, by any means available, spillage from entering drains or water courses.</li><li>Use fire fighting procedures suitable for surrounding area.</li><li>DO NOT approach containers suspected to be hot.</li><li>Cool fire exposed containers with water spray from a protected location.</li><li>If safe to do so, remove containers from path of fire.</li><li>Equipment should be thoroughly decontaminated after use.</li></ul>
Fire/Explosion Hazard	<ul style="list-style-type: none"><li>Non combustible.</li><li>Not considered a significant fire risk, however containers may burn.</li></ul> <p>Decomposition may produce toxic fumes of: silicon dioxide (SiO2)</p>

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	May emit poisonous fumes. May emit corrosive 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	<ul style="list-style-type: none"> <li>▶ Clean up waste regularly and abnormal spills immediately.</li> <li>▶ Avoid breathing dust and contact with skin and eyes.</li> <li>▶ Wear protective clothing, gloves, safety glasses and dust respirator.</li> <li>▶ Use dry clean up procedures and avoid generating dust.</li> <li>▶ Vacuum up or sweep up. <b>NOTE:</b> Vacuum cleaner must be fitted with an exhaust micro filter (H-Class HEPA type) (consider explosion-proof machines designed to be grounded during storage and use). H-Class HEPA filtered industrial vacuum cleaners should NOT be used on wet materials or surfaces.</li> <li>▶ Dampen with water to prevent dusting before sweeping.</li> <li>▶ Place in suitable containers for disposal.</li> </ul>
Major Spills	<ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear full body protective clothing with breathing apparatus.</li> <li>▶ Prevent, by all means available, spillage from entering drains or water courses.</li> <li>▶ Consider evacuation (or protect in place).</li> <li>▶ No smoking, naked lights or ignition sources.</li> <li>▶ Increase ventilation.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Water spray or fog may be used to disperse / absorb vapour.</li> <li>▶ Contain or absorb spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>

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"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Prevent concentration in hollows and sumps.</li> <li>▶ <b>DO NOT enter confined spaces until atmosphere has been checked.</b></li> <li>▶ <b>DO NOT allow material to contact humans, exposed food or food utensils.</b></li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> </ul>
Other information	<ul style="list-style-type: none"> <li>▶ Store in original containers.</li> <li>▶ Keep containers securely sealed.</li> <li>▶ Store in a cool, dry area protected from environmental extremes.</li> <li>▶ Store away from incompatible materials and foodstuff containers.</li> <li>▶ Protect containers against physical damage and check regularly for leaks.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> </ul> <p>For major quantities:</p> <ul style="list-style-type: none"> <li>▶ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).</li> <li>▶ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities.</li> </ul>

## Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
Storage incompatibility	<p>Silicas:</p> <ul style="list-style-type: none"> <li>▶ react with hydrofluoric acid to produce silicon tetrafluoride gas</li> <li>▶ react with xenon hexafluoride to produce explosive xenon trioxide</li> <li>▶ reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds</li> <li>▶ may react with fluorine, chlorates</li> <li>▶ are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate</li> <li>▶ may react vigorously when heated with alkali carbonates.</li> </ul> <p>The substance may be or contains a "metalloid"</p> <p>The following elements are considered to be metalloids; boron, silicon, germanium, arsenic, antimony, tellurium and (possibly) polonium</p>

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The electronegativities and ionisation energies of the metalloids are between those of the metals and nonmetals, so the metalloids exhibit characteristics of both classes. The reactivity of the metalloids depends on the element with which they are reacting. For example, boron acts as a nonmetal when reacting with sodium yet as a metal when reacting with fluorine.

Unlike most metals, most metalloids are amphoteric- that is they can act as both an acid and a base. For instance, arsenic forms not only salts such as arsenic halides, by the reaction with certain strong acid, but it also forms arsenites by reactions with strong bases.

Most metalloids have a multiplicity of oxidation states or valences. For instance, tellurium has the oxidation states +2, -2, +4, and +6.

Metalloids react like non-metals when they react with metals and act like metals when they react with non-metals.

- ▶ 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 strong acids, bases.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available
Australia Exposure Standards	silica crystalline - quartz	Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available

MATERIAL DATA

**WARNING:** For inhalation exposure **ONLY:**  
This substance has been classified by the ACGIH as A2 Suspected Human Carcinogen.

**WARNING:** For inhalation exposure **ONLY:** This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

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

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

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

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

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

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> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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> <p>Employers may need to use multiple types of controls to prevent employee overexposure.</p> <ul style="list-style-type: none"><li>▶ Employees exposed to confirmed human carcinogens should be authorized to do so by the employer, and work in a regulated area.</li><li>▶ Work should be undertaken in an isolated system such as a "glove-box" . Employees should wash their hands and arms upon completion of the assigned task and before engaging in other activities not associated with the isolated system.</li><li>▶ Within regulated areas, the carcinogen should be stored in sealed containers, or enclosed in a closed system, including piping systems, with any sample ports or openings closed while the carcinogens are contained within.</li><li>▶ Open-vessel systems are prohibited.</li><li>▶ Each operation should be provided with continuous local exhaust ventilation so that air movement is always from ordinary work areas to the operation.</li><li>▶ Exhaust air should not be discharged to regulated areas, non-regulated areas or the external environment unless decontaminated.</li><li>▶ Clean make-up air should be introduced in sufficient volume to maintain correct operation of the local exhaust system.</li><li>▶ For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood. Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li><li>▶ Except for outdoor systems, regulated areas should be maintained under negative pressure (with respect to non-regulated areas).</li><li>▶ Local exhaust ventilation requires make-up air be supplied in equal volumes to replaced air.</li><li>▶ Laboratory hoods must be designed and maintained so as to draw air inward at an average linear face velocity of 0.76 m/sec with a minimum of 0.64 m/sec. Design and construction of the fume hood requires that insertion of any portion of the employees body, other than hands and arms, be disallowed.</li></ul>
Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"><li>▶ Safety glasses with side shields.</li><li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li></ul>

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	<p>► 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].</p>
<b>Skin protection</b>	See Hand protection below
<b>Hands/feet protection</b>	<p>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.</p> <p>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.</p> <p>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 moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· 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.</li> <li>· 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.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>· Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>· Excellent when breakthrough time &gt; 480 min</li> <li>· Good when breakthrough time &gt; 20 min</li> <li>· Fair when breakthrough time &lt; 20 min</li> <li>· Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>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.</p> <p>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.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>· 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.</li> <li>· 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</li> </ul> <p>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.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> <li>► polychloroprene.</li> <li>► nitrile rubber.</li> <li>► butyl rubber.</li> <li>► fluorocautchouc.</li> <li>► polyvinyl chloride.</li> </ul> <p>Gloves should be examined for wear and/ or degradation constantly.</p>
<b>Body protection</b>	See Other protection below
<b>Other protection</b>	<ul style="list-style-type: none"> <li>► Employees working with confirmed human carcinogens should be provided with, and be required to wear, clean, full body protective clothing (smocks, coveralls, or long-sleeved shirt and pants), shoe covers and gloves prior to entering the regulated area. [AS/NZS ISO 6529:2006 or national equivalent]</li> <li>► Employees engaged in handling operations involving carcinogens should be provided with, and required to wear and use half-face filter-type respirators with filters for dusts, mists and fumes, or air purifying canisters or cartridges. A respirator affording higher levels of protection may be substituted. [AS/NZS 1715 or national equivalent]</li> <li>► Emergency deluge showers and eyewash fountains, supplied with potable water, should be located near, within sight of, and on the same level with locations where direct exposure is likely.</li> <li>► Prior to each exit from an area containing confirmed human carcinogens, employees should be required to remove and leave protective clothing and equipment at the point of exit and at the last exit of the day, to place used clothing and equipment in impervious containers at the point of exit for purposes of decontamination or disposal. The contents of such impervious containers must be identified with suitable labels. For maintenance and decontamination activities, authorized employees entering the area should be provided with and required to wear clean, impervious garments, including gloves, boots and continuous-air supplied hood.</li> <li>► Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.</li> <li>► Overalls.</li> <li>► P.V.C apron.</li> <li>► Barrier cream.</li> <li>► Skin cleansing cream.</li> <li>► Eye wash unit.</li> </ul>

#### Respiratory protection

Type -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	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

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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(SO<sub>2</sub>), G = Agricultural chemicals, K = Ammonia(NH<sub>3</sub>), 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	May range from fine white grains (sand) to large dark rock (aggregate/road base).		
Physical state	Divided Solid	Relative density (Water = 1)	2.2-2.7
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	3-10	Decomposition temperature (°C)	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 Available	Surface Tension (dyn/cm or mN/m)	Not Applicable
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available
Heat of Combustion (kJ/g)	Not Available	Ignition Distance (cm)	Not Available
Flame Height (cm)	Not Available	Flame Duration (s)	Not Available
Enclosed Space Ignition Time Equivalent (s/m3)	Not Available	Enclosed Space Ignition Deflagration Density (g/m3)	Not Available

## SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> <li>▸ Unstable in the presence of incompatible materials.</li> <li>▸ Product is considered stable.</li> <li>▸ Hazardous polymerisation will not occur.</li> </ul>
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

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<b>a) Acute Toxicity</b>	Based on available data, the classification criteria are not met.
<b>b) Skin Irritation/Corrosion</b>	There is sufficient evidence to classify this material as skin corrosive or irritating.
<b>c) Serious Eye Damage/Irritation</b>	There is sufficient evidence to classify this material as eye damaging or irritating
<b>d) Respiratory or Skin sensitisation</b>	Based on available data, the classification criteria are not met.
<b>e) Mutagenicity</b>	Based on available data, the classification criteria are not met.
<b>f) Carcinogenicity</b>	Based on available data, the classification criteria are not met.
<b>g) Reproductivity</b>	Based on available data, the classification criteria are not met.
<b>h) STOT - Single Exposure</b>	Based on available data, the classification criteria are not met.
<b>i) STOT - Repeated Exposure</b>	There is sufficient evidence to classify this material as toxic to specific organs through repeated exposure
<b>j) Aspiration Hazard</b>	Based on available data, the classification criteria are not met.
<b>Inhaled</b>	<p>Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.</p> <p>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 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.</p> <p>Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. It differs greatly from classical silicosis both clinically and pathologically. The disease is rapidly progressive with diffuse pulmonary involvement developing only months after the initial exposure and causing deaths within 1 to 2 years. It is often complicated by an associated tuberculosis. The lungs of victims contain no classical silicotic nodules or only a few, microscopic abortive nodules, whereas the air spaces are diffusively filled and distended with silica-containing, lipoprotein paste in which degenerating and necrotic macrophages are sometimes discernible - the condition is sometimes described as alveolar lipoproteinosis. The uptake of silica particles by macrophages and 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>
<b>Ingestion</b>	<p>The material has <b>NOT</b> been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.</p> <p>Not normally a hazard due to the physical form of product. The material is a physical irritant to the gastro-intestinal tract</p>
<b>Skin Contact</b>	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds 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.</p>
<b>Eye</b>	This material causes serious eye irritation.
<b>Chronic</b>	<p>Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.</p> <p>On the basis of epidemiological data, the material is regarded as carcinogenic to humans. There is sufficient data to establish a causal association between human exposure to the material and the development of cancer.</p> <p>Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed.</p> <p>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.</p> <p>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.</p> <p>The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis.</p> <p>Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure.</p> <p>Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking.</p>

Continued...



## Heidelberg Materials Silica Sand

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/m<sup>3</sup> (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz. Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers

**NOTE:** Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- standardised respiratory function tests such as FEV1, FVC and FEV1/FVC
- standardised respiratory function tests such as FV1, FVC and FEV1/FVC
- chest X-ray, full size PA view
- records of personal exposure

Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace 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 (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

Heidelberg Materials Silica Sand	TOXICITY	IRRITATION
	Not Available	Not Available
silica crystalline - quartz	TOXICITY	IRRITATION
	Oral (Rat) LD50: 500 mg/kg <sup>[2]</sup>	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

Heidelberg Materials Silica Sand	Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation. Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.
	<b>WARNING:</b> For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: <b>CARCINOGENIC TO HUMANS</b>  The International Agency for Research on Cancer (IARC) has classified occupational exposures to <b>respirable</b> (<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 either not available or does not fill the criteria for classification  
✓ – Data available to make classification



Toxicity

Heidelberg Materials Silica Sand	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 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 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.  
Microbial methylation plays important roles in the biogeochemical cycling of the metalloids and possibly in their detoxification. Many microorganisms (bacteria, fungi, and yeasts) and animals are now known to biomethylate arsenic, forming both volatile (e.g., methylarsines) and nonvolatile (e.g., methylarsonic acid and dimethylarsinic acid) compounds. Antimony and bismuth, also undergo biomethylation to some extent. Trimethylstibine formation by microorganisms is now well established, but this process apparently does not occur in animals. Formation of trimethylbismuth by microorganisms has been reported in a few cases.  
**DO NOT discharge into sewer or waterways.**

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	<ul style="list-style-type: none"><li>Containers may still present a chemical hazard/ danger when empty.</li><li>Return to supplier for reuse/ recycling if possible.</li></ul> Otherwise: <ul style="list-style-type: none"><li>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.</li><li>Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li></ul> 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. A Hierarchy of Controls seems to be common - the user should investigate: <ul style="list-style-type: none"><li>Reduction</li><li>Reuse</li><li>Recycling</li><li>Disposal (if all else fails)</li></ul> 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. <ul style="list-style-type: none"><li><b>DO NOT allow wash water from cleaning or process equipment to enter drains.</b></li><li>It may be necessary to collect all wash water for treatment before disposal.</li><li>In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li><li>Where in doubt contact the responsible authority.</li><li>Recycle wherever possible or consult manufacturer for recycling options.</li><li>Consult State Land Waste Management Authority for disposal.</li><li>Bury residue in an authorised landfill.</li><li>Recycle containers if possible, or dispose of in an authorised landfill.</li></ul>

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

14.7. Maritime transport in bulk according to IMO instruments

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

Not Applicable

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

Product name	Group
silica crystalline - quartz	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
silica crystalline - quartz	Not Available

SECTION 15 Regulatory information

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

- silica crystalline - quartz is found on the following regulatory lists
- Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
  - Australia Model Work Health and Safety Regulations - Hazardous chemicals (other than lead) requiring health monitoring
  - Australian Inventory of Industrial Chemicals (AIIC)
  - Chemical Footprint Project - Chemicals of High Concern List
  - International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs
  - International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Group 1: Carcinogenic to humans

Additional Regulatory Information

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
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	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	01/07/2025
Initial Date	01/07/2025

SDS Version Summary

Version	Date of Update	Sections Updated
2.1	01/07/2025	Name

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
- ▶ DNEL: Derived No-Effect Level
- ▶ PNEC: Predicted no-effect concentration
- ▶ MARPOL: International Convention for the Prevention of Pollution from Ships
- ▶ IMSBC: International Maritime Solid Bulk Cargoes Code
- ▶ IGC: International Gas Carrier Code
- ▶ IBC: International Bulk Chemical Code
  
- ▶ 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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