

# Infinity Spray Stone

## Infinity Innovative Coatings

 Part Number: **Not Available**

 Version No: **1.3**

Safety Data Sheet (Conforms to Annex II of REACH (1907/2006) - Regulation 2020/878)

 Issue Date: **22/09/2023**

 Print Date: **22/09/2023**

L.REACH.GBR.EN

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

#### 1.1. Product Identifier

<b>Product name</b>	Infinity Spray Stone
<b>Synonyms</b>	Not Available
<b>Other means of identification</b>	Not Available

#### 1.2. Relevant identified uses of the substance or mixture and uses advised against

<b>Relevant identified uses</b>	Not Available
<b>Uses advised against</b>	No specific uses advised against are identified.

#### 1.3. Details of the manufacturer or supplier of the safety data sheet

<b>Registered company name</b>	Infinity Innovative Coatings
<b>Address</b>	42 Drumalig Road Carryduff Not Available BT8 8EQ United Kingdom
<b>Telephone</b>	02890136728
<b>Fax</b>	Not Available
<b>Website</b>	Not Available
<b>Email</b>	info@infinity-effects.com

#### 1.4. Emergency telephone number


<b>Association / Organisation</b>	Not Available
<b>Emergency telephone numbers</b>	Not Available
<b>Other emergency telephone numbers</b>	Not Available

### SECTION 2 Hazards identification

#### 2.1. Classification of the substance or mixture

<b>Classification according to regulation (EC) No 1272/2008 [CLP] and amendments [1]</b>	H315 - Skin Corrosion/Irritation Category 2, H318 - Serious Eye Damage/Eye Irritation Category 1, H373 - Specific Target Organ Toxicity - Repeated Exposure Category 2
<b>Legend:</b>	1. Classification by vendor; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### 2.2. Label elements

<b>Hazard pictogram(s)</b>	
<b>Signal word</b>	<b>Danger</b>

**Infinity Spray Stone**

**Hazard statement(s)**

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

**Supplementary statement(s)**

Not Applicable

**Precautionary statement(s) Prevention**

<b>P260</b>	Do not breathe mist/vapours/spray.
<b>P280</b>	Wear protective gloves, protective clothing, eye protection and face protection.
<b>P264</b>	Wash all exposed external body areas thoroughly after handling.

**Precautionary statement(s) Response**

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

**Precautionary statement(s) Storage**

Not Applicable

**Precautionary statement(s) Disposal**

<b>P501</b>	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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**2.3. Other hazards**

REACH - Art.57-59: The mixture does not contain Substances of Very High Concern (SVHC) at the SDS print date.

**SECTION 3 Composition / information on ingredients**

**3.1.Substances**

See 'Composition on ingredients' in Section 3.2

**3.2.Mixtures**

1. CAS No 2.EC No 3.Index No 4.REACH No	%[weight]	Name	Classification according to regulation (EC) No 1272/2008 [CLP] and amendments	SCL / M-Factor	Nanoform Particle Characteristics
1. Not Available 2. Not Available 3. Not Available 4. Not Available	14.5	<u>Acrylic Emulsion</u>	Not Applicable	Not Available	Not Available
1. Not Available 2. Not Available 3. Not Available 4. Not Available	59	<u>Quartz Sand</u>	Specific Target Organ Toxicity - Repeated Exposure Category 2; H373 <sup>[1]</sup>	Not Available	Not Available
1. Not Available 2. Not Available 3. Not Available 4. Not Available	15	<u>Inorganic Filler</u>	Skin Corrosion/Irritation Category 2, Serious Eye Damage/Eye Irritation Category 1, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3; H315, H318, H335 <sup>[1]</sup>	Not Available	Not Available
1. Not Available 2. Not Available 3. Not Available 4. Not Available	0.5	<u>Additive</u>	Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3; H335 <sup>[1]</sup>	Not Available	Not Available

**Legend:** 1. Classification by vendor; 2. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 3. Classification drawn from C&L; \* EU IOELVs available; [e] Substance identified as having endocrine disrupting properties

**SECTION 4 First aid measures****4.1. Description of first aid measures**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with 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>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<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> <p>For thermal burns:</p> <ul style="list-style-type: none"> <li>▶ Decontaminate area around burn.</li> <li>▶ Consider the use of cold packs and topical antibiotics.</li> </ul> <p>For first-degree burns (affecting top layer of skin)</p> <ul style="list-style-type: none"> <li>▶ Hold burned skin under cool (not cold) running water or immerse in cool water until pain subsides.</li> <li>▶ Use compresses if running water is not available.</li> <li>▶ Cover with sterile non-adhesive bandage or clean cloth.</li> <li>▶ Do NOT apply butter or ointments; this may cause infection.</li> <li>▶ Give over-the counter pain relievers if pain increases or swelling, redness, fever occur.</li> </ul> <p>For second-degree burns (affecting top two layers of skin)</p> <ul style="list-style-type: none"> <li>▶ Cool the burn by immerse in cold running water for 10-15 minutes.</li> <li>▶ Use compresses if running water is not available.</li> <li>▶ Do NOT apply ice as this may lower body temperature and cause further damage.</li> <li>▶ Do NOT break blisters or apply butter or ointments; this may cause infection.</li> <li>▶ Protect burn by cover loosely with sterile, nonstick bandage and secure in place with gauze or tape.</li> </ul> <p>To prevent shock: (unless the person has a head, neck, or leg injury, or it would cause discomfort):</p> <ul style="list-style-type: none"> <li>▶ Lay the person flat.</li> <li>▶ Elevate feet about 12 inches.</li> <li>▶ Elevate burn area above heart level, if possible.</li> <li>▶ Cover the person with coat or blanket.</li> <li>▶ Seek medical assistance.</li> </ul> <p>For third-degree burns</p> <p>Seek immediate medical or emergency assistance.</p> <p>In the mean time:</p> <ul style="list-style-type: none"> <li>▶ Protect burn area cover loosely with sterile, nonstick bandage or, for large areas, a sheet or other material that will not leave lint in wound.</li> <li>▶ Separate burned toes and fingers with dry, sterile dressings.</li> <li>▶ Do not soak burn in water or apply ointments or butter; this may cause infection.</li> <li>▶ To prevent shock see above.</li> <li>▶ For an airway burn, do not place pillow under the person's head when the person is lying down. This can close the airway.</li> <li>▶ Have a person with a facial burn sit up.</li> <li>▶ Check pulse and breathing to monitor for shock until emergency help arrives.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes, aerosols or combustion products are inhaled remove from contaminated area.</li> <li>▶ Other measures are usually unnecessary.</li> </ul>
<b>Ingestion</b>	<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>

**4.2 Most important symptoms and effects, both acute and delayed**

See Section 11

**4.3. Indication of any immediate medical attention and special treatment needed**

Treat symptomatically.

**SECTION 5 Firefighting measures****5.1. Extinguishing media**

- ▶ Water spray or fog.
- ▶ Foam.
- ▶ Dry chemical powder.
- ▶ BCF (where regulations permit).
- ▶ Carbon dioxide.

## 5.2. Special hazards arising from the substrate or mixture

<b>Fire Incompatibility</b>	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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## 5.3. Advice for firefighters

<b>Fire Fighting</b>	<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.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use water delivered as a fine spray to control fire and cool adjacent area.</li> <li>▶ <b>DO NOT</b> 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>
<b>Fire/Explosion Hazard</b>	<p>Combustible. Will burn if ignited.</p> <p>Combustion products include:  carbon monoxide (CO)  carbon dioxide (CO<sub>2</sub>)  silicon dioxide (SiO<sub>2</sub>)  metal oxides  other pyrolysis products typical of burning organic material.  May emit corrosive fumes.</p>

## SECTION 6 Accidental release measures

### 6.1. Personal precautions, protective equipment and emergency procedures

See section 8

### 6.2. Environmental precautions

See section 12

### 6.3. Methods and material for containment and cleaning up

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid contact with skin and eyes.</li> <li>▶ Wear impervious gloves and safety goggles.</li> <li>▶ Trowel up/scrape up.</li> <li>▶ Place spilled material in clean, dry, sealed container.</li> <li>▶ Flush spill area with water.</li> </ul>
<b>Major Spills</b>	<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>

### 6.4. Reference to other sections

**Infinity Spray Stone**

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

**SECTION 7 Handling and storage**

**7.1. Precautions for safe handling**

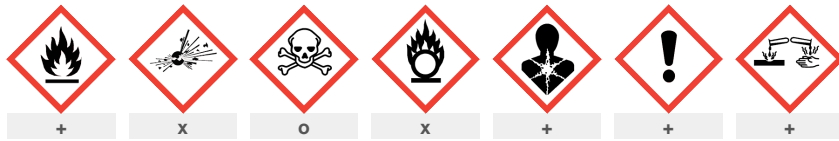
<b>Safe handling</b>	<ul style="list-style-type: none"> <li>‣ Avoid all personal contact, including inhalation.</li> <li>‣ Wear protective clothing when risk of exposure occurs.</li> <li>‣ Use in a well-ventilated area.</li> <li>‣ Prevent concentration in hollows and sumps.</li> <li>‣ <b>DO NOT enter 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>
<b>Fire and explosion protection</b>	See section 5
<b>Other information</b>	<ul style="list-style-type: none"> <li>‣ Store in original containers.</li> <li>‣ Keep containers securely sealed.</li> <li>‣ Store in a cool, dry, well-ventilated area.</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>

**7.2. Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>‣ Metal can or drum</li> <li>‣ Packaging as recommended by manufacturer.</li> <li>‣ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<p>Calcium carbonate:</p> <ul style="list-style-type: none"> <li>‣ is incompatible with acids, ammonium salts, fluorine, germanium, lead diacetate, magnesium, mercurous chloride, silicon, silver nitrate, titanium.</li> </ul> <p>Contact with acid generates carbon dioxide gas, which may pressurise and then rupture closed containers</p> <p>Polypropylene is liable to chain degradation from exposure to UV radiation such as that present in sunlight. Oxidation usually occurs at the secondary carbon atom present in every repeat unit. A free radical is formed here, and then reacts further with oxygen, followed by chain scission to yield aldehydes and carboxylic acids. In external applications, it shows up as a network of fine cracks and crazes which become deeper and more severe with time of exposure.</p> <p>For external applications, UV-absorbing additives must be used. Carbon black also provides some protection from UV attack. The polymer can also be oxidized at high temperatures, a common problem during molding operations. Anti-oxidants are normally added to prevent polymer degradation.</p> <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>Cellulose and its derivatives may react vigorously with calcium oxide, bleaching powder, perchlorates, perchloric acid, sodium chlorate, fluorine, nitric acid, sodium nitrate and sodium nitrite.</p> <p>May be incompatible with aminacrine hydrochloride, chlorocresol, mercuric chloride, phenol, resorcinol, tannic acid and silver nitrate.</p> <ul style="list-style-type: none"> <li>‣ Avoid reaction with oxidising agents</li> </ul>
<b>Hazard categories in accordance with Regulation (EC) No 1272/2008</b>	Not Available

**Infinity Spray Stone**

<b>Qualifying quantity (tonnes) of dangerous substances as referred to in Article 3(10) for the application of</b>	Not Available
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- X — Must not be stored together
- O — May be stored together with specific preventions
- + — May be stored together

Note: Depending on other risk factors, compatibility assessment based on the table above may not be relevant to storage situations, particularly where large volumes of dangerous goods are stored and handled. Reference should be made to the Safety Data Sheets for each substance or article and risks assessed accordingly.

**7.3. Specific end use(s)**

See section 1.2

**SECTION 8 Exposure controls / personal protection**

**8.1. Control parameters**

Ingredient	DNELs Exposure Pattern Worker	PNECs Compartment
Not Available	Not Available	Not Available

\* Values for General Population

**Occupational Exposure Limits (OEL)**

**INGREDIENT DATA**

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Not Available	Not Available	Not Available	Not Available	Not Available	Not Available	Not Available

Not Applicable

**Emergency Limits**

Ingredient	TEEL-1	TEEL-2	TEEL-3
Infinity Spray Stone	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
Infinity Spray Stone	Not Available	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.

For calcium carbonate:

The TLV-TWA is thought to be protective against the significant risk of physical irritation associated with exposure.

Cellulose is considered a nuisance dust which has little adverse effect on lung and does not produce significant organic disease or toxic effects when appropriate controls are applied.


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 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

## 8.2. Exposure controls

<p><b>8.2.1. Appropriate engineering controls</b></p>	<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. 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. 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>
<p><b>8.2.2. Individual protection measures, such as personal protective equipment</b></p>	
<p><b>Eye and face protection</b></p>	<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> <li>▸ 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].</li> </ul>
<p><b>Skin protection</b></p>	<p>See Hand protection below</p>
<p><b>Hands/feet protection</b></p>	<ul style="list-style-type: none"> <li>▸ Wear chemical protective gloves, e.g. PVC.</li> <li>▸ Wear safety footwear or safety gumboots, e.g. Rubber</li> </ul>
<p><b>Body protection</b></p>	<p>See Other protection below</p>
<p><b>Other protection</b></p>	<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> </ul>

- ▶ 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.
- ▶ Prior to removing protective garments the employee should undergo decontamination and be required to shower upon removal of the garments and hood.
- ▶ Overalls.
- ▶ P.V.C apron.
- ▶ Barrier cream.
- ▶ Skin cleansing cream.
- ▶ Eye wash unit.

**Ansell Glove Selection**

Glove — <i>In order of recommendation</i>
AlphaTec® 15-554
AlphaTec® Solvex® 37-185
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® Solvex® 37-675
DermaShield™ 73-711
MICROFLEX® 63-864

**Respiratory protection**

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

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

\* - Negative pressure demand \*\* - Continuous flow

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

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

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode

· Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

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

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

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

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

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

· Try to avoid creating dust conditions.



**Infinity Spray Stone**

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.

**8.2.3. Environmental exposure controls**

See section 12

**SECTION 9 Physical and chemical properties**

**9.1. Information on basic physical and chemical properties**

<b>Appearance</b>	Not Available		
<b>Physical state</b>	Free-flowing Paste	<b>Relative density (Water = 1)</b>	Not Available
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	Not Available	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Available
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Available	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available
<b>Nanoform Solubility</b>	Not Available	<b>Nanoform Particle Characteristics</b>	Not Available
<b>Particle Size</b>	Not Available		

**9.2. Other information**

Not Available

**SECTION 10 Stability and reactivity**

<b>10.1.Reactivity</b>	See section 7.2
<b>10.2. Chemical stability</b>	Product is considered stable and hazardous polymerisation will not occur.
<b>10.3. Possibility of hazardous reactions</b>	See section 7.2
<b>10.4. Conditions to avoid</b>	See section 7.2
<b>10.5. Incompatible materials</b>	See section 7.2
<b>10.6. Hazardous decomposition products</b>	See section 5.3

## SECTION 11 Toxicological information

### 11.1. Information on hazard classes as defined in Regulation (EC) No 1272/2008 Information on toxicological effects

<b>Inhaled</b>	<p>The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.</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>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> <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>
<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>
<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>	<p>When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.</p>
<b>Chronic</b>	<p>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. 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>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>

The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis. Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure.

Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking.

Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more. The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/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

Pure calcium carbonate does not produce pneumoconiosis probably being eliminated from the lungs slowly by solution.

As mined, unsterilised particulates can carry bacteria into the air passages and lungs, producing infection and bronchitis.

High blood concentrations of calcium ion may give rise to vasodilation and depress cardiac function leading to hypotension and syncope. Calcium ions enhance the effects of digitalis on the heart and may precipitate digitalis intoxication. Calcium salts also reduce the absorption of tetracyclines

In neonates calcification of soft-tissue has been observed following therapeutic administration.

Some studies show that large quantities of calcium intake can cause hypercalcemia, which can in turn lead to renal failure. Renal failure can occur within hours or days or, alternatively, settles gradually, evolving over several years until it reaches terminal stages. Similarly, acute renal failure can also develop into chronic forms of the disease.

Hypercalcaemia conditions can be associated with normal or reduced calcium serum levels, as the body tends to maintain a balanced metabolism of the mineral, known as the compensation phase. When there is a slight increase in the concentration of ions in the blood, calcium excretion markedly increases, while intestinal absorption decreases. After kidney damage has set in, a loss of calcium may occur, thereby decreasing the serum concentration.

Serum protein levels may decrease as a result of proteinuria in cases of renal complications. Proteinuria is an indicator of kidney disease and represents an independent risk factor for the progression of such a condition. Increased serum creatinine levels may represent an important parameter, given that kidney diseases are associated with increased serum creatinine levels. When renal pathology occurs, a progressive loss of glomerular filtration begins, resulting in increased plasma creatinine concentrations.

During the course of kidney failure, discrete, but constant, increments in plasma creatinine levels occur.

Renal disease with albuminuria may also be the cause of hypoalbuminemia in patients with liver disease. In cases of established liver damage, increased calcium urinary excretion may occur. Therefore, a similar increase may cause the decline in serum calcium levels in the current study.

**Infinity Spray Stone****TOXICITY**

Not Available

**IRRITATION**

Not Available

**Infinity Spray Stone**

<b>Legend:</b>	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
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<b>Infinity Spray Stone</b>	Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.
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<b>Acute Toxicity</b>	✗	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✓	<b>Reproductivity</b>	✗
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✗
<b>Respiratory or Skin sensitisation</b>	✗	<b>STOT - Repeated Exposure</b>	✓
<b>Mutagenicity</b>	✗	<b>Aspiration Hazard</b>	✗

**Legend:** ✗ – Data either not available or does not fill the criteria for classification  
✓ – Data available to make classification

**11.2 Information on other hazards**

**11.2.1. Endocrine disrupting properties**

No evidence of endocrine disrupting properties were found in the current literature.

**11.2.2. Other information**

See Section 11.1

**SECTION 12 Ecological information**

**12.1. Toxicity**

<b>Infinity Spray Stone</b>	<b>Endpoint</b>	<b>Test Duration (hr)</b>	<b>Species</b>	<b>Value</b>	<b>Source</b>
	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.

Cellulosic products, including cellulose ethers, generally have a low biodegradation rate and are generally of low toxicity to fish.

**12.2. Persistence and degradability**

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

**12.3. Bioaccumulative potential**

<b>Ingredient</b>	<b>Bioaccumulation</b>
	No Data available for all ingredients

**12.4. Mobility in soil**

<b>Ingredient</b>	<b>Mobility</b>

**Infinity Spray Stone**

Ingredient	Mobility
	No Data available for all ingredients

**12.5. Results of PBT and vPvB assessment**

	P	B	T
Relevant available data	Not Available	Not Available	Not Available
PBT	✗	✗	✗
vPvB	✗	✗	✗
PBT Criteria fulfilled?	No		
vPvB	No		

**12.6. Endocrine disrupting properties**

No evidence of endocrine disrupting properties were found in the current literature.

**12.7. Other adverse effects**

No evidence of ozone depleting properties were found in the current literature.

**SECTION 13 Disposal considerations**

**13.1. Waste treatment methods**

<b>Product / Packaging disposal</b>	<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> <p>Otherwise:</p> <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> <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 Authority for disposal.</li> <li>▶ Bury or incinerate residue at an approved site.</li> <li>▶ Recycle containers if possible, or dispose of in an authorised landfill.</li> </ul>
<b>Waste treatment options</b>	Not Available
<b>Sewage disposal options</b>	Not Available

**SECTION 14 Transport information**

**Labels Required**

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

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

<b>14.1. UN number or ID number</b>	Not Applicable				
<b>14.2. UN proper shipping name</b>	Not Applicable				
<b>14.3. Transport hazard class(es)</b>	<table border="1"> <tbody> <tr> <td>Class</td> <td>Not Applicable</td> </tr> <tr> <td>Subsidiary risk</td> <td>Not Applicable</td> </tr> </tbody> </table>	Class	Not Applicable	Subsidiary risk	Not Applicable
Class	Not Applicable				
Subsidiary risk	Not Applicable				
<b>14.4. Packing group</b>	Not Applicable				
<b>14.5. Environmental hazard</b>	Not Applicable				

**Infinity Spray Stone**

<b>14.6. Special precautions for user</b>	Hazard identification (Kemler)	Not Applicable
	Classification code	Not Applicable
	Hazard Label	Not Applicable
	Special provisions	Not Applicable
	Limited quantity	Not Applicable
	Tunnel Restriction Code	Not Applicable

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

<b>14.1. UN number</b>	Not Applicable	
<b>14.2. UN proper shipping name</b>	Not Applicable	
<b>14.3. Transport hazard class(es)</b>	ICAO/IATA Class	Not Applicable
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	Not Applicable
<b>14.4. Packing group</b>	Not Applicable	
<b>14.5. Environmental hazard</b>	Not Applicable	
<b>14.6. Special precautions for user</b>	Special provisions	Not Applicable
	Cargo Only Packing Instructions	Not Applicable
	Cargo Only Maximum Qty / Pack	Not Applicable
	Passenger and Cargo Packing Instructions	Not Applicable
	Passenger and Cargo Maximum Qty / Pack	Not Applicable
	Passenger and Cargo Limited Quantity Packing Instructions	Not Applicable
	Passenger and Cargo Limited Maximum Qty / Pack	Not Applicable

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

<b>14.1. UN number</b>	Not Applicable	
<b>14.2. UN proper shipping name</b>	Not Applicable	
<b>14.3. Transport hazard class(es)</b>	IMDG Class	Not Applicable
	IMDG Subrisk	Not Applicable
<b>14.4. Packing group</b>	Not Applicable	
<b>14.5. Environmental hazard</b>	Not Applicable	
<b>14.6. Special precautions for user</b>	EMS Number	Not Applicable
	Special provisions	Not Applicable
	Limited Quantities	Not Applicable

**Inland waterways transport (ADN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS**

<b>14.1. UN number</b>	Not Applicable	
<b>14.2. UN proper shipping name</b>	Not Applicable	
<b>14.3. Transport hazard class(es)</b>	Not Applicable	Not Applicable
<b>14.4. Packing group</b>	Not Applicable	
<b>14.5. Environmental hazard</b>	Not Applicable	
<b>14.6. Special precautions for user</b>	Classification code	Not Applicable
	Special provisions	Not Applicable
	Limited quantity	Not Applicable

Equipment required	Not Applicable
Fire cones number	Not Applicable

#### 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
Acrylic Emulsion	Not Available
Quartz Sand	Not Available
Inorganic Filler	Not Available
Additive	Not Available

##### 14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
Acrylic Emulsion	Not Available
Quartz Sand	Not Available
Inorganic Filler	Not Available
Additive	Not Available

### SECTION 15 Regulatory information

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

This safety data sheet is in compliance with the following EU legislation and its adaptations - as far as applicable - : Directives 98/24/EC, - 92/85/EEC, - 94/33/EC, - 2008/98/EC, - 2010/75/EU; Commission Regulation (EU) 2020/878; Regulation (EC) No 1272/2008 as updated through ATPs.

#### Information according to 2012/18/EU (Seveso III):

Seveso Category	Not Available
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#### 15.2. Chemical safety assessment

No Chemical Safety Assessment has been carried out for this substance/mixture by the supplier.

#### ECHA SUMMARY

Not Applicable

#### National Inventory Status

National Inventory	Status
Australia - AIIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (Acrylic Emulsion; Quartz Sand)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (Acrylic Emulsion)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes

National Inventory	Status
<b>Legend:</b>	<p><i>Yes = All CAS declared ingredients are on the inventory</i></p> <p><i>No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.</i></p>

## SECTION 16 Other information

<b>Revision Date</b>	22/09/2023
<b>Initial Date</b>	22/09/2023

### Full text Risk and Hazard codes

#### Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources 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.

For detailed advice on Personal Protective Equipment, refer to the following EU CEN Standards:

EN 166 Personal eye-protection

EN 340 Protective clothing

EN 374 Protective gloves against chemicals and micro-organisms

EN 13832 Footwear protecting against chemicals

EN 133 Respiratory protective devices

#### 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

AIIIC: 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

### Classification and procedure used to derive the classification for mixtures according to Regulation (EC) 1272/2008 [CLP]

Classification according to regulation (EC) No 1272/2008 [CLP] and amendments	Classification Procedure
Skin Corrosion/Irritation Category 2, H315	Calculation method



**Infinity Spray Stone**

<b>Classification according to regulation (EC) No 1272/2008 [CLP] and amendments</b>	<b>Classification Procedure</b>
Serious Eye Damage/Eye Irritation Category 1, H318	Calculation method
Specific Target Organ Toxicity - Repeated Exposure Category 2, H373	Calculation method