

# MAPEI UC LEVELLER

Chemwatch Material Safety Data Sheet  
Issue Date: Mon 24-Oct-2005

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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

MAPEI UC LEVELLER

### SYNONYMS

"! 1/04"

### PRODUCT USE

Cement based levelling mortar.

### SUPPLIER

Company: Mapei Australia P/L

Address:

12 Parkview Drive

Archerfield

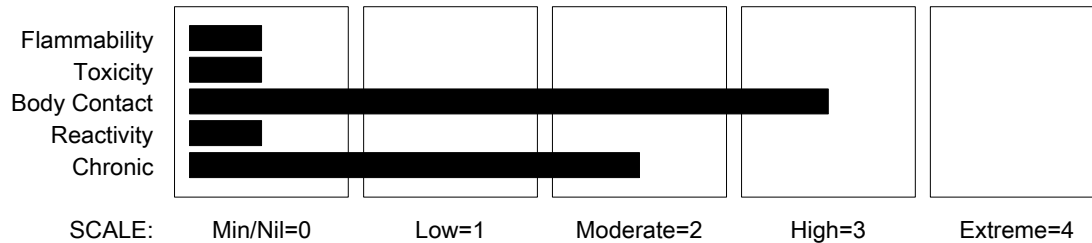
QLD, 4108

AUS

Telephone: +61 7 3276 5000

Fax: +61 7 3276 5076

### HAZARD RATINGS



## Section 2 - HAZARDS IDENTIFICATION

### STATEMENT OF HAZARDOUS NATURE

**HAZARDOUS SUBSTANCE. NON-DANGEROUS GOODS. According to the Criteria of NOHSC, and the ADG Code.**

### POISONS SCHEDULE

None

### RISK

Irritating to eyes, respiratory system and skin.  
May cause SENSITISATION by skin contact.

### SAFETY

Do not breathe dust.  
Avoid contact with skin.  
Wear eye/face protection.  
To clean the floor and all objects contaminated by this material, use water and detergent.  
In case of contact with eyes, rinse with plenty of water and contact Doctor or

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Section 2 - HAZARDS IDENTIFICATION

Poisons Information Centre.

If swallowed, IMMEDIATELY contact Doctor or Poisons Information Centre. (show this container or label).

## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
portland cement	65997-15-1	20-24.99

## Section 4 - FIRST AID MEASURES

### SWALLOWED

- Immediately give a glass of water.
- First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

### EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### SKIN

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

### INHALED

- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

### NOTES TO PHYSICIAN

For acute or short-term repeated exposures to highly alkaline materials:

- Respiratory stress is uncommon but present occasionally because of soft tissue edema.
- Unless endotracheal intubation can be accomplished under direct vision, cricothyroidotomy or tracheotomy may be necessary.
- Oxygen is given as indicated.
- The presence of shock suggests perforation and mandates an intravenous line and fluid administration.
- Damage due to alkaline corrosives occurs by liquefaction necrosis whereby the saponification of fats and solubilisation of proteins allow deep penetration into the tissue.

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Section 4 - FIRST AID MEASURES

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Alkalis continue to cause damage after exposure.

## INGESTION:

- Milk and water are the preferred diluents

No more than 2 glasses of water should be given to an adult.

- Neutralising agents should never be given since exothermic heat reaction may compound injury.

\* Catharsis and emesis are absolutely contra-indicated.

\* Activated charcoal does not absorb alkali.

\* Gastric lavage should not be used.

Supportive care involves the following:

- Withhold oral feedings initially.

- If endoscopy confirms transmucosal injury start steroids only within the first 48 hours.

- Carefully evaluate the amount of tissue necrosis before assessing the need for surgical intervention.

- Patients should be instructed to seek medical attention whenever they develop difficulty in swallowing (dysphagia).

## SKIN AND EYE:

- Injury should be irrigated for 20-30 minutes.

Eye injuries require saline. [Ellenhorn & Barceloux: Medical Toxicology].

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## Section 5 - FIRE FIGHTING MEASURES

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### EXTINGUISHING MEDIA

- There is no restriction on the type of extinguisher which may be used.

Use extinguishing media suitable for surrounding area.

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.

- Wear breathing apparatus plus protective gloves for fire only.

- Prevent, by any means available, spillage from entering drains or water courses.

- Use fire fighting procedures suitable for surrounding area.

- DO NOT approach containers suspected to be hot.

- Cool fire exposed containers with water spray from a protected location.

- If safe to do so, remove containers from path of fire.

- Equipment should be thoroughly decontaminated after use.

### FIRE/EXPLOSION HAZARD

- Non combustible.

- Not considered a significant fire risk, however containers may burn.

Decomposition may produce toxic fumes of, metal oxides.

May emit poisonous fumes.

May emit corrosive fumes.

### FIRE INCOMPATIBILITY

None known.

### HAZCHEM

None

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Section 5 - FIRE FIGHTING MEASURES

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## Personal Protective Equipment

### PERSONAL PROTECTION EQUIPMENT

- Gas tight chemical resistant suit.
- Limit exposure duration to 1 BA set - 30 mins.

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## Section 6 - ACCIDENTAL RELEASE MEASURES

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## EMERGENCY PROCEDURES

### MINOR SPILLS

- Clean up all spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.
- Sweep up, shovel up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labelled container.

### MAJOR SPILLS

- Moderate hazard.
- CAUTION: Advise personnel in area.
- Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise Emergency Services.

### EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (ppm)	Revised IDLH Value (mg/m3)
Portland cement		5,000

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

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## Section 7 - HANDLING AND STORAGE

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### PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.

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Section 7 - HANDLING AND STORAGE

- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

## SUITABLE CONTAINER

- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

## STORAGE INCOMPATIBILITY

None known.

## STORAGE REQUIREMENTS

Observe manufacturer's storing and handling recommendations.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

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### EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m <sup>3</sup>	STEL ppm	STEL mg/m <sup>3</sup>	Peak ppm	Peak mg/m <sup>3</sup>
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Australian Exposure Standards	Portland cement		10				
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Not available. Refer to individual constituents.

### INGREDIENT DATA

#### PORTLAND CEMENT:

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

### PERSONAL PROTECTION

#### EYE

- Safety glasses with side shields.
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].

#### HANDS/FEET

Wear chemical protective gloves, eg. PVC.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

Wear safety footwear or safety gumboots, eg. Rubber.

NOTE: The material may produce skin sensitisation in predisposed individuals.

Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

### OTHER

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

### RESPIRATOR

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

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

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult site specific CHEMWATCH data (if available), or your Occupational Health and Safety Advisor.

### ENGINEERING CONTROLS

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.

- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered.

Such protection might consist of:

- particle dust respirators, if necessary, combined with an absorption cartridge;
- filter respirators with absorption cartridge or canister of the right type;
- fresh-air hoods or masks

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### APPEARANCE

Grey powder with a slight typical cement odour; partially soluble in water.

### PHYSICAL PROPERTIES

Alkaline.

Molecular Weight: Not Available  
Melting Range (°C): Not Available  
Solubility in water (g/L): Partly Miscible  
pH (1% solution): 12 (10%)

Boiling Range (°C): Not Available  
Specific Gravity (water=1): 1.5  
pH (as supplied): Not Applicable  
Vapour Pressure (kPa): Not Available

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## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

Volatile Component (%vol): Not Available  
Relative Vapour Density (air=1): Not Available  
Lower Explosive Limit (%): Not Available  
Autoignition Temp (°C): Not Available  
State: Divided Solid

Evaporation Rate: Not Available  
Flash Point (°C): Not Applicable  
Upper Explosive Limit (%): Not Available  
Decomposition Temp (°C): Not Available

## Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

### CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

## Section 11 - TOXICOLOGICAL INFORMATION

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

The material has NOT 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.

##### EYE

Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.

##### SKIN

Limited 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.

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Section 11 - TOXICOLOGICAL INFORMATION

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.

Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

## INHALED

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.

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.

## CHRONIC HEALTH EFFECTS

Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray. Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucous production. Limited evidence shows that inhalation of the material is capable of inducing a sensitisation reaction in a significant number of individuals at a greater frequency than would be expected from the response of a normal population. Pulmonary sensitisation, resulting in hyperactive airway dysfunction and pulmonary allergy may be accompanied by fatigue, malaise and aching. Significant symptoms of exposure may persist for extended periods, even after exposure ceases. Symptoms can be activated by a variety of nonspecific environmental stimuli such as automobile exhaust, perfumes and passive smoking. There exists limited evidence that shows that skin contact with the material is capable either of inducing a sensitisation reaction in a significant number of individuals, and/or of producing positive response in experimental animals. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping. In some cases, sensitisation.

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Section 11 - TOXICOLOGICAL INFORMATION

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## TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances

## PORTLAND CEMENT:

Not available. Refer to individual constituents.

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## Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

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## Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: Burial in a licenced land-fill or Incineration in a licenced apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

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## Section 14 - TRANSPORTATION INFORMATION

Dangerous Goods Class: None  
Subrisk: None  
UN/NA Number: None  
Packing Group: None  
Labels Required:  
Additional Shipping Information:  
International Transport Regulations:  
IMO Dangerous Goods class: None  
IMO Packing group: None  
IATA Dangerous goods class: None  
Cargo Instructions:  
Cargo Max:  
Passenger Instructions:  
Passenger Max:  
Special Provisions: None, None

## HAZCHEM

None

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## Section 15 - REGULATORY INFORMATION

## POISONS SCHEDULE

None

## REGULATIONS

portland cement (CAS: 65997-15-1) is found on the following regulatory lists:

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Section 15 - REGULATORY INFORMATION

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Australian Inventory of Chemical Substances (AICS)

Australia High Volume Industrial Chemical List (HVICL)

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## Section 16 - OTHER INFORMATION

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