

# MAPEI ULTRAPLAN MAXI

Chemwatch Material Safety Data Sheet  
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## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

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### PRODUCT NAME

MAPEI ULTRAPLAN MAXI

### SYNONYMS

"cement based levelling mortar"

### PRODUCT USE

Cement based levelling mortar. Material is mixed and used in accordance with manufacturers directions. Mix only as much as is required.

### SUPPLIER

Company: Mapei Australia P/L  
Address:  
12 Parkview Drive  
Archerfield  
QLD, 4108  
AUS  
Telephone: +61 7 3276 5000  
Fax: +61 7 3276 5076

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## Section 2 - HAZARDS IDENTIFICATION

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### STATEMENT OF HAZARDOUS NATURE

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

### POISONS SCHEDULE

None

### RISK

Causes burns.  
Risk of serious damage to eyes.  
Inhalation may produce health damage\*.  
Cumulative effects may result following exposure\*.  
Possible respiratory and skin sensitiser\*.  
\* (limited evidence).

### SAFETY

Keep locked up.  
Do not breathe dust.  
Avoid contact with eyes.  
Wear suitable protective clothing.  
Use only in well ventilated areas.  
Keep container in a well ventilated place.  
To clean the floor and all objects contaminated by this material, use water and detergent.  
Take off immediately all contaminated clothing.  
In case of accident or if you feel unwell IMMEDIATELY contact Doctor or Poisons Information Centre (show label if possible).

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## Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

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NAME	CAS RN	%
portland cement		10-60
fillers unregulated		10-60
flow control agents unregulated		<5
plasticiser unregulated		<5

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## Section 4 - FIRST AID MEASURES

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### SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Transport to hospital or doctor without delay.

### EYE

If this product comes in contact with the eyes:

- Immediately hold eyelids apart and flush the eye continuously with running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

### SKIN

If skin or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

### 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.

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Section 4 - FIRST AID MEASURES

- 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.
- 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

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

### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water courses.
- Use water delivered as a fine spray to control fire and cool adjacent 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

- Combustible solid which burns but propagates flame with difficulty.
- Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard;

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Section 5 - FIRE FIGHTING MEASURES

accumulations of fine dust may burn rapidly and fiercely if ignited.

- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting., Combustion products include, metal oxides.

May emit poisonous fumes.

May emit corrosive fumes.

## FIRE INCOMPATIBILITY

None known.

## HAZCHEM

None

## Personal Protective Equipment

### PERSONAL PROTECTION EQUIPMENT

Breathing apparatus.

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

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable labelled container for waste disposal.

### 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.

**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.

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Section 7 - HANDLING AND STORAGE

- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately. Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's 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

None assigned. Refer to individual constituents.

## PERSONAL PROTECTION

### EYE

- Chemical goggles.
- Full face shield may be required for supplementary but never for primary protection of eyes
- 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.

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.

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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

- 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.
- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- 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:
  - (a): particle dust respirators, if necessary, combined with an absorption cartridge;
  - (b): filter respirators with absorption cartridge or canister of the right type;
  - (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant: direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	Air Speed: 1-2.5 m/s (200-500 f/min.)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).	2.5-10 m/s (500-2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range 1: Room air currents minimal or favourable to capture 2: Contaminants of low toxicity or of	Upper end of the range 1: Disturbing room air currents 2: Contaminants of high toxicity
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## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

nuisance value only

3: Intermittent, low production.

4: Large hood or large air mass in motion

3: High production, heavy use

4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### APPEARANCE

Fine grey powder with a slight typical cement odour; partly soluble in water. Alkaline reaction when wet with water.

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Sinks in water.

Alkaline.

Molecular Weight: Not applicable.

Melting Range (°C): Not available.

Solubility in water (g/L): Partly miscible

pH (1% solution): 11 (slurry)

Volatile Component (%vol): Not available

Relative Vapour Density (air=1): Not applicable.

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not applicable.

Specific Gravity (water=1): 1.5 approx

pH (as supplied): Not applicable

Vapour Pressure (kPa): Not available

Evaporation Rate: Not available

Flash Point (°C): Non Flammable

Upper Explosive Limit (%): Not applicable

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 can produce chemical burns within the oral cavity and

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## Section 11 - TOXICOLOGICAL INFORMATION

gastrointestinal tract following ingestion.

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 (eg. 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

The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.

### SKIN

The material can produce chemical burns following direct contact with the skin.

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. Products when wet may be quite alkaline and this alkali action on the skin may contribute to cement contact dermatitis by causing drying and defatting of the skin which may be followed by hardening, cracking, development of lesions, possible infections of lesions and penetration by soluble salts.

### INHALED

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual.

The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

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.

Effects on lungs are significantly enhanced in the presence of respirable particles.

### CHRONIC HEALTH EFFECTS

Repeated exposures, in an occupational setting, to high levels of fine- divided dusts may produce a condition known as pneumoconiosis which is the lodgement of any inhaled dusts in the lung irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50,000 inch), are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible. 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,

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## Section 11 - TOXICOLOGICAL INFORMATION

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. There is some evidence that inhaling this product is more likely to cause a sensitisation reaction in some persons compared to the general population. There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population. Respiratory sensitisation may result in allergic/asthma like responses; from coughing and minor breathing difficulties to bronchitis with wheezing, gasping.

## TOXICITY AND IRRITATION

Not available. Refer to individual constituents.

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

## Section 12 - ECOLOGICAL INFORMATION

DO NOT discharge into sewer or waterways.

## Section 13 - DISPOSAL CONSIDERATIONS

Puncture containers to prevent re-use and bury at an authorised landfill.

- 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.

## 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

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Section 14 - TRANSPORTATION INFORMATION

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## HAZCHEM

None

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## Section 15 - REGULATORY INFORMATION

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## POISONS SCHEDULE

None

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## Section 16 - OTHER INFORMATION

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