

GROUT / CORE FILL

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MATERIAL SAFETY DATA SHEET
(Complies with OSHA CFR 1910.1200 ANSI Z 400.1-1998)
Approval Date: January 1, 2009

SECTION 1: Chemical Product and Company Identification

Product Name: SPEC MIX® Core Fill Grout

Manufacturer Name and Address: SPEC MIX® Inc.
2025 Centre Pointe Blvd.
Mendota Heights, MN 55120

Telephone Contact Number and Hours of Operation: (888) 773-2649; 8:00 a.m. – 4:00 p.m. Central Time

Emergency Telephone Contact Number: (800) 854-7820

SECTION 2: Composition/Information on Ingredients

Hazardous Ingredients (*)	CAS No.	OSHA	PELA	ACGIH	TLV
		TWA	STEL	TWA	STEL
Portland cement	65997-15-1	15mg/m ³ (1) 5mg/m ³ (2)	NE	0mg/m ³	NE
Fly Ash	68131-74-8	5mg/m ³	NE	NE	5mg/m ³
Crystalline silica (sand and gravel)	14808-60-7	see 29 CFR 1910.1000 table z-3	0.05 mg/m ³ (3)	NE	
Calcium sulfate	7778-18-9	15mg/m ³ (1) 5mg/m ³ (2)	NE	10mg/m ³	NE

- 1 - PNOC (Particulate not otherwise classified) as total dust
- 2 - PNOC as respirable fraction
- 3 - As respirable fraction
- 4 - Chromium (III) compounds as chromium

*All ingredients in quantities > 1.0% (0.1% for carcinogens) that are potentially hazardous per OSHA definitions
NDA = no data available NE = not established

Some states enforce the PELs that OSHA promulgated in 1989, which were subsequently vacated by the U.S. Supreme Court. Check with your state OSHA agency to determine which PEL is enforced in your jurisdiction.

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SECTION 3: Hazards Identification **EMERGENCY OVERVIEW**

Physical description: Natural gray solid

Odor: None

Potential Health Effects: Warning! Contact with wet mortar can burn eyes and skin. Permanent eye damage can result from eye contact. Dust from the dry material can cause severe irritation and possibly burns to the eyes and respiratory tract with coughing and nasal discharge. Lung damage and possibly pulmonary edema can result from dust exposure. Skin contact may not cause an immediate burning sensation. It is important to begin skin first-aid even if there is no immediate burning sensation. Repeated or prolonged skin contact may cause skin allergic reactions. Personnel responding to a spill of this material should wear appropriate personal protective equipment.

Fire Hazards:

NFPA Ratings: Health = 2 Fire = 0 Reactivity = 0 Special = NDA

HMIS Ratings: Health = 2 Fire = 0 Reactivity = 0 Protective Equipment = X

SECTION 4: First Aid Measures

Note: Signs and symptoms of skin burns may be delayed. Begin first aid immediately following skin contact even if there is no immediate burning sensation.

Eye Contact: Hold eye open and rinse slowly and gently with water for 30 minutes. Remove any contact lenses (if easy to do), after the first 5 minutes then continue rinsing the eye. Get medical attention immediately.

Skin Contact: Flush affected area for 20 minutes then wash affected area with mild soap and water. Get medical attention immediately.

Ingestion: Get medical attention immediately. Immediately rinse mouth with plenty of water. Have person sip a glass of water if able to swallow — **NEVER** give anything by mouth to an unconscious person. Do not induce vomiting.

Inhalation: Remove to fresh air. Seek medical attention immediately if breathing becomes difficult.

SECTION 5: Fire Fighting Measures

Extinguishing Media: Noncombustible. Use media suitable for surrounding fire.

Flashpoint: NDA

Hazardous Products of Combustion: Calcium oxide fumes.

Auto Ignition Temperature: NDA

Flammable Limits: LEL;NDA UEL; NDA

Unusual Fire and Explosion Hazards: None known.

Protective Equipment: Use NIOSH/MSHA approved SCBA and bunker gear.

SECTION 6: Accidental Release Measures

Do not attempt to clean up chemical spills without appropriate personal protective equipment (see section 8). For a spill of the dry material, use a HEPA (high efficiency particle air) vacuum to collect material and place in seal able containers for disposal. For a wet spill, absorb or cover with dry earth, sand or other noncombustible material and transfer to containers for disposal. Neutralize spill area. Use materials that can withstand the potentially corrosive nature of this product. Do not get water inside containers. See Disposal Comments in Section 13.

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SECTION 7: Handling and Storing

Handling: Avoid contact with eyes and skin. Avoid generating and breathing dusts. Dust may be generated from cutting, grinding, drilling, sawing, or otherwise disturbing hardened concrete. Use with proper personal protective equipment (see Section 8).

Storage: Store upright in a cool, dry, well-ventilated area out of direct sunlight. Protect containers from physical damage. Do not roll containers. Keep containers tightly closed at all times. Do not reuse container. Store away from incompatible materials (see Section 10). Keep out of reach of children.

SECTION 8: Exposure Controls and Personal Protective Equipment

Engineering Controls: If industrial hygiene surveys show that exposures exceed TLVs or other exposure limits, use a combination of local exhaust and general dilution/ventilation to control exposures. If that is not feasible, see recommendations under "Respiratory Protection."

Skin: Wear safety glasses with side shields and goggles or face shield.

Respiratory Protection: NIOSH approved N-95 cartridge respiratory protection is necessary if any of the standards in Section 2 are exceeded. Seek professional advice prior to respirator selection or use. Follow OSHA respirator regulations (29 CFR 1910.134). Use a positive pressure air supplied respirator if there is a potential for an uncontrolled release, exposure levels are not known, or under any other circumstances where air-purifying respirators may not provide adequate protection.

Safety Equipment: Eyewash and deluge shower.

SECTION 9: Physical and Chemical Parameters

Physical State: Solid

Odor: None

Vapor Density (air = 1): NDA

Percent Volatile By Volume: NDA

Melting Point: NDA

Viscosity: NDA

Bulk Density: NDA

PH: NDA

Appearance: Natural gray or colored

Vapor Pressure: NDA

Evaporation Rate (n-butyl acetate = 1): NDA

Freezing Point: NDA

Boiling Point: NDA

Specific Gravity: NDA

Solubility: Slightly soluble in water

SECTION 10: Stability and Reactivity

Stability: Stable

Incompatible Materials and Conditions to Avoid: Avoid strong acids. Silica will dissolve in hydrofluoric acid and produce a corrosive gas silicone tetra fluoride. Contact with oxidizing agents such as fluorine, chlorine tetra fluoride, manganese trioxide, and oxygen difluoride may cause fires. Calcium hydroxide has been reported to undergo violent reactions with maleic anhydride, nitroethane, nitromethane, nitroparaffins, nitropropane, and phosphors.

Hazardous Polymerization: Not expected.

Hazardous Decomposition Products: Oxides of calcium.

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SECTION 11: Toxicological Information

Product Based Information: There are limited toxicological data available for this product. Exposure and occur to the dry product, the wetted product, or to dusts when hardened mortar is ground, cut, drilled, sanded or otherwise disturbed. Routes of exposure include inhalation, eye and skin contact, and ingestion. Inhalation of the dusts of the dry product or from the disturbed hardened product can cause respiratory tract irritation with coughing and nasal discharge. Shortness of breath and reduced pulmonary function may also result from inhalation. Alveolar damage and pulmonary edema resulted in animal studies from exposure to the dry product.

This product contains crystalline silica. Prolonged overexposure to quartz or crystalline silica dust can cause pneumoconiosis, silicosis (a permanent fibrotic lung disease) and potentially lung cancer. Dust can cause inflammation of the lining tissue in the nose and inflammation of the cornea. Eye contact with the wet or dry product can cause burns and permanent damage to the eyes. Skin contact with the wet product can cause burns (corrosive). Repeated or prolonged skin contact with the wet product can cause drying of the skin, dermatitis and possibly allergic skin reactions. Skin contact with the dry product can cause irritation and possibly burns. Ingestion of either the wet or dry product is expected to cause severe irritation and likely burns to the mouth, throat, esophagus, and possibly the stomach. Nausea, vomiting and diarrhea may also occur. There were no data located addressing potential reproductive, developmental, or mutagenic effects following exposure to this product.

Ingredient Based Information:

This product contains Portland cement (CAS# 65995-15-1). Portland cement essentially contains five compounds:

$3\text{CaO}\cdot\text{SiO}_2$	Tricalcium Silicate	CAS #12168-85-3
$2\text{CaO}\cdot\text{SiO}_2$	Dicalcium Silicate	CAS #10034-77-2
$3\text{CaO}\cdot\text{Al}_2\text{O}_3$	Tricalcium Aluminate	CAS #12042-78-3
$4\text{CaO}\cdot\text{Al}_2\text{O}_3\cdot\text{Fe}_2\text{O}_3$	Tetracalcium aluminoferrite	CAS #12068-35-8
$\text{CaSO}_4\cdot 2\text{H}_2\text{O}$	Calcium Sulfate dihydrate (Gypsum)	CAS #778-18-9(# 13397-24-5)

The Portland cement may contain trace quantities (<0.05%) amounts of chromium salts or compounds (including hexavalent chromium) or other metals (including nickel compounds). Other trace constituents may include potassium and/or sodium sulfate compounds. Exposure can occur by eye or skin contact, inhalation, or ingestion. Eye contact can cause irritation. Portland cement is considered a primary skin irritant. Repeated or prolonged skin contact can cause dermatitis. Skin sensitivity may occur if hexavalent chromium is present. Inhalation of dusts may cause dyspnea based on a cross sectional study of 2736 Portland cement workers and 755 controls. In this study, 5.4% of the cement workers had dyspnea v.s. 2.7% of the controls. Ingestion can cause irritation to the mouth, throat, esophagus and stomach with nausea, vomiting and diarrhea. Data located were inconclusive regarding the association between occupational exposure to Portland cement and various cancers (e.g., stomach and lung). No data were located addressing potential reproductive or developmental affects following occupational exposure. Portland cement contains calcium sulfate (CAS# 7778-18-9). Calcium sulfate, when added to water may exist in more hydrated forms. Exposure to calcium sulfate can occur by inhalation, ingestion and eye and skin contact. Inhalation of calcium sulfate dust causes upper respiratory tract irritation primarily as a nuisance dust. Data from human occupational exposures indicate that calcium sulfate caused no lung disease in calcium sulfate miners. Ingestion may result in abdominal pain, vomiting or diarrhea. Ingestion of large amounts could cause obstruction of the gut in the pyloric region. Skin contact with calcium sulfate is not expected to cause irritation. However, skin contact with more hydrated forms of calcium sulfate may cause thermal burns during the hardening process. Eye contact with calcium sulfate may result in mechanical irritation. No adverse affects were reported after application of calcium sulfate to rabbit eyes. Calcium sulfate dihydrate was shown to cause carcinogenic effects in one study. There were no additional data located regarding the potential carcinogenic, reproductive or developmental effects following exposure to calcium sulfate.

This product may contain fly ash, which is a by-product of coal combustion. Depending on the coal source, the material may contain complex dicalciumsilicate, aluminosilicate glass, mullite, hematite, magnetite spinel and quartz. The proportion of quartz (crystalline silica) in the fly ash varies depending on the quartz content of the coal. Class C fly ash may contain free CaO as well as tricalcium aluminate and aluminosilicate glass.

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This product contains crystalline silica (CAS# 14808-60-7). Silica (crystalline) is composed of colorless crystals. Inhalation of crystalline silica is the most significant route of exposure. Inhalation of crystalline silica can lead to silicosis. Silicosis is a disabling, progressive and sometimes fatal lung disease that is characterized by the presence of typical nodulation of the lungs leading to fibrosis. Inhalation of high concentrations of crystalline silica over a short period of time (as little as a few weeks) can cause acute silicosis. Signs and symptoms of acute silicosis include progressive tiredness, fever, weight loss, cough and shortness of breath, wheezing, changes in the chest x-ray, and nonspecific chest illness. In acute silicosis, the lungs show a diffuse ground-glass appearance similar to pulmonary edema and lacking in the nodular pattern in the lungs. Chronic inhalation of lower concentrations can result in silicosis that develops and lasts over many months or years. Those with existing respiratory or lung problems may be at an increased risk from exposure. Clinical signs and symptoms of silicosis generally progress with continued exposure, advancing age, and continued smoking habits. Clinical signs and symptoms of silicosis include cough, tiredness, wheezing, and nonspecific chest illnesses. Symptoms may continue to worsen even after exposure is stopped. The risk of onset of silicosis and the progression to pulmonary lesions is related to the dust concentrations and duration of exposure. Silicosis predisposes to active tuberculosis with the combined diseases progressing more rapidly than silicosis alone. The crystalline silica that remains in the lungs can also cause emphysema, obstructive airway disease and lymph node fibrosis in humans. Occupational exposure to crystalline silica has been associated with lung cancer in some studies. Exposure to crystalline silica dust has also been associated with progressive systemic sclerosis (scleroderma) and may cause perturbations in the immune system based on human data and animal studies. Crystalline silica has been shown to inhibit human leukocyte elastase in *in vitro* studies. This may result in a decrease in bactericidal activity and set the stage for opportunistic infections. IARC has determined that crystalline silica in the form of quartz or cristobalite from occupational sources is carcinogenic to humans (IARC group 1). The National Toxicology Program considers crystalline silica a known human carcinogen. There are no data located addressing reproductive or developmental hazards of silica (crystalline) exposure.

Possible Target Organs: All tissues (possibly corrosive) and respiratory system (e.g., lungs).

Medical Conditions that may be Aggravated by Exposure: Skin (e.g., sensitive skin) and respiratory or lung disorders (e.g., asthma, bronchitis).

Carcinogens: IARC has determined that crystalline silica in the form of quartz or cristobalite from occupational sources is carcinogenic to humans (IARC group 1). The National Toxicology Program (NTP) considers crystalline silica of a respirable size a known human carcinogen.

SECTION 12: Ecological Information

Ecotoxicity: NDA

Environmental Fate: NDA

SECTION 13: Disposal Considerations

This material (as packaged) may be considered a hazardous waste. Be aware that the waste owner has responsibility of final disposal. Regulations may also apply to empty containers, liners or rinsate. Laws may be changed or be reinterpreted; state and local regulations may be different from federal regulations. This information applies to materials as manufactured; contamination or processing may change waste characteristics and requirements.

SECTION 14: Transport Information

DOT Hazard Description: ND

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SECTION 15: Regulatory Information

Chemical Inventories: All components of this product listed in Section 2 are included on the TSCA inventory list, the DSL/NDSL and the EINECS

Reportable Quantities (RQ): None

SARA TITLE III (Superfund Amendments and Reauthorization Act):

Section 302 Extremely Hazardous Materials: None

Section 304 Notification of Accidental Release: None

Sections 311/312 Hazard Categories:

Immediate (Acute) Health Effects: YES

Delayed (Chronic) Health Effects: YES

Fire Hazard: NO

Sudden Release of Pressure Hazard: NO

Reactivity Hazard: NO

Section 313 Toxic Chemical Release Reporting: Not listed

STATE REGULATORY INFORMATION: Since each state has the authority to promulgate standards more stringent than the federal government, this section cannot provide an inclusive list of all state regulations that apply to this product. Questions related to state regulations should be directed toward local officials.

SECTION 16: Other Information

For additional information, refer to the 2000 Emergency Response Guidebook and the ACGIH Documentation of the Threshold Limit Values.

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