



Windliner

Knauf UK & Ireland GmbH

Version No: 4.1

Safety data sheet according to REACH Regulation (EC) No 1907/2006, as amended by UK REACH Regulations SI 2019/758

Issue Date: **08/02/2024**

Print Date: **09/02/2024**

L.REACH.GB.EN.E

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

1.1. Product Identifier

Product name	Windliner
Chemical Name	Not Applicable
Synonyms	Not Available
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	For use as sheathing board. Use according to manufacturer's directions.
Uses advised against	No specific uses advised against are identified.

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

Registered company name	Knauf UK & Ireland GmbH
Address	Kemsley Fields Business Park Kent ME9 8SR Great Britain
Telephone	0800 521 050
Fax	Not Available
Website	www.knauf.co.uk
Email	cservice@knauf.com

1.4. Emergency telephone number

Association / Organisation	NHS Emergency Number
Emergency telephone numbers	111
Other emergency telephone numbers	Not Available

SECTION 2 Hazards identification

2.1. Classification of the substance or mixture

Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567 ^[1]	Not Applicable
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2.2. Label elements

Hazard pictogram(s)	Not Applicable
Signal word	Not Applicable

Hazard statement(s)

Not Applicable

Supplementary statement(s)

EUH210	Safety data sheet available on request.
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Precautionary statement(s) Prevention

Not Applicable

Precautionary statement(s) Response

Not Applicable

Precautionary statement(s) Storage

Not Applicable

Precautionary statement(s) Disposal

Not Applicable

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	Classified according to GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567	SCL / M-Factor	Nanoform Particle Characteristics
1. 13397-24-5 2. Not Available 3. Not Available 4. Not Available	>60	<u>gypsum</u>	Serious Eye Damage/Eye Irritation Category 2, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3; H319, H335 [1]	Not Available	Not Available
1. 69012-64-2 2. 273-761-1 3. 014-052-00-7 4. Not Available	1-10	<u>silica amorphous</u>	EUH210 [1]	Not Available	Not Available
1. 9005-25-8 2. 232-679-6 3. Not Available 4. Not Available	<1	<u>starch</u>	Not Classified [1]	Not Available	Not Available
Not Available	balance	Ingredients determined not to be hazardous	Not Applicable	Not Applicable	Not Available

Legend: 1. Classification by vendor; 2. Classification drawn from GB-CLP Regulation, UK SI 2019/720 and UK SI 2020/1567; 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

Eye Contact	<ul style="list-style-type: none"> ▶ Generally not applicable. If dust from product comes in contact with the eyes: <ul style="list-style-type: none"> ▶ Wash out immediately with fresh running water.
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	<ul style="list-style-type: none"> ▶ 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. ▶ Seek medical attention without delay; if pain persists or recurs seek medical attention. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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. ▶ Generally not applicable.
Inhalation	<ul style="list-style-type: none"> ▶ 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. ▶ Generally not applicable.
Ingestion	<ul style="list-style-type: none"> ▶ 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. ▶ Seek medical advice. ▶ Generally not applicable.

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

- ▶ There is no restriction on the type of extinguisher which may be used.
- ▶ Use extinguishing media suitable for surrounding area.

5.2. Special hazards arising from the substrate or mixture

Fire Incompatibility	None known.
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5.3. Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ Alert Fire Brigade and tell them location and nature of hazard. ▶ Wear breathing apparatus plus protective gloves in the event of a fire. ▶ 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. <p>Slight hazard when exposed to heat, flame and oxidisers.</p>
Fire/Explosion Hazard	<p>Articles and manufactured articles may constitute a fire hazard where polymers form their outer layers or where combustible packaging remains in place.</p> <p>Certain substances, found throughout their construction, may degrade or become volatile when heated to high temperatures. This may create a secondary hazard.</p> <ul style="list-style-type: none"> ▶ Non combustible. ▶ Not considered a significant fire risk, however containers may burn. <p>Decomposes on heating and produces:</p> <p>carbon dioxide (CO₂) sulfur oxides (SO_x) silicon dioxide (SiO₂) other pyrolysis products typical of burning organic material.</p> <p>May emit poisonous fumes. 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

Minor Spills	<ul style="list-style-type: none"> ▸ Clean up all spills immediately. ▸ Secure load if safe to do so. ▸ Bundle/collect recoverable product. ▸ Collect remaining material in containers with covers for disposal.
Major Spills	<ul style="list-style-type: none"> ▸ Clean up all spills immediately. ▸ Wear protective clothing, safety glasses, dust mask, gloves. ▸ Secure load if safe to do so. Bundle/collect recoverable product. ▸ Use dry clean up procedures and avoid generating dust. ▸ Vacuum up (consider explosion-proof machines designed to be grounded during storage and use). ▸ Water may be used to prevent dusting. ▸ Collect remaining material in containers with covers for disposal. ▸ Flush spill area with water.

6.4. Reference to other sections

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

SECTION 7 Handling and storage

7.1. Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▸ The use of ceramic fibres in the work place should be reviewed in the context of frequency of use and potential for exposure. ▸ In circumstances where the respiratory standards or excursion limits are approached, work areas should be designated by the use of ropes or other similar barriers and appropriate signs be utilised, where possible. This is especially true for all overhead work involving ceramic fibres. ▸ Employees not engaged in the ceramic fibre work should not be allowed within 3 metres of the work unless wearing suitable personal protective equipment (PPE). ▸ An example of the appropriate signage for the restricted area is: CERAMIC FIBRE WORK AREA; FOLLOW SAFETY INSTRUCTIONS. <p>All installation and/ or removal practices should be designed to minimise the liberation of dusts or fibres.</p> <p>For Installation:</p> <ul style="list-style-type: none"> ▸ The ceramic fibre material should be kept in its storage container until installation is ready to proceed. ▸ Containers/ bags should only be opened within the designated work areas. ▸ Empty storage bags should be stored in waste containers along with waste material. <p>For Removal:</p> <ul style="list-style-type: none"> ▸ Waste material should be wetted to prevent generation of dusts and placed in sealed containers to prevent dust/ fibre emissions. <p>Upon completion of installation/ removal:</p> <ul style="list-style-type: none"> ▸ All excess material should be sealed in bags/ containers prior to removal from designated work area. ▸ Area should then be cleaned using an industrial vacuum cleaner. ▸ Any remaining contaminant material should be removed with minimum liberation of dusts/fibres. ▸ Wet mopping and wiping may be utilised in some instances when an industrial vacuum is not available. ▸ 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. ▸ 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 storage and handling recommendations contained within this SDS. ▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are
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	maintained.
Fire and explosion protection	See section 5
Other information	▶ Store away from incompatible materials.

7.2. Conditions for safe storage, including any incompatibilities

Suitable container	Generally packaging as originally supplied with the article or manufactured item is sufficient to protect against physical hazards. If repackaging is required ensure the article is intact and does not show signs of wear. As far as is practicably possible, reuse the original packaging or something providing a similar level of protection to both the article and the handler. ▶ Glass container is suitable for laboratory quantities
Storage incompatibility	▶ Avoid strong acids, bases. ▶ Avoid reaction with oxidising agents
Hazard categories in accordance with Regulation (EC) No 1272/2008	Not Available
Qualifying quantity (tonnes) of dangerous substances as referred to in Article 3(10) for the application of	Not Available

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
gypsum	Dermal 5.12 mg/kg bw/day (Systemic, Chronic) Inhalation 9 mg/m ³ (Systemic, Chronic) Inhalation 5 082 mg/m ³ (Systemic, Acute) <i>Dermal 2.56 mg/kg bw/day (Systemic, Chronic) *</i> <i>Inhalation 1 mg/m³ (Systemic, Chronic) *</i> <i>Oral 0.04 mg/kg bw/day (Systemic, Chronic) *</i> <i>Inhalation 3 811 mg/m³ (Systemic, Acute) *</i> <i>Oral 11.4 mg/kg bw/day (Systemic, Acute) *</i>	100 mg/L (STP)
silica amorphous	Inhalation 0.3 mg/m ³ (Local, Chronic) Inhalation 15 mg/m ³ (Local, Acute) <i>Oral 3.29 mg/kg bw/day (Systemic, Chronic) *</i>	Not Available

* Values for General Population

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
UK Workplace Exposure Limits (WELs).	gypsum	Gypsum: inhalable dust	10 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	gypsum	Gypsum: respirable	4 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	silica amorphous	Silica, fused respirable dust	0.08 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	silica amorphous	Diatomaceous earth, natural, respirable dust	1.2 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	starch	Starch: total inhalable	10 mg/m ³	Not Available	Not Available	Not Available
UK Workplace Exposure Limits (WELs).	starch	Starch: respirable	4 mg/m ³	Not Available	Not Available	Not Available

Emergency Limits

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Ingredient	TEEL-1	TEEL-2	TEEL-3
silica amorphous	18 mg/m ³	200 mg/m ³	1,200 mg/m ³
silica amorphous	18 mg/m ³	100 mg/m ³	630 mg/m ³
silica amorphous	120 mg/m ³	1,300 mg/m ³	7,900 mg/m ³
silica amorphous	45 mg/m ³	500 mg/m ³	3,000 mg/m ³
silica amorphous	18 mg/m ³	740 mg/m ³	4,500 mg/m ³
starch	30 mg/m ³	330 mg/m ³	2,000 mg/m ³

Ingredient	Original IDLH	Revised IDLH
gypsum	Not Available	Not Available
silica amorphous	3,000 mg/m ³	Not Available
starch	Not Available	Not Available

MATERIAL DATA

8.2. Exposure controls

8.2.1. Appropriate engineering controls	<p>Articles or manufactured items, in their original condition, generally don't require engineering controls during handling or in normal use.</p> <p>Exceptions may arise following extensive use and subsequent wear, during recycling or disposal operations where substances, found in the article, may be released to the environment.</p>
8.2.2. Individual protection measures, such as personal protective equipment	
Eye and face protection	<ul style="list-style-type: none"> ▶ Safety glasses with side shields. ▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent] ▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59]. <p>Eye protection not normally required due to the physical form of the product.</p>
Skin protection	See Hand protection below
Hands/feet protection	<ul style="list-style-type: none"> ▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Ansell Glove Selection

Respiratory protection

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

Where the concentration of gas/particulates in the breathing zone, approaches or exceeds the "Exposure Standard" (or ES), respiratory protection is required. Degree of protection varies with both face-piece and Class of filter; the nature of protection varies with Type of filter.

Required Minimum Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
up to 10 x ES	AK-AUS P2	-	AK-PAPR-AUS / Class 1 P2
up to 50 x ES	-	AK-AUS / Class 1 P2	-
up to 100 x ES	-	AK-2 P2	AK-PAPR-2 P2 ^

^ - Full-face

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Glove — In order of recommendation
AlphaTec® 15-554
AlphaTec® Solvex® 37-185
AlphaTec® 38-612
AlphaTec® 58-008
AlphaTec® 58-530B
AlphaTec® 58-530W
AlphaTec® 58-735
AlphaTec® 79-700
AlphaTec® Solvex® 37-675
DermaShield™ 73-711

The suggested gloves for use should be confirmed with the glove supplier.

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)

Respiratory protection not normally required due to the physical form of the product.

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

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

9.2. Other information

Not Available

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SECTION 10 Stability and reactivity

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

SECTION 11 Toxicological information

11.1. Information on toxicological effects

Inhaled	Limited evidence or practical experience suggests that the material may produce irritation of the respiratory system, in a significant 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.
Ingestion	Accidental ingestion of the material may be damaging to the health of the individual.
Skin Contact	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. Open cuts, abraded or irritated skin should not be exposed to this material Solution of material in moisture on the skin, or perspiration, may increase irritant effects 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.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to 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.
Chronic	<p>▸ Hazard relates to dust released by sawing, cutting, sanding, trimming or other finishing operations.</p> <p>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.</p> <p>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. The synthetic, amorphous silicas are believed to represent a very greatly reduced silicosis hazard compared to crystalline silicas and are considered to be nuisance dusts.</p> <p>When heated to high temperature and a long time, amorphous silica can produce crystalline silica on cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling pulmonary fibrosis that may take years to develop. Discrepancies between various studies showing that fibrosis associated with chronic exposure to amorphous silica and those that do not may be explained by assuming that diatomaceous earth (a non-synthetic silica commonly used in industry) is either weakly fibrogenic or nonfibrogenic and that fibrosis is due to contamination by crystalline silica content</p> <p>Repeated exposure to synthetic amorphous silicas may produce skin dryness and cracking.</p> <p>Available data confirm the absence of significant toxicity by oral and dermal routes of exposure.</p> <p>Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted in a number of species, at airborne concentrations ranging from 0.5 mg/m³ to 150 mg/m³. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m³. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m³. Differences in values may be due to particle size, and therefore the number of particles administered per unit dose. Generally, as particle size diminishes so does the NOAEL/ LOAEL. Exposure produced transient increases in lung inflammation, markers of cell injury and lung collagen content. There was no evidence of interstitial pulmonary fibrosis.</p> <p>Chronic boric acid poisoning is characterized by mild gastrointestinal irritation, loss of appetite, disturbed digestion, nausea, possibly vomiting and a hard blotchy rash. Dryness of skin, reddening of tongue, loss of hair, conjunctivitis, and kidney injury have also been reported.</p> <p>[Occupational Diseases]</p> <p>Long term exposure to boric acid may be of more concern, causes kidney damage and eventually kidney failure. Although it does not appear to be carcinogenic, studies in dogs have reported testicular atrophy after exposure to 32 mg/kg bw/day for 90 days. This level is far lower than the LD50.</p>

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Boric acid in high doses shows significant developmental toxicity and teratogenicity in rabbit, rat, and mouse fetuses as well as cardiovascular defects, skeletal variations, mild kidney lesions.

The mechanism of action by which boric acid causes testicular toxicity has been investigated and it has been proposed that decreased testosterone production arises via a CNS mediated mechanism. It is not likely that hormone changes can explain the testicular atrophy observed at high dose levels since it has been shown that spermatogenesis can be maintained in the presence of significantly decreased intra-testicular testosterone levels. The fact that testicular damage was reversible and less extensive in younger sexually immature males than in mature animals also argues against an endocrine disruptor mechanism because younger animals still in development may be expected to be more sensitive to anti-androgenic effects than adults.

Inhibition of spermiation has been investigated and the involvement of Sertoli cells is suggested, as effects on these cells can lead to testicular atrophy. The changes in serum hormone levels may reflect an indirect effect on the CNS mediated by paracrine and/or autocrine influences.

Chronic poisoning by borates may be characterised gastrointestinal disturbances and skin rash. Chronic absorption of small amounts of borax causes mild gastroenteritis and dermatitis.

Chronic feeding studies involving borate administration to rats and dogs leads to accumulation in the testes, germ cell depletion and testicular atrophy. Hair loss in a young woman was traced to chronic ingestion of boric acid-containing mouthwashes whilst hair loss, dermatitis, gastric ulcer and hypoplastic anaemia in an adult male was attributed to the consumption of an uncharacterised "boric tartrate" for 20 years (symptoms disappeared following withdrawal). Repeated ingestion or inhalation of sub-acute doses of boric acid produces gastrointestinal irritation and disturbance, loss of appetite, disturbed digestion, nausea and vomiting, erythematous rash which may become hard and purpuric, dryness of the skin and mucous membranes, reddening of the tongue, cracking of the lips, conjunctivitis, palpebral oedema and kidney injury. Workers exposed to dust levels containing in excess of 31 mg/m³ boric acid, showed atrophic and subatrophic changes of the respiratory mucous membranes. Prolonged ingestion by animals produces a variety of reproductive effects including changes to the ovaries, fallopian tubes, the testes, epididymis and sperm ducts.

Inorganic borates convert to boric acid at physiological pH in the aqueous layer overlying the mucosal surfaces prior to absorption. Boric acid is known to be readily taken up from the gastrointestinal tract in rats and humans, as demonstrated by experimental evidence in both human and animal studies, where more than 90% of the administered dose of borate was excreted as boric acid

Boric acid is not metabolized in either animals or humans, owing to the high energy level required (523 kJ/mol) to break the B-O bond. Because of the high pKa, regardless of the form of inorganic borate ingested (e.g., boric acid, disodium tetraborate decahydrate or boron associated with animal or plant tissues), uptake is almost exclusively (>98%) as undissociated boric acid. Levels above 10 ug/m³ of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons

	TOXICITY	IRRITATION
Windliner	Not Available	Not Available
gypsum	Inhalation(Rat) LC50: >3.26 mg/l4h ^[1]	Not Available
	Oral (Rat) LD50: >1581 mg/kg ^[1]	
silica amorphous	dermal (rat) LD50: >2000 mg/kg ^[1]	Eye (rabbit): non-irritating ** [Grace]
	Inhalation(Rat) LC50: >0.09<0.84 mg/l4h ^[1]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50: >1000 mg/kg ^[1]	Skin (rabbit): non-irritating *
		Skin: no adverse effect observed (not irritating) ^[1]
starch	TOXICITY	IRRITATION
	Not Available	Skin (human): 0.3 mg/3d-I mild

Legend: 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances

GYPSUM

Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases. The disorder is characterized by difficulty breathing, cough and mucus production.

No significant acute toxicological data identified in literature search.

Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous membrane, and respiratory system irritant. Early studies of gypsum miners did not relate pneumoconiosis with chronic exposure to gypsum. Other studies in humans (as well as animals) showed no

lung fibrosis produced by natural dusts of calcium sulfate except in the presence of silica. However, a series of studies reported chronic nonspecific respiratory diseases in gypsum industry workers in Gacki, Poland.

Unlike other fibers, gypsum is very soluble in the body; its half-life in the lungs has been estimated as minutes. In four healthy men receiving calcium supplementation with calcium sulfate (CaSO₄·1/2H₂O) (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported.

Several feeding studies in pigs on the bioavailability of calcium in calcium supplements, including gypsum, have been conducted.

The bioavailability of calcium in gypsum was similar to that for calcitic limestone, oyster shell flour, marble dust, and aragonite, ranging from 85 to 102%. In mice, the i.p. and intragastric LD₅₀ values were 6200 and 4704 mg/kg, respectively, for phosphogypsum (98% CaSO₄·H₂O). For Plaster of Paris, the values were 4415 and 5824, respectively. In rats, an intragastric LD₅₀ of 9934 mg/kg was reported for phosphogypsum

Repeat dose toxicity: In a study of 241 underground male workers employed in four gypsum mines in Nottinghamshire and Sussex for a year (November 1976-December 1977), results of chest X-rays, lung function tests, and respiratory systems suggested an association of the observed lung shadows with the higher quartz content in dust rather than to gypsum; the small round opacities in the lungs were characteristic of silica exposure.

Prophylactic examinations of workers in a gypsum extraction and production plant (dust concentration exceeded TLV 2.5- to 10-fold) reported no risk of pneumoconiosis due to gypsum exposure, while another study of gypsum manufacturing plant workers reported that chronic occupational exposure to gypsum dust had resulted in pulmonary ventilatory defect of the restrictive form.

Three cases of idiopathic interstitial pneumonia with multiple bullae throughout the lungs were seen in Japanese schoolteachers (lifetime occupation) exposed to chalk; 2/3 of the chalk was made from gypsum and small amounts of silica and other minerals.

In rats exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m³) or a combination of milled and fibrous calcium sulfate (60 mg/m³) six hours per day, five days per week for three weeks, gypsum dust was quickly cleared from the lungs of via dissolution and mechanisms of particle clearance.

In guinea pigs given intraperitoneal (i.p.) injections of gypsum (doses not provided), gypsum was absorbed followed by the dissolution of gypsum in surrounding tissues. In another study, after i.p. injection of gypsum (2 cm³ of a 5 or 10% suspension in saline) into guinea pigs, which were sacrificed at intervals up to 180 days, most of the dust was found distributed in the peritoneum of the anterior abdominal wall. Gypsum dust produced irregular and clustered nodules, which decreased in size over time.

Direct administration of WTC PM_{2.5} [mostly composed of calcium-based compounds, including calcium sulfate (gypsum) and calcium carbonate (calcite)] (10, 32, or 100 µg) into the airways of mice produced mild to moderate lung inflammation and airway hyperresponsiveness at the high dose. [It was noted that WTC PM_{2.5} is composed of many chemical species and that their interactions may be related with development of airway hyperresponsiveness.] In female SPF Wistar rats intratracheally (i.t.) instilled with anhydrite dust (35 mg) and sacrificed three months later, an increase in total lipid or hydroxyproline content in the lungs was not observed compared to controls.

In inhalation (nose-only) experiments in which male F344 rats were exposed to calcium sulfate fiber aerosols (100 mg/m³) for six hours per day, five days per week for three weeks, there were no effects on the number of macrophages per alveolus, bronchoalveolar lavage fluid (BALF) protein concentration, or BALF g-glutamyl transpeptidase activity (g-GT). Following three weeks of recovery, nonprotein thiol levels (NPSH), mainly glutathione, were increased in animals. In follow-up experiments, rats were exposed to an aerosol of anhydrous calcium sulfate fibers (15 mg/m³) or a combination of milled and fibrous calcium sulfate (60 mg/m³) for the same duration. Calcium levels in the lungs were similar to those of controls; however, gypsum fibers were detected in the lungs of treated animals. Significant increases in NPSH levels in BALF were observed in rats killed immediately after exposure at both doses and in recovery group animals at the higher dose. At 15 mg/m³, almost all NPSH was lost in macrophages from all treated animals (including those in recovery), but a significant decrease in extracellular g-GT activity was seen only in recovery group animals. Overall, the findings were "considered to be non-pathological local effects due to physical factors related to the shape of the gypsum fibers and not to calcium sulphate per se."

Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks resulted in no deaths or significant body weight changes in female Syrian hamsters compared to controls.

Inflammation (specifically, chronic alveolitis with macrophage and neutrophil aggregation) was observed in the lung.

In guinea pigs, inhalation of calcined gypsum dust (1.6 x 10⁴ particles/mL) for 44 hours per week in 5.5 days for two years, followed with or without a recovery period of up to 22 months, produced only minor effects in the lungs. There were 12 of 21 deaths over the entire experimental period. These were due to pneumonia or other pulmonary lesions; however, no significant gross signs of pulmonary disease or nodular or diffuse pneumoconiosis became significant. Beginning near 11 months, pigmentation and atelectasis were seen. During the recovery period, four of ten guinea pigs died; two died of pneumonia.

Pigmentation continued in most animals but not atelectasis. Low-grade chronic inflammation, occurring in the first two months, also disappeared.

Mercury emissions controls on coal-fired power plants have increased the likelihood of the presence of mercury in synthetic gypsum formed in wet flue gas desulfurisation (FGD) systems and the finished wallboard produced from the FGD gypsum. In a study at a commercial wallboard plant, the raw FGD gypsum, the product stucco (beta form of CaSO₄·1/2H₂O), and the finished dry wallboard each contained about 1 µg Hg/g dry weight. Total mercury loss from the original FGD gypsum content was about 0.045 g Hg/ton dry gypsum processed

Synergistic/Antagonistic Effects: In rats, i.t. administration of anhydrite (5-35 mg) successively and simultaneously with quartz reduced the toxic effect of quartz in lung tissue. This protective effect on quartz toxicity was also seen in guinea pigs; calcined gypsum dust prevented or hindered the development of fibrosis. Natural anhydrite, however, increased the fibrogenic effect of cadmium sulfide in rats. Additionally, calcined gypsum dust had a stimulatory effect on experimental tuberculosis in guinea pigs.

Cytotoxicity: In Syrian hamster embryo cells, gypsum (up to 10 µg/cm²) did not induce apoptosis. Negative results were also found in mouse peritoneal macrophages (tested at 150 µg/mL gypsum dust) and in Chinese hamster lung V79-4 cells (tested up to 100 µg/mL).

Carcinogenicity: In female Sprague-Dawley rats, i.p. injection of natural anhydrite dusts from German coal mines (doses not provided) induced granulomas; whether gypsum was the causal factor was not established. In Wistar rats, four i.p. injections of gypsum (25 mg each) induced abdominal cavity tumours, mostly sarcomatous mesothelioma, in 5% of animals; first tumour was seen at 546 days. In a subsequent experiment using the same procedure, female Wistar rats exhibited the first tumour at 579 days after the last injection. Mean survival of the tumour-bearing rats (5.7% of test group) was 583 days, while mean survival of

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	<p>the test group was 587 days. Tumour types seen were a sarcoma having cellular polymorphism, a carcinoma, and a reticulosarcoma.</p> <p>Intratracheal administration of man-made calcium sulfate fiber (2.0 mg) once per week for five weeks produced tumours in three of 20 female Syrian hamsters observed two years later. An anaplastic carcinoma was found in the heart, and one dark cell carcinoma was seen in the kidney. Two tumours of unspecified types were observed in the rib.</p> <p>In guinea pigs, inhalation of gypsum (doses not provided) for 24 months produced no lung tumours.</p> <p>In rats, i.t. administration of gypsum (doses not provided in abstract) from FGD for up to 18 months produced no arterial blood gas changes or indications of secondary heart damage as compared to controls.</p> <p>In another study, a single i.t. dose (25 mg) of flue gas gypsum dust did not produce a pathological reaction when observed for up to 18 months. There were also no signs of developing granuloma or fibrosis of the lungs. Lead quickly accumulated in the femur after injection but was eliminated during the observation period. In the Ames test, the flue gas gypsum dust was negative.</p> <p>Genotoxicity: Calcium sulfate (up to 2.5%) was negative in Salmonella typhimurium strains TA1535, TA1537, and TA1538 and in Saccharomyces cerevisiae strain D4 with and without metabolic activation.</p> <p>Developmental toxicity: In pregnant mice, rats, and rabbits, daily oral administration of calcium sulfate (16-1600 mg/kg bw) beginning on gestation day 6 up to 18 produced no effects on maternal body weights, maternal or foetal survival, or nidation (embryo implantation); developmental effects were also not seen.</p>
<p>SILICA AMORPHOUS</p>	<p>Reports indicate high/prolonged exposures to amorphous silicas induced lung fibrosis in experimental animals; in some experiments these effects were reversible. [PATTYS]</p> <p>For silica amorphous:</p> <p>Derived No Adverse Effects Level (NOAEL) in the range of 1000 mg/kg/d.</p> <p>In humans, synthetic amorphous silica (SAS) is essentially non-toxic by mouth, skin or eyes, and by inhalation. Epidemiology studies show little evidence of adverse health effects due to SAS. Repeated exposure (without personal protection) may cause mechanical irritation of the eye and drying/cracking of the skin.</p> <p>When experimental animals inhale synthetic amorphous silica (SAS) dust, it dissolves in the lung fluid and is rapidly eliminated. If swallowed, the vast majority of SAS is excreted in the faeces and there is little accumulation in the body. Following absorption across the gut, SAS is eliminated via urine without modification in animals and humans. SAS is not expected to be broken down (metabolised) in mammals.</p> <p>After ingestion, there is limited accumulation of SAS in body tissues and rapid elimination occurs. Intestinal absorption has not been calculated, but appears to be insignificant in animals and humans. SASs injected subcutaneously are subjected to rapid dissolution and removal. There is no indication of metabolism of SAS in animals or humans based on chemical structure and available data. In contrast to crystalline silica, SAS is soluble in physiological media and the soluble chemical species that are formed are eliminated via the urinary tract without modification.</p> <p>Both the mammalian and environmental toxicology of SASs are significantly influenced by the physical and chemical properties, particularly those of solubility and particle size. SAS has no acute intrinsic toxicity by inhalation. Adverse effects, including suffocation, that have been reported were caused by the presence of high numbers of respirable particles generated to meet the required test atmosphere. These results are not representative of exposure to commercial SASs and should not be used for human risk assessment. Though repeated exposure of the skin may cause dryness and cracking, SAS is not a skin or eye irritant, and it is not a sensitiser.</p> <p>Repeated-dose and chronic toxicity studies confirm the absence of toxicity when SAS is swallowed or upon skin contact.</p> <p>Long-term inhalation of SAS caused some adverse effects in animals (increases in lung inflammation, cell injury and lung collagen content), all of which subsided after exposure.</p> <p>Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted with SAS in a number of species, at airborne concentrations ranging from 0.5 mg/m³ to 150 mg/m³. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m³. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m³. The difference in values may be explained by different particle size, and therefore the number of particles administered per unit dose. In general, as particle size decreases so does the NOAEL/LOAEL.</p> <p>Neither inhalation nor oral administration caused neoplasms (tumours). SAS is not mutagenic in vitro. No genotoxicity was detected in in vivo assays. SAS does not impair development of the foetus. Fertility was not specifically studied, but the reproductive organs in long-term studies were not affected.</p> <p>For Synthetic Amorphous Silica (SAS)</p> <p>Repeated dose toxicity</p> <p>Oral (rat), 2 weeks to 6 months, no significant treatment-related adverse effects at doses of up to 8% silica in the diet.</p> <p>Inhalation (rat), 13 weeks, Lowest Observed Effect Level (LOEL) = 1.3 mg/m³ based on mild reversible effects in the lungs.</p> <p>Inhalation (rat), 90 days, LOEL = 1 mg/m³ based on reversible effects in the lungs and effects in the nasal cavity.</p> <p>For silane treated synthetic amorphous silica:</p> <p>Repeated dose toxicity: oral (rat), 28-d, diet, no significant treatment-related adverse effects at the doses tested.</p> <p>There is no evidence of cancer or other long-term respiratory health effects (for example, silicosis) in workers employed in the manufacture of SAS. Respiratory symptoms in SAS workers have been shown to correlate with smoking but not with SAS exposure, while serial pulmonary function values and chest radiographs are not adversely affected by long-term exposure to SAS.</p> <p>The substance is classified by IARC as Group 3:</p> <p>NOT classifiable as to its carcinogenicity to humans.</p> <p>Evidence of carcinogenicity may be inadequate or limited in animal testing.</p>
<p>STARCH</p>	<p>The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.</p>

<p>Acute Toxicity</p>	<p>✘</p>	<p>Carcinogenicity</p>	<p>✘</p>
<p>Skin Irritation/Corrosion</p>	<p>✘</p>	<p>Reproductivity</p>	<p>✘</p>

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Serious Eye Damage/Irritation	✗	STOT - Single Exposure	✗
Respiratory or Skin sensitisation	✗	STOT - Repeated Exposure	✗
Mutagenicity	✗	Aspiration Hazard	✗

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

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

Windliner	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
gypsum	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	96h	Algae or other aquatic plants	3200mg/l	4
	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	NOEC(ECx)	0.25h	Fish	75mg/l	4
	LC50	96h	Fish	>79mg/l	2
silica amorphous	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	>86mg/l	2
	EC50	96h	Algae or other aquatic plants	217.576mg/l	2
	EC50	72h	Algae or other aquatic plants	14.1mg/l	2
	EC0(ECx)	24h	Crustacea	>=10000mg/l	1
	LC50	96h	Fish	1033.016mg/l	2
starch	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	<i>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</i>				

DO NOT discharge into sewer or waterways.

12.2. Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
gypsum	HIGH	HIGH
silica amorphous	LOW	LOW

12.3. Bioaccumulative potential

Ingredient	Bioaccumulation
gypsum	LOW (LogKOW = -2.2002)
silica amorphous	LOW (LogKOW = 0.5294)

12.4. Mobility in soil

Ingredient	Mobility
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Continued...

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Ingredient	Mobility
gypsum	LOW (KOC = 6.124)
silica amorphous	LOW (KOC = 23.74)

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

Product / Packaging disposal	<ul style="list-style-type: none"> ▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Management Authority for disposal. ▸ DO NOT allow wash water from cleaning or process equipment to enter drains. ▸ It may be necessary to collect all wash water for treatment before disposal. ▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. ▸ Where in doubt contact the responsible authority. ▸ Recycle wherever possible or consult manufacturer for recycling options. ▸ Consult State Land Waste Authority for disposal. ▸ Bury or incinerate residue at an approved site. ▸ Recycle containers if possible, or dispose of in an authorised landfill.
Waste treatment options	Not Available
Sewage disposal options	Not Available

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
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Land transport (ADR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

14.1. UN number or ID number	Not Applicable	
14.2. UN proper shipping name	Not Applicable	
14.3. Transport hazard class(es)	Class	Not Applicable
	Subsidiary Hazard	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	Hazard identification (Kemler)	Not Applicable
	Classification code	Not Applicable
	Hazard Label	Not Applicable

Continued...

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	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

14.1. UN number	Not Applicable	
14.2. UN proper shipping name	Not Applicable	
14.3. Transport hazard class(es)	ICAO/IATA Class	Not Applicable
	ICAO / IATA Subsidiary Hazard	Not Applicable
	ERG Code	Not Applicable
14.4. Packing group	Not Applicable	
14.5. Environmental hazard	Not Applicable	
14.6. Special precautions for user	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

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

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

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

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
gypsum	Not Available
silica amorphous	Not Available
starch	Not Available

14.7.3. Transport in bulk in accordance with the IGC Code

Product name	Ship Type
gypsum	Not Available
silica amorphous	Not Available
starch	Not Available

SECTION 15 Regulatory information**15.1. Safety, health and environmental regulations / legislation specific for the substance or mixture****gypsum is found on the following regulatory lists**

UK Workplace Exposure Limits (WELs).

silica amorphous is found on the following regulatory lists

Chemical Footprint Project - Chemicals of High Concern List

Great Britain GB Biocidal Active Substances

Great Britain GB mandatory classification and labelling (GB MCL) technical reports

Great Britain GB mandatory classification and labelling list (GB MCL)

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs - Not Classified as Carcinogenic

International WHO List of Proposed Occupational Exposure Limit (OEL) Values for Manufactured Nanomaterials (MNMS)

UK Workplace Exposure Limits (WELs).

starch is found on the following regulatory lists

UK Workplace Exposure Limits (WELs).

Additional Regulatory Information

Not Applicable

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

15.2. Chemical safety assessment

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

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (gypsum)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes

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National Inventory	Status
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	Yes
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	08/02/2024
Initial Date	28/12/2023

Full text Risk and Hazard codes

H319	Causes serious eye irritation.
H335	May cause respiratory irritation.

SDS Version Summary

Version	Date of Update	Sections Updated
3.1	05/02/2024	Toxicological information - Acute Health (eye), Toxicological information - Acute Health (inhaled), Toxicological information - Chronic Health, Hazards identification - Classification, Ecological Information - Environmental, Firefighting measures - Fire Fighter (fire/explosion hazard), Firefighting measures - Fire Fighter (fire incompatibility), First Aid measures - First Aid (eye), Composition / information on ingredients - Ingredients, Accidental release measures - Spills (major)
4.1	08/02/2024	Hazards identification - Classification

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

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- BEI: Biological Exposure Index
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration

- AIIC: Australian Inventory of Industrial Chemicals
- DSL: Domestic Substances List
- NDSL: Non-Domestic Substances List
- IECSC: Inventory of Existing Chemical Substance in China
- EINECS: European INventory of Existing Commercial chemical Substances
- ELINCS: European List of Notified Chemical Substances
- NLP: No-Longer Polymers
- ENCS: Existing and New Chemical Substances Inventory
- KECI: Korea Existing Chemicals Inventory
- NZIoC: New Zealand Inventory of Chemicals
- PICCS: Philippine Inventory of Chemicals and Chemical Substances
- TSCA: Toxic Substances Control Act
- TCSI: Taiwan Chemical Substance Inventory
- INSQ: Inventario Nacional de Sustancias Químicas
- NCI: National Chemical Inventory
- FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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
, EUH210	Calculation method