

Section 1. Product Identification

Trade Name/Product Name HydroPhase P150 SL
Recommended Use Flooring and Construction
Recommended Restrictions Use in accordance with manufacturer's recommendations

**Manufacturer/Importer/
Supplier/Distributor information**

Company Name HydroPhase
Address 3010 NW 149th St, Suite 100, Oklahoma City, OK 73134
Telephone (405) 310-1650 I Fax (405) 213-1591
Website www.hydrophasecements.com

Emergency Phone CHEMTREC 1-800-424-9300 I +1 703-527-3887 CCN823126

Section 2. Hazards Identification

GHS Ratings

Skin Corrosive 1A H314
Eye Damage 1 H318
Skin Sensitizer 1 H317
STOT RE 1 Specific target organ toxicity (repeated exposure) Category 1
STOT SE 3 Specific target organ toxicity (single exposure) Category 3

GHS Hazards

H314 Causes severe skin burns and eye damage.
H315 Causes skin irritation
H317 May cause an allergic skin reaction.
H318 Causes serious eye damage.
H320 Causes eye irritation
H335 May cause respiratory irritation.
H350 May cause cancer
H372 Causes damage to organs through prolonged or repeated exposure

Precautionary Statements

P260 Do not breathe dust.
P264 Wash hands, forearms, and exposed areas thoroughly after handling.
P271 Use only outdoors or in a well-ventilated area.
P280 Wear eye protection, face protection, protective clothing, and protective gloves.
P301+P330+P331 IF SWALLOWED: rinse mouth. Do NOT induce vomiting.
P302+P352 IF ON SKIN: Wash with plenty of water
P303+P361+P353 IF ON SKIN (or hair): Take off immediately all contaminated clothing. Rinse skin with water/shower.
P304+P340 IF INHALED: Remove person to fresh air and keep at rest in a position comfortable for breathing.
P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing
P310 Immediately call a POISON CENTER, a doctor.
P333+P313 If skin irritation or rash occurs: Get medical advice/attention.
P362+P364 Take off contaminated clothing and wash it before reuse.
P403+P233 Store in a well-ventilated place. Keep container tightly closed.
P501 Dispose of contents/container in accordance with local, regional, national, and international regulations

Hazard Pictograms



Section 3. Composition/Information on Ingredients

Chemical Name	CAS Number	Weight/Concentration
Proprietary Hydraulic Cement	Trade Secret	
Crystalline Silica	14808-60-7	50%

Composition Comments The specific chemical identity and the exact percentage of composition of this proprietary hydraulic cement has been withheld as a trade secret.

Section 4. First-Aid Measures

Eye Contact	If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. If eye irritation persists: Get medical advice/attention.
Skin Contact	If on skin: Wash with plenty of water/mild soap and water. Specific treatment: see supplemental first aid instruction on label. If skin irritation occurs: Get medical advice/attention. Take off contaminated clothing and wash it before reuse.
Inhalation	If inhaled: If breathing is difficult, remove person to fresh air and keep comfortable for breathing. If experiencing respiratory symptoms: Call a doctor
Ingestion	If swallowed: Rinse mouth and seek medical help immediately. Do not induce vomiting. Portland cement is highly alkaline (pH 12) and may cause burns to the esophagus and stomach. The use of diluents is controversial and neutralization is contraindicated.
Target Organs	Eyes, skin and respiratory system.
Medical Conditions Which May Be Aggravated	Pre-existing upper respiratory and lung diseases such as, but not limited to, bronchitis, emphysema, and asthma.
Primary Routes of Entry	Inhalation, ingestion and contact with eyes and/or skin

Section 5. Fire and Explosion Hazard Data

Flash Point	Non-combustible
Auto-Ignition	Not applicable
Flammable Limit	Not applicable
Fire Extinguishing Media	Use extinguishing media appropriate for surrounding fire
Special Fire Fighting Procedures	Wear proper personal protective equipment as listed in Section 8
Hazardous Combustion Procedures	Not applicable
Explosion Hazards	None known

Section 6. Accidental Release Measures

Methods and Materials for Containment and Clean Up	Remove by dry sweeping or vacuum. Avoid creating excessive dust. It is recommended that gloves and a mask be worn while cleaning the spill. If already mixed with water, scrape up and place in container. Wear appropriate protective equipment as described in Sections 7 & 8.
Environmental Precautions	Dispose of material in accordance with all applicable federal, state and local regulations. Can be disposed as an inert solid in a landfill. Slurry may plug drains.

Section 7. Handling and Storage

Precautions For Safe Handling	Avoid contact with skin and eyes. Do not breathe dust. Use only in well ventilated areas. A NIOSH approved dust mask or filtering face piece is recommended in poorly ventilated areas or when permissible exposure limits may be exceeded. When using, do not eat or drink. Wash hands before eating, drinking or smoking.
Conditions For Safe Storage, Including Any Incompatibilities	Keep out of reach of children. Keep the container tightly closed and dry. Store in a covered, dry climate-controlled area, away from incompatibles listed in Section 10.

Section 8. Exposure Controls/Personal Protection

**Occupational Exposure Limits
US. OSHA table Z-1 Limits for Air Contaminants (29 CFR 1910.1000)**

Components	Type	Value	Form
Cement Dust	TWA	5 mg/m ³	Respirable
Crystalline Silica	TWA	5 mg/m ³	Respirable

US ACGIH Threshold Limit Values

Components	Type	Value	Form
Cement Dust	TWA	1 mg/m ³	Respirable
Crystalline Silica	TWA	0.025 mg/m ³	Respirable

US. NIOSH: Pocket Guide to Chemical Hazards

Components	Type	Value	Form
Cement Dust	TWA	5 mg/m ³	Respirable
Crystalline Silica	TWA	.5 mg/m ³	Respirable

Engineering Controls	Ventilate to keep exposures below TLV requirements of the individual ingredients. General ventilation is expected to be satisfactory, Use local exhaust ventilation if necessary to control dust
Respiratory Protection	None required where adequate ventilation conditions exist. A NIOSH approved dust mask or filtering face piece is recommended in poorly ventilated areas or when permissible exposure limits may be exceeded. Consult with respirator manufacturer to determine respirator selection, use, and limitations.)

Section 9. Physical and Chemical Properties

Appearance	Grey
Physical State	Powdered/Solid
Melting Point	Not applicable
Freezing Point	Not applicable
Odor	Low
Odor Threshold	Not determined
Flash Point	Non-combustible
Flammability Limits	Not Applicable
Solubility (in water)(g/100g)	0.15%
Initial Boiling Point	Not Applicable
Boiling Range	Not Applicable
Specific Gravity	2.6-3.0
pH	10-12
Hardening Time	45-180 minutes
Vapor Pressure	Not Applicable



Vapor Density	Not Applicable
Auto-Ignition Temperature	None
Evaporation Rate	Not Applicable
Viscosity	Not Applicable
Upper Flammability Limit	Not Determined
Lower Flammability Limit	Not Determined
Decomposition Temp	1450°C/2642°F

Section 10. Chemical Stability and Reactivity

Conditions of Reactivity	Reacts with water and produces large amounts of heat (normal condition of use).
Chemical Stability	Stable at normal storage conditions and temperature.
Conditions to Avoid	Water, high humidity, and acids.
Hazardous Decomposition Products	Stable at normal storage conditions and temperature.
Hazardous Polymerization	None known.

Section 11. Toxicological Information

SILICOSIS	The major concern is silicosis, caused by the inhalation and retention of respirable crystalline silica dust. Silicosis can exist in several forms, chronic (or ordinary), accelerated, or acute. Chronic or Ordinary Silicosis (often referred to as Simple Silicosis) is the most common form of silicosis, and can occur after many years of exposure to relatively low levels of airborne respirable crystalline silica dust. It is further defined as either simple or complicated silicosis. Simple silicosis is characterized by lung lesions (shown as radiographic opacities) less than 1 centimeter in diameter, primarily in the upper lung zones. Often, simple silicosis is not associated with symptoms, detectable changes in lung function or disability. Simple silicosis may be progressive and may develop into complicated silicosis or progressive massive fibrosis (PMF). Complicated silicosis or PMF is characterized by lung lesions (shown as radiographic opacities) greater than 1 centimeter in diameter. Although there may be no symptoms associated with complicated silicosis or PMF, the symptoms, if present, are shortness of breath, wheezing, cough and sputum production. Complicated silicosis or PMF may be associated with decreased lung function and may be disabling. Advanced complicated silicosis or PMF may lead to death. Advanced complicated silicosis or PMF can result in heart disease secondary to the lung disease (cor pulmonale). Accelerated Silicosis can occur with exposure to high concentrations of respirable crystalline silica over a relatively short period; the lung lesions can appear within five (5) years of the initial exposure. The progression can be rapid. Accelerated silicosis is similar to chronic or ordinary silicosis, except that the lung lesions appear earlier and the progression is more rapid. Acute Silicosis can occur with exposures to very high concentrations of respirable crystalline silica over a very short time period, sometimes as short as a few months. The symptoms of acute silicosis include progressive shortness of breath, fever, cough and weight loss. Acute silicosis is fatal.
Cancer	IARC - The International Agency for Research on Cancer ("IARC") concluded that there was "sufficient evidence in humans for the carcinogenicity of crystalline silica in the forms of quartz or cristobalite from occupational sources", and that there is "sufficient evidence in experimental animals for the carcinogenicity of quartz and cristobalite." The overall IARC evaluation was that "crystalline silica inhaled in the form of quartz or cristobalite from occupational sources is carcinogenic to humans (Group 1)." The IARC evaluation noted that "carcinogenicity was not detected in all industrial circumstances studies. Carcinogenicity may be dependent on inherent characteristics of the crystalline silica or on external factors affecting its biological activity or distribution of its polymorphs." For further information on the IARC evaluation, see IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 68, "Silica, Some Silicates..." (1997). NTP - The National Toxicology Program, in its Ninth Annual Report on Carcinogens, classified "silica, crystalline (respirable)" as a known human carcinogen. OSHA - Crystalline silica (quartz) is not regulated by the U. S. Occupational Safety and Health Administration as a carcinogen. There have been many articles published on the carcinogenicity of crystalline silica, which the reader should consult for additional information; the following are examples of recently published articles: (1) "Crystalline Silica and Lung Cancer: The Problem of

	Conflicting Evidence", Indoor Built Environ, Volume 8, pp. 121-126 (1998); (2) "Crystalline Silica and the risk of lung cancer on the potteries", Occup. Environ. Med., Volume 55, pp. 779-785 (1998); (3) "Is Silicosis Required for Silica-Associated Lung Cancer?", American Journal of Industrial Medicine, Volume 37, pp. 252- 259 (2000); (4) " Silica, Silicosis, and Lung Cancer: A Risk Assessment", American Journal of Industrial Medicine, Volume 38, pp. 8-18 (2000); (5) "Silica, Silicosis, and Lung Cancer: A Response to a Recent Working Group Report", Journal of Occupational and Environmental Medicine, Volume 42, pp. 704-720 (2000).
Autoimmune Diseases	There is evidence that exposure to respirable crystalline silica (without silicosis) or that the disease silicosis is associated with the increased incidence of several autoimmune disorders, -- scleroderma, systemic lupus erythematosus, rheumatoid arthritis and diseases affecting the kidneys. For a review of the subject, the following may be consulted: "Occupational Exposure to Crystalline Silica and Autoimmune Disease", Environmental Health Perspectives, Volume 107, Supplement 5, pp. 793-802 (1999); "Occupational Scleroderma", Current Opinion in Rheumatology, Volume 11, pp. 490-494 (1999).
Tuberculosis	Individuals with silicosis are at increased risk to develop pulmonary tuberculosis, if exposed to persons with tuberculosis. The following may be consulted for further information: Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994); "Risk of pulmonary tuberculosis relative to silicosis and exposure to silica dust in South African gold miners," Occup Environ Med., Volume 55, pp.496-502 (1998).
Kidney Disease	There is evidence that exposure to respirable crystalline silica (without silicosis) or that the disease silicosis is associated with the increased incidence of kidney diseases, including end stage renal disease. For additional information on the subject, the following may be consulted: "Kidney Disease and Silicosis", Nephron, Volume 85, pp. 14-19 (2000).

Section 13. Disposal Considerations

Acute Effects	There are no known causes from this product that would harm the Ecology. However, the cement has high alkaline properties (pH> 12), which are expected to be toxic to fish. The disposal of large quantities directly into waterways would be expected to cause significant aquatic life death.
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Section 14. Transport Information

Disposal Procedure	Dispose of material in accordance with all applicable federal, state and local regulations. Can be disposed as an inert solid in a landfill. Slurry may plug drains. Do not dispose of directly in waterways or sewers.
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Section 12. Ecological Information

Department of Transportation (DOT) Requirements	This product is not regulated as a hazardous material by the United States (DOT) transportation regulations.
Canadian Transportation Of Dangerous Goods	Not regulated as dangerous goods
UN#	None. Not regulated as dangerous goods
ADNR	None
RID/ADR	Not classified
Environmental Hazards	None
Annex II of MARPOL 73/78	Not Applicable
International Bulk Chemical Code	Not Applicable

Section 15. Regulatory Information

U.S. EPA's Toxic Substance Control Act Chemical Substance Inventory	Not listed as reportable quantity or regulated quantity in SARA Title III Sections 302, 304, and 313. CAA Section 112® Regulated Chemicals for Accidental Release Prevention, CERLA Hazardous Substances, and RCRA Hazardous Waste.
Canadian Controlled Product Regulations	Crystalline Silica: IDL* Item #1406 Classification: D2A Portland Cement: WHMIS** Classification: E
European Union Directive 67/548/EEC (Annex III and IV)	R36, R37, R38, S37, S3, S39, and S51.

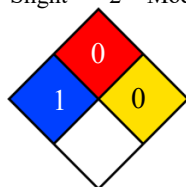
*IDL Item: Canadian Hazardous Product Act Ingredient Disclosure List

** WHMIS: Workplace Hazardous Safety Information System

Section 16. Other Information

Issue Date	03/10/2020
Version	1
Further Information	NFPA Ratings
RID/ADR	Health: 1
	Flammability: 0
	Physical Hazard: 0

Hazard Scale: 0 = Minimal 1 = Slight 2 = Moderate 3 = Serious 4 = Severe



Disclaimer: This information is provided without warranty. The information is believed to be correct.

This information should be used to make an independent determination of the methods to safeguard workers and the environment

Web Sites with Information about Effects of Crystalline Silica Exposure:

<http://www.osha.gov> - The Occupational Safety and Health Administration Home Page, click on "Technical Links", then click on "silica, crystalline".

<http://www.cdc.gov/niosh/silicpag.html> - NIOSH Hotlinks to Silicosis Prevention