# Advantage Kiwi Base
## Ballance Agri-Nutrients

Chemwatch Hazard Alert Code: **2**

Chemwatch: **5474-12**
Version No: **2.1.3.7**
Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Issue Date: **18/06/2021**
Print Date: **21/06/2021**
L.GHS.NZL.EN

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

### Product Identifier

| | |
|---|---|
| **Product name** | Advantage Kiwi Base |
| **Chemical Name** | Not Applicable |
| **Chemical formula** | Not Applicable |
| **Other means of identification** | Not Available |

### Relevant identified uses of the substance or mixture and uses advised against

| | |
|---|---|
| **Relevant identified uses** | Fertiliser. |

### Details of the supplier of the safety data sheet

| | |
|---|---|
| **Registered company name** | **Ballance Agri-Nutrients** |
| **Address** | 161 Hewletts Rd Mount Maunganui New Zealand |
| **Telephone** | +64 800 222 090 |
| **Fax** | Not Available |
| **Website** | Not Available |
| **Email** | customerservices-mount@ballance.co.nz |

### Emergency telephone number

| | |
|---|---|
| **Association / Organisation** | **CHEMCALL** |
| **Emergency telephone numbers** | Freephone: 0800 CHEMCALL (0800 243 622) (24 Hours/ 7 Days) |
| **Other emergency telephone numbers** | Not Available |

## SECTION 2 Hazards identification

### Classification of the substance or mixture

**Considered a Hazardous Substance according to the criteria of the New Zealand Hazardous Substances New Organisms legislation. Not regulated for transport of Dangerous Goods.**

**ChemWatch Hazard Ratings**

| | Min | Max |
|---|---|---|
| Flammability | 0 | |
| Toxicity | 1 | |
| Body Contact | 2 | |
| Reactivity | 0 | |
| Chronic | 2 | |

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

| | |
|---|---|
| **Classification [1]** | Skin Corrosion/Irritation Category 2, Skin Sensitizer Category 1, Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Germ cell mutagenicity Category 2 |
| ***Legend:*** | *1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI* |
| **Determined by Chemwatch using GHS/HSNO criteria** | 6.3A, 6.5B (contact), 6.6B |

### Label elements

**Page 1 continued...**

| | |
|---|---|
| **Hazard pictogram(s)** |  |
| **Signal word** | **Warning** |

### Hazard statement(s)

| | |
|---|---|
| **H315** | Causes skin irritation. |
| **H317** | May cause an allergic skin reaction. |
| **H335** | May cause respiratory irritation. |
| **H341** | Suspected of causing genetic defects. |

### Precautionary statement(s) Prevention

| | |
|---|---|
| **P201** | Obtain special instructions before use. |
| **P271** | Use only outdoors or in a well-ventilated area. |
| **P280** | Wear protective gloves and protective clothing. |
| **P261** | Avoid breathing dust/fumes. |
| **P264** | Wash all exposed external body areas thoroughly after handling. |
| **P272** | Contaminated work clothing should not be allowed out of the workplace. |

### Precautionary statement(s) Response

| | |
|---|---|
| **P308+P313** | IF exposed or concerned: Get medical advice/ attention. |
| **P302+P352** | IF ON SKIN: Wash with plenty of water. |
| **P312** | Call a POISON CENTER/doctor/physician/first aider/if you feel unwell. |
| **P333+P313** | If skin irritation or rash occurs: Get medical advice/attention. |
| **P362+P364** | Take off contaminated clothing and wash it before reuse. |
| **P304+P340** | IF INHALED: Remove person to fresh air and keep comfortable for breathing. |

### Precautionary statement(s) Storage

| | |
|---|---|
| **P405** | Store locked up. |
| **P403+P233** | Store in a well-ventilated place. Keep container tightly closed. |

### Precautionary statement(s) Disposal

| | |
|---|---|
| **P501** | Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation. |

## SECTION 3 Composition / information on ingredients

### Substances

See section below for composition of Mixtures

### Mixtures

| CAS No | %[weight] | Name |
|---|---|---|
| 7778-80-5 | 10-30 | potassium sulfate |
| 7778-18-9 | 10-30 | calcium sulfate |
| 7757-93-9 | 10-30 | calcium phosphate, dibasic |
| 1309-48-4. | 1-15 | magnesium oxide |
| Not Available | 1-10 | unreacted phosphate rock, proprietary |
| 7758-23-8 | 1-10 | calcium phosphate, monobasic |
| 1302-78-9 | 1-10 | bentonite |
| 471-34-1 | <1 | calcium carbonate |
| 13717-00-5 | NotSpec | magnesite |
| ***Legend:*** | *1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available* | |

## SECTION 4 First aid measures

### Description of first aid measures

| | |
|---|---|
| **Eye Contact** | If this product comes in contact with the eyes:<br>▸ Immediately hold eyelids apart and flush the eye continuously with running water.<br>▸ 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.<br>▸ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.<br>▸ Transport to hospital or doctor without delay. |

**Continued...**

| | |
|---|---|
| | ▸ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel. |
| **Skin Contact** | If skin contact occurs:<br>▸ Immediately remove all contaminated clothing, including footwear.<br>▸ Flush skin and hair with running water (and soap if available).<br>▸ Seek medical attention in event of irritation. |
| **Inhalation** | ▸ If fumes or combustion products are inhaled remove from contaminated area.<br>▸ Lay patient down. Keep warm and rested.<br>▸ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.<br>▸ 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.<br>▸ Transport to hospital, or doctor, without delay. |
| **Ingestion** | ▸ If swallowed do **NOT** induce vomiting.<br>▸ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.<br>▸ Observe the patient carefully.<br>▸ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.<br>▸ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.<br>▸ Seek medical advice. |

### Indication of any immediate medical attention and special treatment needed

Magnesium is present in the blood, as a normal constituent, at concentrations between 1.6 to 2.2 meq/L. Some 30% is plasma bound. At serum magnesium levels of 3-4 meq/L, signs of CNS depression, loss of reflexes, muscular tone and power, and bradycardia occur. Cardiac arrest (sometimes fatal) and/or respiratory paralysis can occur at plasma levels of 10-15 meq/L. For acute or short term repeated exposures to magnesium:

- Symptomatic hypermagnesaemia appears rarely in the absence of intestinal or renal disease.
- Elevated magnesium levels may cause hypocalcaemia because of decreased parathyroid hormone activity and decreased end-organ responsiveness.
- Patients with severe hypermagnesemia may develop sudden respiratory arrest and must be watched closely for apnoea.
- Use fluids, then vasopressors for hypotension. Frequently hypotension responds to calcium administration.
- Induce emesis or administer lavage if patient presents within 4 hours of ingestion. Use sodium cathartics, with caution, in presence of cardiac or renal failure.
- Activated charcoal is not useful.
- Calcium is an antagonist of magnesium action and is an effective antidote when serum levels exceed 5 meq/L and the patient exhibits symptoms. The adult dose of calcium gluconate is 10 ml of a 10% solution over several minutes. [Ellenhorn and Barceloux: Medical Toxicology]

Treat symptomatically.

## SECTION 5 Firefighting measures

### Extinguishing media

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

### Special hazards arising from the substrate or mixture

| | |
|---|---|
| **Fire Incompatibility** | None known. |

### Advice for firefighters

| | |
|---|---|
| **Fire Fighting** | ▸ Alert Fire Brigade and tell them location and nature of hazard.<br>▸ Wear breathing apparatus plus protective gloves in the event of a fire.<br>▸ Prevent, by any means available, spillage from entering drains or water courses.<br>▸ Use fire fighting procedures suitable for surrounding area.<br>▸ **DO NOT** approach containers suspected to be hot.<br>▸ Cool fire exposed containers with water spray from a protected location.<br>▸ If safe to do so, remove containers from path of fire.<br>▸ Equipment should be thoroughly decontaminated after use. |
| **Fire/Explosion Hazard** | ▸ Non combustible.<br>▸ Not considered a significant fire risk, however containers may burn.<br>Decomposition may produce toxic fumes of:<br>phosphorus oxides (POx)<br>sulfur oxides (SOx)<br>metal oxides<br>May emit poisonous fumes.<br>May emit corrosive fumes. |

## SECTION 6 Accidental release measures

### Personal precautions, protective equipment and emergency procedures

See section 8

### Environmental precautions

See section 12

### Methods and material for containment and cleaning up

| | |
|---|---|
| **Minor Spills** | ▸ Remove all ignition sources.<br>▸ Clean up all spills immediately.<br>▸ Avoid contact with skin and eyes.<br>▸ Control personal contact with the substance, by using protective equipment.<br>▸ Use dry clean up procedures and avoid generating dust.<br>▸ Place in a suitable, labelled container for waste disposal. |
| **Major Spills** | Moderate hazard.<br>▸ **CAUTION**: Advise personnel in area.<br>▸ Alert Emergency Services and tell them location and nature of hazard.<br>▸ Control personal contact by wearing protective clothing. |

**Continued...**

| | |
|---|---|
| | ▸ Prevent, by any means available, spillage from entering drains or water courses.<br>▸ Recover product wherever possible.<br>▸ **IF DRY:** Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other containers for disposal. **IF WET:** Vacuum/shovel up and place in labelled containers for disposal.<br>▸ **ALWAYS:** Wash area down with large amounts of water and prevent runoff into drains.<br>▸ If contamination of drains or waterways occurs, advise Emergency Services. |

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

## SECTION 7 Handling and storage

### Precautions for safe handling

| | |
|---|---|
| **Safe handling** | ▸ Avoid all personal contact, including inhalation.<br>▸ Wear protective clothing when risk of exposure occurs.<br>▸ Use in a well-ventilated area.<br>▸ Prevent concentration in hollows and sumps.<br>▸ **DO NOT** enter confined spaces until atmosphere has been checked.<br>▸ **DO NOT** allow material to contact humans, exposed food or food utensils.<br>▸ Avoid contact with incompatible materials.<br>▸ When handling, **DO NOT** eat, drink or smoke.<br>▸ Keep containers securely sealed when not in use.<br>▸ Avoid physical damage to containers.<br>▸ Always wash hands with soap and water after handling.<br>▸ Work clothes should be laundered separately. Launder contaminated clothing before re-use.<br>▸ Use good occupational work practice.<br>▸ Observe manufacturer's storage and handling recommendations contained within this SDS.<br>▸ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained. |
| **Other information** | ▸ Store in original containers.<br>▸ Keep containers securely sealed.<br>▸ Store in a cool, dry area protected from environmental extremes.<br>▸ Store away from incompatible materials and foodstuff containers.<br>▸ Protect containers against physical damage and check regularly for leaks.<br>▸ Observe manufacturer's storage and handling recommendations contained within this SDS.<br>For major quantities:<br>▸ Consider storage in bunded areas - ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams}.<br>▸ Ensure that accidental discharge to air or water is the subject of a contingency disaster management plan; this may require consultation with local authorities. |

### Conditions for safe storage, including any incompatibilities

| | |
|---|---|
| **Suitable container** | ▸ Polyethylene or polypropylene container.<br>▸ Check all containers are clearly labelled and free from leaks. |
| **Storage incompatibility** | ▸ Avoid strong acids, bases. |

| | | | | | | |
|---|---|---|---|---|---|---|
| + | x | + | o | + | + | + |

**X** — *Must not be stored together*
**0** — *May be stored together with specific preventions*
**+** — *May be stored together*

*Note: Depending on other risk factors, compatibility assessment based on the table above may not be relevant to storage situations, particularly where large volumes of dangerous goods are stored and handled. Reference should be made to the Safety Data Sheets for each substance or article and risks assessed accordingly.*

## SECTION 8 Exposure controls / personal protection

### Control parameters

**Occupational Exposure Limits (OEL)**

**INGREDIENT DATA**

| Source | Ingredient | Material name | TWA | STEL | Peak | Notes |
|---|---|---|---|---|---|---|
| New Zealand Workplace Exposure Standards (WES) | calcium sulfate | Calcium sulphate (Gypsum, Plaster of Paris) | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | calcium sulfate | Plaster of Paris (Calcium sulphate) | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | magnesium oxide | Magnesium oxide fume | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | calcium carbonate | Limestone (Calcium carbonate) | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | calcium carbonate | Marble (Calcium carbonate) | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | calcium carbonate | Calcium carbonate | 10 mg/m3 | Not Available | Not Available | Not Available |
| New Zealand Workplace Exposure Standards (WES) | magnesite | Magnesite | 10 mg/m3 | Not Available | Not Available | Not Available |

**Continued...**

**Emergency Limits**

| Ingredient | TEEL-1 | TEEL-2 | TEEL-3 |
|---|---|---|---|
| potassium sulfate | 20 mg/m3 | 220 mg/m3 | 1,300 mg/m3 |
| magnesium oxide | 30 mg/m3 | 120 mg/m3 | 730 mg/m3 |
| calcium carbonate | 45 mg/m3 | 210 mg/m3 | 1,300 mg/m3 |
| magnesite | 45 mg/m3 | 260 mg/m3 | 1,600 mg/m3 |

| Ingredient | Original IDLH | Revised IDLH |
|---|---|---|
| potassium sulfate | Not Available | Not Available |
| calcium sulfate | Not Available | Not Available |
| calcium phosphate, dibasic | Not Available | Not Available |
| magnesium oxide | 750 mg/m3 | Not Available |
| calcium phosphate, monobasic | Not Available | Not Available |
| bentonite | Not Available | Not Available |
| calcium carbonate | Not Available | Not Available |
| magnesite | Not Available | Not Available |

**Occupational Exposure Banding**

| Ingredient | Occupational Exposure Band Rating | Occupational Exposure Band Limit |
|---|---|---|
| calcium phosphate, dibasic | E | ≤ 0.01 mg/m³ |
| calcium phosphate, monobasic | E | ≤ 0.01 mg/m³ |
| bentonite | E | ≤ 0.01 mg/m³ |
| ***Notes:*** | *Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.* | |

**MATERIAL DATA**

## Exposure controls

**Appropriate engineering controls**

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection.
The basic types of engineering controls are:
Process controls which involve changing the way a job activity or process is done to reduce the risk.
Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use.
Employers may need to use multiple types of controls to prevent employee overexposure.

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by mutual friction.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered.

Such protection might consist of:
(a): particle dust respirators, if necessary, combined with an absorption cartridge;
(b): filter respirators with absorption cartridge or canister of the right type;
(c): fresh-air hoods or masks.
Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

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

Within each range the appropriate value depends on:

| Lower end of the range | Upper end of the range |
|---|---|
| 1: Room air currents minimal or favourable to capture | 1: Disturbing room air currents |
| 2: Contaminants of low toxicity or of nuisance value only. | 2: Contaminants of high toxicity |
| 3: Intermittent, low production. | 3: High production, heavy use |
| 4: Large hood or large air mass in motion | 4: Small hood-local control only |

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

**Personal protection**

**Continued...**

| | |
|---|---|
| **Eye and face protection** | ▸ Safety glasses with side shields.<br>▸ Chemical goggles.<br>▸ 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], [AS/NZS 1336 or national equivalent] |
| **Skin protection** | See Hand protection below |
| **Hands/feet protection** | **NOTE:**<br>▸ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.<br>▸ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.<br>The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application.<br>The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice.<br>Personal hygiene is a key element of effective hand care. Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.<br>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:<br>· frequency and duration of contact,<br>· chemical resistance of glove material,<br>· glove thickness and<br>· dexterity<br>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).<br>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.<br>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.<br>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.<br>· Contaminated gloves should be replaced.<br>As defined in ASTM F-739-96 in any application, gloves are rated as:<br>· Excellent when breakthrough time > 480 min<br>· Good when breakthrough time > 20 min<br>· Fair when breakthrough time < 20 min<br>· Poor when glove material degrades<br>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.<br>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.<br>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers' technical data should always be taken into account to ensure selection of the most appropriate glove for the task.<br>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:<br>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.<br>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential<br>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.<br>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.<br>▸ polychloroprene.<br>▸ nitrile rubber.<br>▸ butyl rubber.<br>▸ fluorocaoutchouc.<br>▸ polyvinyl chloride.<br>Gloves should be examined for wear and/ or degradation constantly. |
| **Body protection** | See Other protection below |
| **Other protection** | ▸ Overalls.<br>▸ P.V.C apron.<br>▸ Barrier cream.<br>▸ Skin cleansing cream.<br>▸ Eye wash unit. |

### Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, ANSI Z88 or national equivalent)

| Required Minimum Protection Factor | Half-Face Respirator | Full-Face Respirator | Powered Air Respirator |
|---|---|---|---|
| up to 10 x ES | P1<br>Air-line* | -<br>- | PAPR-P1<br>- |
| up to 50 x ES | Air-line** | P2 | PAPR-P2 |
| up to 100 x ES | - | P3 | - |
| | | Air-line* | - |
| 100+ x ES | - | Air-line** | PAPR-P3 |

* - Negative pressure demand ** - Continuous flow
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)

· Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.

**Continued...**

· The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
· Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory protection. These may be government mandated or vendor recommended.
· Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
· Where protection from nuisance levels of dusts are desired, use type N95 (US) or type P1 (EN143) dust masks. Use respirators and components tested and approved under appropriate government standards such as NIOSH (US) or CEN (EU)
· Use approved positive flow mask if significant quantities of dust becomes airborne.
· Try to avoid creating dust conditions.
Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.
P2 is a respiratory filter rating under various international standards, Filters at least 94% 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

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

| | |
|---|---|
| **Appearance** | Coloured granules; partly soluble in water. |

| | | | |
|---|---|---|---|
| **Physical state** | Divided Solid | **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 Available | **Decomposition temperature** | Not Available |
| **Melting point / freezing point (°C)** | Not Available | **Viscosity (cSt)** | Not Applicable |
| **Initial boiling point and boiling range (°C)** | Not Applicable | **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** | Partly miscible | **pH as a solution (%)** | Not Available |
| **Vapour density (Air = 1)** | Not Available | **VOC g/L** | Not Available |

## SECTION 10 Stability and reactivity

| | |
|---|---|
| **Reactivity** | See section 7 |
| **Chemical stability** | ▸ Unstable in the presence of incompatible materials.<br>▸ Product is considered stable.<br>▸ Hazardous polymerisation will not occur. |
| **Possibility of hazardous reactions** | See section 7 |
| **Conditions to avoid** | See section 7 |
| **Incompatible materials** | See section 7 |
| **Hazardous decomposition products** | See section 5 |

## SECTION 11 Toxicological information

### Information on toxicological effects

| | |
|---|---|
| **Inhaled** | Evidence shows, or practical experience predicts, that the material produces irritation of the respiratory system, in a substantial number of individuals, following inhalation. In contrast to most organs, the lung is able to respond to a chemical insult by first removing or neutralising the irritant and then repairing the damage. The repair process, which initially evolved to protect mammalian lungs from foreign matter and antigens, may however, produce further lung damage resulting in the impairment of gas exchange, the primary function of the lungs. Respiratory tract irritation often results in an inflammatory response involving the recruitment and activation of many cell types, mainly derived from the vascular system.<br>Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.<br>If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result<br>in excessive exposures. |
| **Ingestion** | Accidental ingestion of the material may be damaging to the health of the individual. |

**Continued...**

| | |
|---|---|
| **Skin Contact** | 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.<br>The material may accentuate any pre-existing dermatitis condition<br>Open cuts, abraded or irritated skin should not be exposed to this material<br>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects.<br>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** | Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.<br>Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.<br>Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.<br>Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.<br>Substances than can cuase occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness. The latter substances are not classified as asthmagens or respiratory sensitisers<br>Wherever it is reasonably practicable, exposure to substances that can cuase occupational asthma should be prevented. Where this is not possible the primary aim is to apply adequate standards of control to prevent workers from becoming hyper-responsive.<br>Activities giving rise to short-term peak concentrations should receive particular attention when risk management is being considered. Health surveillance is appropriate for all employees exposed or liable to be exposed to a substance which may cause occupational asthma and there should be appropriate consultation with an occupational health professional over the degree of risk and level of surveillance.<br>Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.<br>A case of chronic abuse of magnesium citrate ( a mild purgative), by a 62 year-old woman, has been reported. Symptoms of abuse included lethargy and severe refractory hypotension. Pathology revealed extreme hypermagnesaemia [6.25 mmol per litre]. She also was found to have a perforated duodenal ulcer. She died after peritoneal dialysis (which reduced serum-magnesium and reduced hypotension.<br>A patient with normal kidney function developed symptomatic hypermagnesaemia with respiratory arrest and bradycardia after receiving 90 grams of magnesium sulfate over 18 hours.<br>When magnesium sulfate was given to pregnant rats, a sharp reduction of both the number and the weight of the offspring was observed.<br>Prolonged inhalation of high concentrations of magnesite (magnesium carbonate) dust caused pulmonary deposition and retention. Roasted magnesite (magnesium oxide) produced a greater degree of fibrosis than did crude magnesite. No cases of human systemic poisoning due to exposure to magnesite have been recorded. Pneumoconiosis was found in about 2% of workers exposed to high concentrations of dust from crude or roasted magnesite that also contained 1-3% silicon dioxide. Exposure periods ranged from 6-20 years. This condition occurred mainly in workers exposed to roasted (calcined) magnesite. The pneumoconiosis appeared to be "benign" and was often associated with chronic bronchitis and lung emphysema.<br>In other reports the severity of the pneumoconiosis was associated with the crystalline silica content of the dust or in a case of magnesium carbonate used in insulating materials, the severity of the disease depended on the asbestos content.<br>Complaints of coughing are rare amongst magnesite workers, and more frequent among dianase and grog (crushed refractory materials) workers.<br>Airborne dust concentrations were lowest in dianase facilities but crystalline silica was high. Chronic bronchitis then, appears to increase where concentrations of crystalline silica are highest<br><br>Long term exposure to high dust concentrations may cause changes in lung function (i.e. pneumoconiosis) caused by particles less than 0.5 micron penetrating and remaining in the lung. A prime symptom is breathlessness. Lung shadows show on X-ray.<br>Levels above 10 ug/m3 of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons<br>Dogs given daily doses of sodium phosphate dibasic for 9-22 weeks showed calcium deposits in the kidneys (nephrocalcinosis) with disseminated atrophy of the proximal tubule. Animals fed on sodium phosphate dibasic and potassium dihydrogen phosphate, in both short- and long-term studies, showed increased bone porosity; hyperparathyroidism and soft tissue calcification were also evident. |

| | | |
|---|---|---|
| **Advantage Kiwi Base** | **TOXICITY** | **IRRITATION** |
| | Not Available | Not Available |
| **potassium sulfate** | **TOXICITY** | **IRRITATION** |
| | dermal (rat) LD50: >2000 mg/kg[1] | Not Available |
| | Oral(Rat) LD50; >2000 mg/kg[1] | |
| **calcium sulfate** | **TOXICITY** | **IRRITATION** |
| | Inhalation(Rat) LC50; >3.26 mg/l4h[1] | Not Available |
| | Oral(Rat) LD50; >1581 mg/kg[1] | |
| **calcium phosphate, dibasic** | **TOXICITY** | **IRRITATION** |
| | Dermal (rabbit) LD50: <7940 mg/kg[2] | Eye (rabbit): 8 on a scale of 110 |
| | Inhalation(Rat) LC50; >2.6 mg/l4h[1] | Eye: no adverse effect observed (not irritating)[1] |
| | Oral(Rat) LD50; ~7940 mg/kg[1] | Skin (rabbit): 0 on a scale of 8 |
| | | Skin: no adverse effect observed (not irritating)[1] |
| **magnesium oxide** | **TOXICITY** | **IRRITATION** |
| | Not Available | Not Available |

**Continued...**

| | | |
|---|---|---|
| **calcium phosphate, monobasic** | **TOXICITY** | **IRRITATION** |
| | Dermal (rabbit) LD50: >300 mg/kg[1] | Eye : Severe |
| | Inhalation(Rat) LC50; >2.6 mg/l4h[1] | Eye: adverse effect observed (irreversible damage)[1] |
| | Oral(Rat) LD50; 3986 mg/kg[2] | Skin: no adverse effect observed (not irritating)[1] |
| **bentonite** | **TOXICITY** | **IRRITATION** |
| | Oral(Cat) LD50; >1.25 mg/kg[2] | Not Available |
| **calcium carbonate** | **TOXICITY** | **IRRITATION** |
| | dermal (rat) LD50: >2000 mg/kg[1] | Eye (rabbit): 0.75 mg/24h - SEVERE |
| | Inhalation(Rat) LC50; >3 mg/l4h[1] | Eye: no adverse effect observed (not irritating)[1] |
| | Oral(Rat) LD50; >2000 mg/kg[1] | Skin (rabbit): 500 mg/24h-moderate |
| | | Skin: no adverse effect observed (not irritating)[1] |
| **magnesite** | **TOXICITY** | **IRRITATION** |
| | Oral(Mouse) LD50; 1033 mg/kg[2] | Not Available |
| ***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* | |

| | |
|---|---|
| **POTASSIUM SULFATE** | for sodium sulfate:<br>Sulfate (and sodium) ions are important constituents of the mammalian body and of natural foodstuffs and there is a considerable daily turnover of both ions (several grams/day expressed as sodium sulfate). Near-complete absorption of dietary sulfates may occur at low concentration, depending on the counter-ion, but absorption capacity can be saturated at higher artificial dosages resulting in cathartic effects. Absorption through skin can probably be ignored since sodium sulfate is fully ionised in solution. One source suggests that very high levels of sulfate in urine may occur due to absorption from dust inhalation. At dietary levels, excretion is mainly in the urine. Sulfates are found in all body cells, with highest concentrations in connective tissues, bone and cartilage.<br>Sulfates play a role in several important metabolic pathways, including those involved in detoxification processes.<br>The acute toxicity (LD50) of sodium sulfate has not been reliably established but is probably far in excess of 5000 mg/kg. In an inhalation study with an aerosol, no adverse effects were found at 10 mg/m3. Also human data indicate a very low acute toxicity of sodium sulfate. Human clinical experience indicates that very high oral doses of sodium sulfate, 300 mg/kg bw up to 20 grams for an adult, are well tolerated, except from (intentionally) causing severe diarrhoea. WHO/FAO did not set an ADI for sodium sulfate. There is no data on acute dermal toxicity, but this is probably of no concern because of total ionisation in solution.<br>Sodium sulfate is not irritating to the skin and slightly irritating to the eyes. Respiratory irritation has never been reported. Based on wide practical experience with sodium sulfate, in combination with the natural occurrence of sulfate in the body, sensitising effects are highly unlikely.<br>No suitable dermal and inhalation repeated-dose toxicity studies are available. Valid oral repeated dose toxicity studies with 21, 28 and 35 day studies in hens and pigs are available. Toxicity was confined to changes in bodyweight, water and feed intake and diarrhoea. These changes occurred only at very high doses of sodium sulfate. In ruminants, high concentrations of sulfate in food may result in the formation of toxic amounts of sulfites by bacterial reduction the rumen, leading to poly-encephalomalacia. The available data do not allow the derivation of a NOAEL. Based on available consumer data, a daily dose of around 25 mg/kg/day is well tolerated<br>by humans.<br>There are no data on *in vitro* and *in vivo* genotoxicity, apart from a negative Ames test. There is no valid oral carcinogenicity study. Limited data from experimental studies support the notion that a substance that is abundantly present in and essential to the body is unlikely to be carcinogenic.<br>Limited data of poor validity did not provide an indication of toxicity to reproduction. |
| **CALCIUM SULFATE** | 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.<br>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<br>rats, an intragastric LD50 of 9934 mg/kg was reported for phosphogypsum<br>**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.<br>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.<br>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.<br>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.<br>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.<br>Direct administration of WTC PM2.5 [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 PM2.5 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.<br>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, |

**Continued...**

| | |
|---|---|
| | 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 NSPH 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."<br>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.<br>Inflammation (specifically, chronic alveolitis with macrophage and neutrophil aggregation) was observed in the lung.<br>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.<br>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 $CaSO4 \cdot 1/2H2O$), and the finished dry wallboard each contained about 1 ug Hg/g dry weight. Total mercury loss from the original FGD gypsum content was about 0.045 g Hg/ton dry gypsum processed<br>**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;<br>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.<br>**Cytotoxicity:** In Syrian hamster embryo cells, gypsum (up to 10 ug/cm2) did not induce apoptosis. Negative results were also found in mouse peritoneal macrophages (tested at 150 ug/mL gypsum dust) and in Chinese hamster lung V79-4 cells (tested up to 100 ug/mL).<br>**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 the test group was 587 days. Tumour types seen were a sarcoma having cellular polymorphism, a carcinoma, and a reticulosarcoma.<br>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.<br>In guinea pigs, inhalation of gypsum (doses not provided) for 24 months produced no lung tumours.<br>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.<br>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 of 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.<br>**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.<br>**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; developmental effects were also not seen. |
| **CALCIUM PHOSPHATE, DIBASIC** | for calcium:<br>Toxicity from calcium is not common because the gastrointestinal tract normally limits the amount of calcium absorbed. Therefore, short-term intake of large amounts of calcium does not generally produce any ill effects aside from **constipation** and an increased risk of kidney stones . However, more severe toxicity can occur when excess calcium is ingested over long periods, or when calcium is combined with increased amounts of vitamin D, which increases calcium absorption. Calcium toxicity is also sometimes found after excessive intravenous administration of calcium. Toxicity is manifested by abnormal deposition of calcium in tissues and by elevated blood calcium levels (hypercalcaemia). However, hypercalcaemia is often due to other causes, such as abnormally high amounts of parathyroid hormone (PTH). Usually, under these circumstances, bone density is lost and the resulting hypercalcaemia can cause kidney stones and abdominal pain. Some cancers can also cause hypercalcaemia, either by secreting abnormal proteins that act like PTH or by invading and killing bone cells causing them to release calcium. Very high levels of calcium can result in appetite loss, nausea , vomiting, abdominal pain, confusion, seizures, and even coma.<br>for calcium chloride:<br>**Acute toxicity:** The acute oral toxicity of calcium chloride is low: LD50 in mice is 1940-2045 mg/kg bw, 3798-4179 mg/kg bw in rats, and 500-1000 mg/kg bw in rabbits. The acute oral toxicity is attributed to the severe irritating property of the original substance or its high-concentration solutions to the gastrointestinal tract. In humans, however, acute oral toxicity is rare because large single doses induce nausea and vomiting. The dermal acute toxicity is negligible: LD50 in rabbits >5000 mg/kg bw. No significant change was found by gross necropsy examination except skin lesions at or near the site of administration. Hypercalcaemia may occur only when there exists other factors that alter calcium homeostasis, such as renal inefficiency and primary hyperthyroidism.<br>Irritation/corrosiveness studies conducted under OECD test guidelines indicate that calcium chloride is not/slightly irritating to skin but severely irritating to eyes of rabbits. Prolonged exposure and application of moistened material or concentrated solutions resulted in considerable skin irritation, however. Irritating effect of the substance was observed in human skin injuries caused by incidental contact with the substance or its high-concentration solutions.<br>**Repeat dose toxicity:** A limited oral repeated dose toxicity study shows no adverse effect of calcium chloride on rats fed on 1000-2000 mg/kg bw/day for 12 months. Calcium and chloride are both essential nutrients for humans and a daily intake of more than 1000 mg each of the ions is recommended. The establishment of the ADI for calcium chloride has not been deemed necessary by JECFA (Joint FAO/WHO Expert Committee on Food Additives)<br>**Genotoxicity:** Genetic toxicity of calcium chloride was negative in the bacterial mutation tests and the mammalian chromosome aberration test.<br>**Reproductive and developmental toxicity:** No reproductive toxicity study has been reported. A developmental toxicity study equivalent to an OECD Guideline study, on the other hand, reveals no toxic effects on dams or foetuses at doses up to 189 mg/kg bw/day (mice), 176 mg/kg bw/day (rats) and 169 mg/kg bw/day (rabbits). |
| **MAGNESIUM OXIDE** | The following information refers to contact allergens as a group and may not be specific to this product.<br>Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested. |

**Continued...**

| | |
|---|---|
| **BENTONITE** | No significant acute toxicological data identified in literature search.<br>for bentonite clays:<br>Bentonite (CAS No. 1302-78-9) consists of a group of clays formed by crystallisation of vitreous volcanic ashes that were deposited in water.<br>The expected acute oral toxicity of bentonite in humans is very low (LD50>15 g/kg). However, severe anterior segment inflammation, uveitis and retrocorneal abscess from eye exposure were reported when bentonite had been used as a prophypaste.<br>In a 33 day dietary (2 and 6%) and a 90 day dietary (1, 3 and 5%) studies in chickens, no changes in behaviour, overall state, clinical and biochemical parameters and electrolytic composition of the blood. Repeat dietary administration of bentonite did not affect calcium or phosphorus metabolism. However, larger amounts caused decreased growth, muscle weakness, and death with marked changes in both calcium and phosphorus metabolism.<br>Bentonite did not cause fibrosis after 1 year exposure of 60 mg dust (<5 um) in a rat study. However, in a second rat study, where 5 um particles were intratracheally instilled at 5, 15 and 45 mg/rat, dose-related fibrosis was observed. Bentonite clay dust is believed to be responsible for bronchial asthma in workers at a processing plant in USA.<br>Ingestion of bentonite without adequate liquids may result in intestinal obstruction in humans.<br>Hypokalaemia and microcytic iron-deficiency anaemia may occur in patients after repeat doses of clay. Chronic ingestion has been reported to cause myositis. |
| **CALCIUM CARBONATE** | No evidence of carcinogenic properties. No evidence of mutagenic or teratogenic effects.<br><br>The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.<br>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 the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. |
| **CALCIUM SULFATE & CALCIUM PHOSPHATE, DIBASIC & MAGNESIUM OXIDE & CALCIUM PHOSPHATE, MONOBASIC & BENTONITE & CALCIUM CARBONATE** | Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance.<br>Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production. |

| | | | |
|---|---|---|---|
| **Acute Toxicity** | ✗ | **Carcinogenicity** | ✗ |
| **Skin Irritation/Corrosion** | ✓ | **Reproductivity** | ✗ |
| **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*

## SECTION 12 Ecological information

### Toxicity

**Advantage Kiwi Base**

| Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|
| Not Available | Not Available | Not Available | Not Available | Not Available |

**potassium sulfate**

| Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|
| NOEC(ECx) | 1h | Algae or other aquatic plants | 0.014mg/L | 4 |
| EC50 | 72h | Algae or other aquatic plants | 1430-2900mg/l | 2 |
| LC50 | 96h | Fish | 510-880mg/l | 4 |
| EC50 | 48h | Crustacea | 890mg/l | 1 |
| EC50 | 96h | Algae or other aquatic plants | 1742.5mg/L | 4 |

**calcium sulfate**

| Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|
| NOEC(ECx) | 0.25h | Fish | 75mg/l | 4 |
| EC50 | 72h | Algae or other aquatic plants | >79mg/l | 2 |
| LC50 | 96h | Fish | >79mg/l | 2 |

**calcium phosphate, dibasic**

| Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|
| EC50(ECx) | 48h | Crustacea | >2.9mg/l | 2 |
| EC50 | 72h | Algae or other aquatic plants | >4.4mg/l | 2 |
| LC50 | 96h | Fish | >13.5mg/l | 2 |
| EC50 | 48h | Crustacea | >2.9mg/l | 2 |

**magnesium oxide**

| Endpoint | Test Duration (hr) | Species | Value | Source |
|---|---|---|---|---|
| Not Available | Not Available | Not Available | Not Available | Not Available |

**Continued...**

| | | | | | |
|---|---|---|---|---|---|
| **calcium phosphate, monobasic** | **Endpoint** | **Test Duration (hr)** | **Species** | **Value** | **Source** |
| | EC50(ECx) | 48h | Crustacea | >2.9mg/l | 2 |
| | EC50 | 72h | Algae or other aquatic plants | >4.4mg/l | 2 |
| | LC50 | 96h | Fish | >13.5mg/l | 2 |
| | EC50 | 48h | Crustacea | >2.9mg/l | 2 |
| **bentonite** | **Endpoint** | **Test Duration (hr)** | **Species** | **Value** | **Source** |
| | EC50 | 72h | Algae or other aquatic plants | 410mg/l | 2 |
| | EC50 | 48h | Crustacea | >10000mg/l | 2 |
| | NOEC(ECx) | 96h | Fish | <1.4mg/l | 2 |
| | EC50(ECx) | 72h | Algae or other aquatic plants | >100mg/l | 2 |
| | EC50 | 72h | Algae or other aquatic plants | >100mg/l | 2 |
| | EC50 | 48h | Crustacea | >100mg/l | 2 |
| **calcium carbonate** | **Endpoint** | **Test Duration (hr)** | **Species** | **Value** | **Source** |
| | NOEC(ECx) | 6h | Fish | 4-320mg/l | 4 |
| | EC50 | 72h | Algae or other aquatic plants | >14mg/l | 2 |
| | LC50 | 96h | Fish | >165200mg/L | 4 |
| **magnesite** | **Endpoint** | **Test Duration (hr)** | **Species** | **Value** | **Source** |
| | EC50(ECx) | 72h | Algae or other aquatic plants | >18.5mg/l | 2 |
| | EC50 | 72h | Algae or other aquatic plants | >18.5mg/l | 2 |
| | LC50 | 96h | Fish | 2120mg/l | 2 |
| ***Legend:*** | *Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 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* | | | | |

**DO NOT** discharge into sewer or waterways.

### Persistence and degradability

| Ingredient | Persistence: Water/Soil | Persistence: Air |
|---|---|---|
| calcium sulfate | HIGH | HIGH |
| magnesite | LOW | LOW |

### Bioaccumulative potential

| Ingredient | Bioaccumulation |
|---|---|
| calcium sulfate | LOW (LogKOW = -2.2002) |
| magnesite | LOW (LogKOW = -0.4605) |

### Mobility in soil

| Ingredient | Mobility |
|---|---|
| calcium sulfate | LOW (KOC = 6.124) |
| magnesite | HIGH (KOC = 1) |

## SECTION 13 Disposal considerations

### Waste treatment methods

| | |
|---|---|
| **Product / Packaging disposal** | ▸ **DO NOT** allow wash water from cleaning or process equipment to enter drains.<br>▸ It may be necessary to collect all wash water for treatment before disposal.<br>▸ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.<br>▸ Where in doubt contact the responsible authority.<br>▸ Recycle wherever possible or consult manufacturer for recycling options.<br>▸ Consult State Land Waste Management Authority for disposal.<br>▸ Bury residue in an authorised landfill.<br>▸ Recycle containers if possible, or dispose of in an authorised landfill. |

Ensure that the hazardous substance is disposed in accordance with the Hazardous Substances (Disposal) Notice 2017

### Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.
The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous.
Only dispose to the environment if a tolerable exposure limit has been set for the substance.
Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

**Continued...**

## SECTION 14 Transport information

### Labels Required

| | |
|---|---|
| **Marine Pollutant** | NO |
| **HAZCHEM** | Not Applicable |

### Land transport (UN): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

### Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

### Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

### Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

### Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

| Product name | Group |
|---|---|
| potassium sulfate | Not Available |
| calcium sulfate | Not Available |
| calcium phosphate, dibasic | Not Available |
| magnesium oxide | Not Available |
| calcium phosphate, monobasic | Not Available |
| bentonite | Not Available |
| calcium carbonate | Not Available |
| magnesite | Not Available |

### Transport in bulk in accordance with the ICG Code

| Product name | Ship Type |
|---|---|
| potassium sulfate | Not Available |
| calcium sulfate | Not Available |
| calcium phosphate, dibasic | Not Available |
| magnesium oxide | Not Available |
| calcium phosphate, monobasic | Not Available |
| bentonite | Not Available |
| calcium carbonate | Not Available |
| magnesite | Not Available |

## SECTION 15 Regulatory information

### Safety, health and environmental regulations / legislation specific for the substance or mixture

This substance is to be managed using the conditions specified in an applicable Group Standard

| HSR Number | Group Standard |
|---|---|
| HSR002571 | Fertilisers Subsidiary Hazard Group Standard 2020 |

Please refer to Section 8 of the SDS for any applicable tolerable exposure limit or Section 12 for environmental exposure limit.

**potassium sulfate is found on the following regulatory lists**

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

**calcium sulfate is found on the following regulatory lists**

New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

**calcium phosphate, dibasic is found on the following regulatory lists**

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

**magnesium oxide is found on the following regulatory lists**

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

**calcium phosphate, monobasic is found on the following regulatory lists**

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)

**bentonite is found on the following regulatory lists**

**Continued...**

New Zealand Inventory of Chemicals (NZIoC)

**calcium carbonate is found on the following regulatory lists**

New Zealand Approved Hazardous Substances with controls
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals
New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data
New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

**magnesite is found on the following regulatory lists**

New Zealand Inventory of Chemicals (NZIoC)
New Zealand Workplace Exposure Standards (WES)

### Hazardous Substance Location

Subject to the Health and Safety at Work (Hazardous Substances) Regulations 2017.

| Hazard Class | Quantities |
|---|---|
| Not Applicable | Not Applicable |

### Certified Handler

Subject to Part 4 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

| Class of substance | Quantities |
|---|---|
| Not Applicable | Not Applicable |

Refer Group Standards for further information

### Maximum quantities of certain hazardous substances permitted on passenger service vehicles

Subject to Regulation 13.14 of the Health and Safety at Work (Hazardous Substances) Regulations 2017.

| Hazard Class | Gas (aggregate water capacity in mL) | Liquid (L) | Solid (kg) | Maximum quantity per package for each classification |
|---|---|---|---|---|
| 6.5A or 6.5B | 120 | 1 | 3 | |

### Tracking Requirements

Not Applicable

### National Inventory Status

| National Inventory | Status |
|---|---|
| Australia - AIIC / Australia Non-Industrial Use | Yes |
| Canada - DSL | Yes |
| Canada - NDSL | No (potassium sulfate; calcium sulfate; calcium phosphate, dibasic; magnesium oxide; calcium phosphate, monobasic; bentonite; magnesite) |
| China - IECSC | Yes |
| Europe - EINEC / ELINCS / NLP | Yes |
| Japan - ENCS | No (bentonite) |
| Korea - KECI | Yes |
| 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*<br>*No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)* |

## SECTION 16 Other information

| | |
|---|---|
| **Revision Date** | 18/06/2021 |
| **Initial Date** | 18/06/2021 |

### SDS Version Summary

| Version | Date of Update | Sections Updated |
|---|---|---|
| 2.1.2.1 | 29/04/2021 | Regulation Change |
| 2.1.2.2 | 30/05/2021 | Template Change |
| 2.1.2.3 | 04/06/2021 | Template Change |
| 2.1.2.4 | 05/06/2021 | Template Change |
| 2.1.2.5 | 09/06/2021 | Template Change |
| 2.1.2.6 | 11/06/2021 | Template Change |
| 2.1.3.6 | 14/06/2021 | Regulation Change |

**Continued...**

| Version | Date of Update | Sections Updated |
|---|---|---|
| 2.1.3.7 | 15/06/2021 | Template Change |
| 2.1.3.7 | 18/06/2021 | Ingredients |

## Other information

Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee 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.

## 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
BEI: Biological Exposure Index
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