

Material Safety Data Sheet

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SECTION I. MATERIAL IDENTIFICATION

Material Name : Obaproof Grout 2215
Other Designations : Non-Shrink Cement Grout

Description/ Chemical formula : Blend of Ordinary Portland cement (OPC), silica sand and chemical additives.

SECTION II. INGREDIENTS IDENTITY

Ingredient : Ordinary Portland Cement

Ingredient Sequence Number : 01

CAS Reg. No. : 65997-15-1

DOT Classification : Not Hazardous by DOT classifications.

Ingredient : Silica Sand (SiO₂)

Ingredient Sequence Number : 02

CAS Reg. No. : 14808-60-7

Ingredient : Proprietary additive

Ingredient Sequence Number : 03

CAS Reg. No. : NA. (Mixture)

SECTION III. PHYSICAL/CHEMICAL CHARACTERISTICS

Appearance and Odor : Odorless, grey powder
Vapor pressure : approximately 0mm
pH : 12
Solubility in water : Insoluble (Hydration occurs)

SECTION IV. FIRE AND EXPLOSION HAZARD DATA

Flash Point : N/A

Autoignition Temperature : N/A

Flammability Limits in Air (Volume %) : NA

Extinguishing Media : This material is noncombustible. Use extinguishing media that is appropriate to the surrounding fire.

SECTION V. REACTIVITY DATA

Stability x **Stable** **Unstable**

Conditions to Avoid : Avoid moisture, avoid creating dust.

Hazardous Decomposition and Byproducts: Calcium hydroxide forms when water is added to Portland cement, this is alkaline, abrasive and hygroscopic material.

SECTION VI. HEALTH HAZARD DATA

Route of Entry : x **Inhalation** x **Skin** x **Ingestion**

Health Hazard (Acute and chronic)

Sign and Symptoms of Exposure : Portland cement is a nuisance dust and an irritant to skin, eyes and mucous membranes. Its principle health hazard occurs from the formation of alkaline calcium hydroxide (forming from the addition of water to Portland cement); this material is abrasive and can burn the skin. Dry cement will not cause alkaline burns. Some individuals appear to tolerate brief skin contact with wet cement but others develop extensive skin burns. Repeated or prolonged skin exposure can cause dermatitis, including skin dryness, fissures, eczematous rashes and dystrophy of the nails. Extensive burns with dermal necrosis can occur. Allergic dermatitis may result from the presence of heavy metal such as chromium in the mixture.

Splashes into the eyes can cause corneal edema. Ingestion of the powder may cause burns to the esophagus and stomach. Chronic bronchitis may result from long term exposure. There are reports of x-ray changes without symptoms in cement workers exposed to Portland cement. Other studies showing x-ray changes with pulmonary symptoms are noted in workers exposed to primarily silica containing products.

Inhalation symptoms include eye, nose and upper respiratory tract irritation, cough, expectoration, shortness of breath and wheezing. Within 12 to 48 hours after 1 to 6 hours exposures, first, second and third degree burns may occur. There may be no obvious pain at the time of exposure.

Allergic reactions and changes in x-rays are also signs of exposure. Continued inhalation of silica sand dust (<10 micron size) over a number of years without NOISH/OSHA approved respiratory protection may cause silicosis.

Individuals with a sensitivity to hexachromium salts should avoid exposure. Individuals with chronic respiratory disorder or skin diseases should minimize exposure.

EMERGENCY AND FIRST AID PROCEDURES:

Skin Contact : Remove contaminated shoes and clothing. Rinse affected area with large amounts of water followed by washing the area with soap and water. Contact medical assistance if necessary.

Eye Contact : Immediately flush eyes, include under eye lids, with copious amounts of water until victim is transported to an emergency medical facility. ***Contact the physician immediately! This material can cause corneal edema!***

Inhalation : Move the victim to fresh air. If breathing is difficult, give oxygen; if victim is not breathing, give artificial breathing. Contact medical assistance if necessary.

Ingestion : Never give anything by mouth to an unconscious or convulsing person. If ingested, Contact the physician immediately.

TARGET ORGAN(S) OF ATTACK : URT, skin, digestive tract and eyes

SECTION VII. PRECAUTIONS FOR SAFE HANDLING AND USE

Step to be taken in Case Material is Released or Spilled : Notify safety personnel of large leaks. Provide adequate ventilation. Cleanup Personnel must be protected against dust inhalation and direct contact with the wet cement. Avoid airborne dust conditions. Cleanup method such as vacuuming or wet mopping minimizes dust dispersion. Carefully scoop up dry material into suitable container or disposal of reclamation.

Waste Disposal : Contact your local, license contractor for detailed recommendation. Follow all local regulation.

Handling and Storage : Those handling cementitious products should wear protective eyeglass or chemical safety goggles, per OSHA eye and face protection regulations. Wear other protective clothing such as gloves, boots and aprons to prevent skin contact. Wear a NIOSH approved respirator for prolong exposure or exposure above the TLV. Warning : Air purifying respirators will not protect workers in an oxygen-deficient atmosphere.

Never eat, drink, smoke in the work area. Launder soiled clothing before wearing.

Provide general and local ventilation systems to maintain airborne concentrations below the OSHA PELs and ACGIH TLV. Local exhaust ventilation is preferred since it prevents contaminant dispersion into the work and area by controlled it at its source. Store in tightly closed containers in a cool, dry well ventilated area. Protect containers from physical damage.

The material shall be kept in dry and cool place.

SECTION VIII. SOURCE DATA / OTHER COMMENTS

- Sources:
- 1). Genium Publishing Corporation, MSDS No. 718, August, 1990
Hawley's Condensed Chemical Dictionary, 11 th ed... 1987
 - 2). WEDRON SILICA CO , MSDS Serial Number : BRNBV, Walnut &
Jackson St., Wedron, USA

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