



Brown Clays Group 2

Keane Ceramics

Chemwatch: 5564-25

Version No: 2.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Issue Date: 29/09/2022

Print Date: 07/03/2023

L.GHS.AUS.EN.E

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

Product Identifier

Product name	Brown Clays Group 2
Chemical Name	Not Applicable
Synonyms	> KC535: Ironstone; > KC540: Stoneware 5; > KC545: Stoneware 5B; > KC560: Stoneware 9; > KC575: Stoneware 33; > KC576: Stoneware 33 Ilmenite
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	Pottery and Ceramic Applications Use according to manufacturer's directions.
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Details of the manufacturer or supplier of the safety data sheet

Registered company name	Keane Ceramics
Address	177 Debenham Road South Somersby NSW 2250 Australia
Telephone	+61 2 4340 1069
Fax	+61 2 4340 2426
Website	www.keaneceramics.com.au
Email	customerservice@keaneceramics.com.au

Emergency telephone number

Association / Organisation	Keane Ceramics
Emergency telephone numbers	+61 2 4340 1069 (Monday to Friday 9am - 4pm)
Other emergency telephone numbers	Poison Information Centre 13 11 16 (24 hours/ 7 days a week)

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Serious Eye Damage/Eye Irritation Category 2B, Carcinogenicity Category 1A, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
Signal word	Danger

Hazard statement(s)

AUH066	Repeated exposure may cause skin dryness and cracking.
H320	Causes eye irritation.

Brown Clays Group 2

H350	May cause cancer.
H373	May cause damage to organs through prolonged or repeated exposure.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
P260	Do not breathe mist/vapours/spray.
P280	Wear protective gloves and protective clothing.
P264	Wash all exposed external body areas thoroughly after handling.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P314	Get medical advice/attention if you feel unwell.
P337+P313	If eye irritation persists: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
1332-58-7	>60	ball clay
14808-60-7	10-30	silica crystalline - quartz
68476-25-5	5-15	feldspars
Not Available	Balance	Ingredients determined not to be hazardous
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 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: - Wash out immediately with fresh running water. - Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. - Seek medical attention without delay; if pain persists or recurs seek medical attention. - Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	If skin or hair contact occurs: - Flush skin and hair with running water (and soap if available). - Seek medical attention in event of irritation.
Inhalation	- If fumes or combustion products are inhaled remove from contaminated area. - Lay patient down. Keep warm and rested. - Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. - Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. - Transport to hospital, or doctor.
Ingestion	- Immediately give a glass of water. - First aid is not generally required. If in doubt, contact a Poisons Information Centre or a doctor.

Indication of any immediate medical attention and special treatment needed

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.
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Brown Clays Group 2

Advice for firefighters

Fire Fighting	- Alert Fire Brigade and tell them location and nature of hazard. - Wear breathing apparatus plus protective gloves in the event of a fire. - Prevent, by any means available, spillage from entering drains or water courses. - Use fire fighting procedures suitable for surrounding area. DO NOT approach containers suspected to be hot. - Cool fire exposed containers with water spray from a protected location. - If safe to do so, remove containers from path of fire. - Equipment should be thoroughly decontaminated after use.
Fire/Explosion Hazard	- Non combustible. - Not considered a significant fire risk, however containers may burn. silicon dioxide (SiO₂) May emit poisonous fumes. May emit corrosive fumes.
HAZCHEM	Not Applicable

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	- Clean up all spills immediately. - Avoid contact with skin and eyes. - Wear impervious gloves and safety goggles. - Trowel up/scrape up. - Place spilled material in clean, dry, sealed container. - Flush spill area with water.
Major Spills	- Clear area of personnel and move upwind. - Alert Fire Brigade and tell them location and nature of hazard. - Wear breathing apparatus plus protective gloves. - Prevent, by any means available, spillage from entering drains or water course. - Stop leak if safe to do so. - Contain spill with sand, earth or vermiculite. - Collect recoverable product into labelled containers for recycling. - Neutralise/decontaminate residue (see Section 13 for specific agent). - Collect solid residues and seal in labelled drums for disposal. - Wash area and prevent runoff into drains. - After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using. - 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. - Wear protective clothing when risk of exposure occurs. - Use in a well-ventilated area. - Prevent concentration in hollows and sumps. DO NOT enter confined spaces until atmosphere has been checked. DO NOT allow material to contact humans, exposed food or food utensils. - Avoid contact with incompatible materials. When handling, DO NOT eat, drink or smoke. - Keep containers securely sealed when not in use. - Avoid physical damage to containers. - Always wash hands with soap and water after handling. - Work clothes should be laundered separately. Launder contaminated clothing before re-use. - Use good occupational work practice. - Observe manufacturer's storage and handling recommendations contained within this SDS. - Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.
Other information	- Store in original containers. - Keep containers securely sealed. - Store in a cool, dry, well-ventilated area. - Store away from incompatible materials and foodstuff containers. - Protect containers against physical damage and check regularly for leaks. - Observe manufacturer's storage and handling recommendations contained within this SDS.

Conditions for safe storage, including any incompatibilities

Suitable container	10kg-12.5kg Bagged and Sealed Clay blocks. - Glass container is suitable for laboratory quantities - Polyethylene or polypropylene container. - Packing as recommended by manufacturer. - Check all containers are clearly labelled and free from leaks.
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Brown Clays Group 2

Storage incompatibility

Silicas:

- ▶ react with hydrofluoric acid to produce silicon tetrafluoride gas
- ▶ react with xenon hexafluoride to produce explosive xenon trioxide
- ▶ reacts exothermically with oxygen difluoride, and explosively with chlorine trifluoride (these halogenated materials are not commonplace industrial materials) and other fluorine-containing compounds
- ▶ may react with fluorine, chlorates
- ▶ are incompatible with strong oxidisers, manganese trioxide, chlorine trioxide, strong alkalis, metal oxides, concentrated orthophosphoric acid, vinyl acetate
- ▶ may react vigorously when heated with alkali carbonates.

None known

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
Australia Exposure Standards	ball clay	Kaolin	10 mg/m3	Not Available	Not Available	(a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica.
Australia Exposure Standards	silica crystalline - quartz	Silica - Crystalline: Quartz (respirable dust)	0.05 mg/m3	Not Available	Not Available	Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
silica crystalline - quartz	0.075 mg/m3	33 mg/m3	200 mg/m3

Ingredient	Original IDLH	Revised IDLH
ball clay	Not Available	Not Available
silica crystalline - quartz	25 mg/m3 / 50 mg/m3	Not Available
feldspars	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
feldspars	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

WARNING: For inhalation exposure **ONLY:**

This substance has been classified by the ACGIH as A2 Suspected Human Carcinogen.

For kaolin:

Kaolin dust appears to have fibrogenic potential even in the absence of crystalline silica. Kaolinosis can exist as simple and complicated forms with the latter often associated with respiratory symptoms. Crystalline silica enhances the severity of the pneumoconiosis.

WARNING: For inhalation exposure **ONLY:** This substance has been classified by the IARC as Group 1: **CARCINOGENIC TO HUMANS**

The International Agency for Research on Cancer (IARC) has classified occupational exposures to **respirable** (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease.

Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours.

* Millions of particles per cubic foot (based on impinger samples counted by light field techniques).

NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.

The concentration of dust, for application of respirable dust limits, is to be determined from the fraction that penetrates a separator whose size collection efficiency is described by a cumulative log-normal function with a median aerodynamic diameter of 4.0 µm (+/-) 0.3 µm and with a geometric standard deviation of 1.5 µm (+/-) 0.1 µm, i.e. generally less than 5 µm. Because the margin of safety of the quartz TLV is not known with certainty and given the associated link between silicosis and lung cancer it is recommended that quartz concentrations be maintained as far below the TLV as prudent practices will allow.

Exposure to respirable crystalline silicas (RCS) represents a significant hazard to workers, particularly those employed in the construction industry where respirable dusts of cement and concrete are common. Cutting, grinding and other high speed processes, involving their finished products, may further result in dusty atmospheres. Bricks are also a potential source of RCSs under such circumstances.

It is estimated that half of the occupations, involved in construction work, are exposed to levels of RCSs, higher than the current allowable limits. Beaudry et al: Journal of Occupational and Environmental Hygiene 10: 71-77; 2013

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 usually required. If risk of overexposure exists, wear approved respirator. Correct fit is essential to obtain adequate protection. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. An approved self contained breathing apparatus (SCBA) may be required in some situations. Provide adequate ventilation in warehouse or closed storage area. Air contaminants generated in the workplace possess varying "escape"
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Brown Clays Group 2

	velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.	
	Type of Contaminant:	Air Speed:
	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min.)
	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
	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
Individual protection measures, such as personal protective equipment	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 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters 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.	
		
	Eye and face protection ▶ Safety glasses with side shields. ▶ Chemical goggles. ▶ 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	▶ Wear chemical protective gloves, e.g. PVC. ▶ Wear safety footwear or safety gumboots, e.g. Rubber	
Body protection	See Other protection below	
Other protection	▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.	

Respiratory protection

If inhalation risk above the TLV exists, wear approved dust respirator.

Use respirators with protection factors appropriate for the exposure level.

- ▶ Up to 5 X TLV, use valveless mask type; up to 10 X TLV, use 1/2 mask dust respirator
- ▶ Up to 50 X TLV, use full face dust respirator or demand type C air supplied respirator
- ▶ Up to 500 X TLV, use powered air-purifying dust respirator or a Type C pressure demand supplied-air respirator
- ▶ Over 500 X TLV wear full-face self-contained breathing apparatus with positive pressure mode or a combination respirator with a Type C positive pressure supplied-air full-face respirator and an auxiliary self-contained breathing apparatus operated in pressure demand or other positive pressure mode
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- 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.

Where significant concentrations of the material are likely to enter the breathing zone, a Class P3 respirator may be required.

Class P3 particulate filters are used for protection against highly toxic or highly irritant particulates.

Filtration rate: Filters at least 99.95% of airborne particles

Suitable for:

- Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
- Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
- Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS
- Highly toxic particles e.g. Organophosphate Insecticides, Radionuclides, Asbestos

Note: P3 Rating can only be achieved when used with a Full Face Respirator or Powered Air-Purifying Respirator (PAPR). If used with any other respirator, it will only provide filtration protection up to a P2 rating.

Brown Clays Group 2

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Odourless Solid-like paste Colour as per variant > KC535, K 540, KC545 and KC560: Light to medium buff > KC575 and KC576: Light to medium buff with flecks Coloured		
Physical state	Non Slump Paste	Relative density (Water = 1)	Not Available
Odour	No Odour	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Applicable
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Immiscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	Product is considered stable and 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	Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be damaging to the health of the individual. Effects on lungs are significantly enhanced in the presence of respirable particles. Overexposure to respirable dust may produce wheezing, coughing and breathing difficulties leading to or symptomatic of impaired respiratory function. Acute silicosis occurs under conditions of extremely high silica dust exposure particularly when the particle size of the dust is small. It differs greatly from classical silicosis both clinically and pathologically. The disease is rapidly progressive with diffuse pulmonary involvement developing only months after the initial exposure and causing deaths within 1 to 2 years. It is often complicated by an associated tuberculosis. The lungs of victims contain no classical silicotic nodules or only a few, microscopic abortive nodules, whereas the air spaces are diffusely filled and distended with silica-containing, lipoprotein paste in which degenerating and necrotic macrophages are sometimes discernible - the condition is sometimes described as alveolar lipoproteinosis. The uptake of silica particles by macrophages and lysosomal incorporation, is followed by rupture of the lysosomal membrane and release of lysosomal enzymes into cytoplasm of the macrophage. This causes the macrophage to be digested by its own enzymes and after lysis the free silica is released to be ingested by other macrophages thus continuing initiate collagen formation in the lung tissue producing the characteristic nodule found in classical (chronic) silicosis.
Ingestion	The material has NOT been classified by EC Directives or other classification systems as "harmful by ingestion". This is because of the lack of corroborating animal or human evidence. The material may still be damaging to the health of the individual, following ingestion, especially where pre-existing organ (e.g liver, kidney) damage is evident. Present definitions of harmful or toxic substances are generally based on doses producing mortality rather than those producing morbidity (disease, ill-health). Gastrointestinal tract discomfort may produce nausea and vomiting. In an occupational setting however, ingestion of insignificant quantities is not thought to be cause for concern.
Skin Contact	Repeated exposure may cause skin cracking, flaking or drying following normal handling and use. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.
Eye	Limited evidence exists, or practical experience suggests, that the material may cause eye irritation in a substantial number of individuals and/or is expected to produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of experimental animals. Repeated or prolonged eye contact may cause inflammation characterised by temporary redness (similar to windburn) of the conjunctiva (conjunctivitis); temporary impairment of vision and/or other transient eye damage/ulceration may occur.
Chronic	On the basis of epidemiological data, it has been concluded that prolonged inhalation of the material, in an occupational setting, may produce cancer in humans. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure. Toxic: danger of serious damage to health by prolonged exposure through inhalation, in contact with skin and if swallowed. Serious damage (clear functional disturbance or morphological change which may have toxicological significance) is likely to be caused by repeated or prolonged exposure. As a rule the material produces, or contains a substance which produces severe lesions. Such damage may become apparent following direct application in subchronic (90 day) toxicity studies or following sub-acute (28 day) or chronic (two-year) toxicity

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Brown Clays Group 2

tests.

Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

The health hazards associated with bentonite, kaolin, and common clay, which are commercially important clay products, as well as the related phyllosilicate minerals montmorillonite, kaolinite, and illite, have an extensive literature. Fibrous clay minerals, such as sepiolite, attapulgite, and zeolites, have a separate literature.

The biological effects of clay minerals are influenced by their mineral composition and particle size. The decreasing rank order of the potencies of quartz, kaolinite, and montmorillonite to produce lung damage is consistent with their known relative active surface areas and surface chemistry. Clays are chemically all described as aluminosilicates; these are further classified as bentonite, kaolin and common clays.

Bentonite is a rock formed of highly colloidal and plastic clays composed mainly of montmorillonite, a clay mineral of the smectite group.

Kaolin or china clay is a mixture of different minerals. Its main component is kaolinite; in addition, it frequently contains quartz, mica, feldspar, illite, and montmorillonite.

The main components of common clay and shale are illite and chlorite. Illite is also a component of ball clays. Illite closely resembles micas,

From the limited data available from studies on bentonite-exposed persons, retained montmorillonite appears to effect only mild nonspecific tissue changes, which are similar to those that have been described in the spectrum of changes of the "small airways mineral dust disease" (nodular peribronchiolar dust accumulations containing refractile material [montmorillonite] in association with limited interstitial fibrosis). In some of the studies, radiological abnormalities have also been reported

Long-term occupational exposures to bentonite dust may cause structural and functional damage to the lungs. However, available data are inadequate to conclusively establish a dose-response relationship or even a cause-and-effect relationship due to limited information on period and intensity of exposure and to confounding factors, such as exposure to silica and tobacco smoke.

Long-term exposure to kaolin may lead to a relatively benign pneumoconiosis, in an exposure-related fashion, known as kaolinosis. Deterioration of lung function has been observed only in cases with prominent radiological alterations. Based on data from china clay workers in the United Kingdom, it can be very roughly estimated that kaolin is at least an order of magnitude less potent than quartz. Clearcut deterioration of respiratory function and related symptoms have been reported only in cases with prominent radiological findings.

The composition of the clay - i.e., quantity and quality of minerals other than kaolinite — is an important determinant of the effects. Bentonite, kaolin, and other clays often contain quartz, and exposure to quartz is causally related to silicosis and lung cancer. Statistically significant increases in the incidence of or mortality from chronic bronchitis and pulmonary emphysema have been reported after exposure to quartz.

The removal of clay particles from the lungs takes place by solubilisation *in situ* and by physical clearance.

In humans, there was a rapid initial clearance of 8% and 40% of aluminosilicate particles that were, respectively, 1.9 and 6.1 μm in aerodynamic diameter from the lung region over 6 days. Thereafter, 4% and 11% of the two particle sizes were removed following a half-time of 20 days, and the rest with half-times of 330 and 420 days.

Ultrafine particles (<100 nm) have a high deposition in the nasal area; they can penetrate the alveolar/capillary barrier. Epidemiological studies have indicated an increase in morbidity and mortality associated with an increase in airborne particulate matter, particularly in the ultrafine size range

An important determinant of the toxicity of clays is the content of quartz. The presence of quartz in the clays studied hampers reliable independent estimation of the fibrogenicity of other components of clays.

Single intratracheal injection into rodents of bentonite and montmorillonite with low content of quartz produced dose- and particle size-dependent cytotoxic effects, as well as transient local inflammation, the signs of which included oedema and, consequently, increased lung weight. After high doses of intratracheal kaolin (containing 8-65% quartz), fibrosis has been described in some studies, whereas at lower kaolin doses, no fibrosis has been observed in the few available studies.

There are limited data on the effects of multiple exposures of experimental animals to montmorillonite or bentonite. Mice maintained on diets containing 10% or 25% bentonite but otherwise adequate to support normal growth displayed slightly reduced growth rates, whereas mice maintained on a similar diet with 50% bentonite showed minimal growth and developed fatty livers and eventually fibrosis of the liver and benign hepatomas.

In vitro studies of the effects of bentonite on a variety of mammalian cell types usually indicated a high degree of cytotoxicity. Concentrations below 1.0 mg/ml of bentonite and montmorillonite particles less than 5 μm in diameter caused membrane damage and even cell lysis, as well as functional changes in several types of cells.

No adequate studies are available on the carcinogenicity of bentonite. In an inhalation study and in a study using intrapleural injection, kaolin did not induce tumours in rats. No studies are available on the genotoxicity of clays.

Single, very limited studies did not demonstrate developmental toxicity in rats after oral exposure to bentonite or kaolin.

Chronic dust inhalation of kaolin, as experienced in mineral extraction, has caused kaolinosis with heavy lung marking, emphysema, and nodular pneumoconiosis.

Evidence of kaolinosis (pneumoconiosis) was found in 9% of 553 Cornish china clay workers who had been exposed to kaolin dust for periods exceeding 5 years, whereas no kaolinosis was observed in workers exposed for less than 5 years. Workers in more heavily exposed jobs of milling, bagging and loading showed a prevalence of kaolinosis rising from 6% in those within between 5 and 15 years exposure to 23% in those exposed for more than 15 years. Workers intermittently and less heavily exposed in the older, outdated drying plants required 25 years of massive exposure before reaching the highest prevalence of 17%. Massive fibrosis was seen in four workers, and six workers needed antituberculosis chemotherapy. Preventative measures instituted include preemployment chest examination and approaches to the problem of dust control.

Sheer, G.; Brit. Jnl. Ind. Med. 21, pp 218-225, 1964

Chronic symptoms produced by crystalline silicas included decreased vital lung capacity and chest infections. Lengthy exposure may cause silicosis a disabling form of pneumoconiosis which may lead to fibrosis, a scarring of the lining of the air sacs in the lung.

The form and severity in which silicosis manifests itself depends in part on the type and extent of exposure to silica dusts: chronic, accelerated and acute forms are all recognized. In later stages the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive lung function changes may result from chronic exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis.

Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms may potentially appear years after exposures have ceased. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure.

Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica. There are reports in the literature indicating that crystalline silica exposure may be associated with adverse health effects involving the kidney, scleroderma (thickening of the skin caused by swelling and thickening of fibrous tissue) and other autoimmune and immunity-related disorders. Several studies of persons with silicosis or silica exposure also indicate or suggest increased risk of developing lung cancer, a risk that may increase with the duration of exposure. Many of these studies of silicosis do not account for lung cancer confounders, especially smoking.

Symptoms may appear 8 to 18 months after initial exposure. Smoking increases this risk. Classic silicosis is a chronic disease characterised by the formation of scattered, rounded or stellate silica-containing nodules of scar tissue in the lungs ranging from microscopic to 1.0 cm or more.

The nodules isolate the inhaled silica particles and protect the surrounding normal and functioning tissue from continuing injury. Simple silicosis (in which the nodules are less than 1.0 cm in diameter) is generally asymptomatic but may be slowly progressive even in the absence of continuing exposure. Simple silicosis can develop in complicated silicoses (in which nodules are greater than 1.0 cm in diameter) and can produce disabilities including an associated tuberculous infection (which 50 years ago accounted for 75% of the deaths among silicotic workers). Crystalline silica deposited in the lungs causes epithelial and macrophage injury and activation. Crystalline silica translocates to the interstitium and the regional lymph nodes and cause the recruitment of inflammatory cells in a dose dependent manner. In humans, a large fraction of crystalline silica persists in the lungs. The question of potential carcinogenicity associated with chronic inhalation of crystalline silica remains

Brown Clays Group 2

equivocal with some studies supporting the proposition and others finding no significant association. The results of recent epidemiological studies suggest that lung cancer risk is elevated only in those patients with overt silicosis. A relatively large number of epidemiological studies have been undertaken and in some, increased risk gradients have been observed in relation to dose surrogates - cumulative exposure, duration of exposure, the presence of radiographically defined silicosis, and peak intensity exposure. Chronic inhalation in rats by single or repeated intratracheal instillation produced a significant increase in the incidences of adenocarcinomas and squamous cell carcinomas of the lung. Lifetime inhalation of crystalline silica (87% alpha-quartz) at 1 mg/m³ (74% respirable) by rats, produced an increase in animals with keratinising cystic squamous cell tumours, adenomas, adenocarcinomas, adenosquamous cell carcinomas, squamous cell carcinoma and nodular bronchiolar alveolar hyperplasia accompanied by extensive subpleural and peribronchiolar fibrosis, increased pulmonary collagen content, focal lipoproteinosis and macrophage infiltration. Thoracic and abdominal malignant lymphomas developed in rats after single intrapleural and intraperitoneal injection of suspensions of several types of quartz.

Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis chronic kidney diseases, and end-stage kidney disease in workers

NOTE: Some jurisdictions require health surveillance be conducted on workers occupationally exposed to silica, crystalline. Such surveillance should emphasise

- demography, occupational and medical history and health advice
- standardised respiratory function tests such as FEV₁, FVC and FEV₁/FVC
- standardised respiratory function tests such as FV₁, FVC and FEV₁/FVC
- chest X-ray, full size PA view
- records of personal exposure

Overexposure to the breathable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic symptoms may include decreased vital lung capacity and chest infections. Repeated exposures in the workplace to high levels of fine-divided dusts may produce a condition known as pneumoconiosis, which is the lodgement of any inhaled dusts in the lung, irrespective of the effect. This is particularly true when a significant number of particles less than 0.5 microns (1/50000 inch) are present. Lung shadows are seen in the X-ray. Symptoms of pneumoconiosis may include a progressive dry cough, shortness of breath on exertion, increased chest expansion, weakness and weight loss. As the disease progresses, the cough produces stringy phlegm, vital capacity decreases further, and shortness of breath becomes more severe. Other signs or symptoms include changed breath sounds, reduced oxygen uptake during exercise, emphysema and rarely, pneumothorax (air in the lung cavity).

Removing workers from the possibility of further exposure to dust generally stops the progress of lung abnormalities. When there is high potential for worker exposure, examinations at regular period with emphasis on lung function should be performed.

Inhaling dust over an extended number of years may cause pneumoconiosis, which is the accumulation of dusts in the lungs and the subsequent tissue reaction. This may or may not be reversible.

Brown Clays Group 2	TOXICITY	IRRITATION
	Not Available	Not Available
ball clay	TOXICITY	IRRITATION
	Not Available	Not Available
silica crystalline - quartz	TOXICITY	IRRITATION
	Oral (Rat) LD50: 500 mg/kg ^[2]	Not Available
feldspars	TOXICITY	IRRITATION
	Not Available	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	

Brown Clays Group 2	Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.
	BALL CLAY Oral (rat) TDLo: 590000 mg/kg Reproductive effector at very high doses.
SILICA CRYSTALLINE - QUARTZ	WARNING: For inhalation exposure <u>ONLY</u> : This substance has been classified by the IARC as Group 1: CARCINOGENIC TO HUMANS
	The International Agency for Research on Cancer (IARC) has classified occupational exposures to respirable (<5 µm) crystalline silica as being carcinogenic to humans. This classification is based on what IARC considered sufficient evidence from epidemiological studies of humans for the carcinogenicity of inhaled silica in the forms of quartz and cristobalite. Crystalline silica is also known to cause silicosis, a non-cancerous lung disease. Intermittent exposure produces; focal fibrosis, (pneumoconiosis), cough, dyspnoea, liver tumours. * Millions of particles per cubic foot (based on impinger samples counted by light field techniques). NOTE : the physical nature of quartz in the product determines whether it is likely to present a chronic health problem. To be a hazard the material must enter the breathing zone as respirable particles.
FELDSPARS	No significant acute toxicological data identified in literature search.

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

Brown Clays Group 2

Toxicity

Brown Clays Group 2	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
ball clay	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
silica crystalline - quartz	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
feldspars	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
Legend:	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data				

For Silica:

Environmental Fate: Most documentation on the fate of silica in the environment concerns dissolved silica, in the aquatic environment, regardless of origin, (man-made or natural), or structure, (crystalline or amorphous).

Terrestrial Fate: Silicon makes up 25.7% of the Earth's crust, by weight, and is the second most abundant element, being exceeded only by oxygen. Silicon is not found free in nature, but occurs chiefly as the oxide and as silicates. Once released into the environment, no distinction can be made between the initial forms of silica.

Aquatic Fate: At normal environmental pH, dissolved silica exists exclusively as monosilicic acid. At pH 9.4, amorphous silica is highly soluble in water. Crystalline silica, in the form of quartz, has low solubility in water. Silicic acid plays an important role in the biological/geological/chemical cycle of silicon, especially in the ocean. Marine organisms such as diatoms, silicoflagellates and radiolarians use silicic acid in their skeletal structures and their skeletal remains leave silica in sea sediment

Ecotoxicity: Silicon is important to plant and animal life and is practically non-toxic to fish including zebrafish, and Daphnia magna water fleas.

Bentonite and kaolin have low toxicity to aquatic species, a large number of which have been tested

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

Bioaccumulative potential

Ingredient	Bioaccumulation
	No Data available for all ingredients

Mobility in soil

Ingredient	Mobility
	No Data available for all ingredients

SECTION 13 Disposal considerations

Waste treatment methods

Product / Packaging disposal	- Containers may still present a chemical hazard/ danger when empty. - Return to supplier for reuse/ recycling if possible.
	Otherwise: - If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill. - Where possible retain label warnings and SDS and observe all notices pertaining to the product. DO NOT allow wash water from cleaning or process equipment to enter drains. - It may be necessary to collect all wash water for treatment before disposal. - In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first. - Where in doubt contact the responsible authority. - Recycle wherever possible or consult manufacturer for recycling options. - Consult State Land Waste Management Authority for disposal. - Bury residue in an authorised landfill. - Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

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

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

Continued...

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
ball clay	Not Available
silica crystalline - quartz	Not Available
feldspars	Not Available

Transport in bulk in accordance with the IGC Code

Product name	Ship Type
ball clay	Not Available
silica crystalline - quartz	Not Available
feldspars	Not Available

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

Australian Inventory of Industrial Chemicals (AIIC)
Chemical Footprint Project - Chemicals of High Concern List

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

silica crystalline - quartz is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals
Australia Model Work Health and Safety Regulations - Hazardous chemicals (other
than lead) requiring health monitoring
Australian Inventory of Industrial Chemicals (AIIC)

Chemical Footprint Project - Chemicals of High Concern List
International Agency for Research on Cancer (IARC) - Agents Classified by the IARC
Monographs

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC
Monographs - Group 1: Carcinogenic to humans

feldspars is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (feldspars)
Canada - NDSL	No (ball clay; silica crystalline - quartz)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (ball clay; feldspars)
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	Yes
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes
Russia - FBEPH	No (feldspars)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	29/09/2022
Initial Date	29/09/2022

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

Continued...

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
AIC: 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

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TEL (+61 3) 9572 4700.