

BENTONITESwancorp Group Pty Ltd

Chemwatch: **11106**Version No: **11.1.1.1**

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: **03/09/2020**Print Date: **28/09/2020**L.GHS.AUS.EN

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

Product Identifier

| Product name | BENTONITE | |
|-------------------------------|--|--|
| Chemical Name | bentonite | |
| Synonyms | sodium montmorillonite; filter clay; earth bentonite; natural clay; sodium bentonite (CAS RN: 85049-30-5); bentonite calcined (CAS RN: 90989-60-9); bentonite, calcium (CAS RN: 97862-66-3); bentonite, acid (CAS RN: 70131-50-9); bentonite, ammonium (CAS RN: 84776-12-5); bentonite, acid leached, calcined (CAS RN: 59-6); Albagel Premium USP 4444 Bentonite 2073 Bentonite magma; Bentonite Trugel 100 Hi-Jel Imvite I.G.B.A. MagBond; Panther Creek bentonite Southern Bentonite Tixoton Truben; Colclay Volclay HPM-20 Volclay 325 Volclay Premium Gel; Wilkinite; Aus-Ben; Aus-Ben(B); Bentonite HPM20; Panther Creek 200 | |
| Chemical formula | Na0,33{(Al1,67Mg0,33)(OH)2[Si4O10]} x nH2O Na0,33{(Al1,67Mg0,33)(OH)2[Si4O10]} nH2O Mg(0.008-0.823)Al(0.002-0.2473)SiO(2.018-3.837) O2Si | |
| Other means of identification | Not Available | |
| CAS number | 1302-78-9 | |

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

| Relevant | identified | IISES |
|-------------|-------------|-------|
| IVEIE VAIIL | Idelitilled | uoco |

Oil well drilling fluids; cement slurries for oil-well casings; bonding agent in foundry sands and pelletizing of iron ores; sealant for canal walls; thickener in lubricating greases and fireproofing compositions; cosmetics; decolourising agent; filler in ceramics, refractories porcelain enamels, paper coatings; asphalt modifier; polishes and abrasives; food additive; catalyst support. Ingredient of welding fluxes.

Details of the supplier of the safety data sheet

| Registered company name | Swancorp Group Pty Ltd | |
|-------------------------|--|--|
| Address | 123 Boundary Road Rocklea QLD 4106 Australia | |
| Telephone | +61 7 3276 7422 | |
| Fax | +61 7 3276 8622 | |
| Website | Not Available | |
| Email | Not Available | |

Emergency telephone number

| Association / Organisation | CHEMWATCH EMERGENCY RESPONSE | |
|-----------------------------------|------------------------------|--|
| Emergency telephone numbers | +61 2 9186 1132 | |
| Other emergency telephone numbers | +61 1800 951 288 | |

Once connected and if the message is not in your prefered language then please dial 01

SECTION 2 Hazards identification

Classification of the substance or mixture

| Poisons Schedule | Not Applicable |
|--------------------|--|
| Classification [1] | Specific target organ toxicity - single exposure Category 3 (respiratory tract irritation), Skin Corrosion/Irritation Category 2, Eye Irritation Category 2A |

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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

Warning

Hazard statement(s)

| H335 | May cause respiratory irritation. |
|------|-----------------------------------|
| H315 | Causes skin irritation. |
| H319 | Causes serious eye irritation. |

Precautionary statement(s) Prevention

| P271 | Use only outdoors or in a well-ventilated area. | |
|------|--|--|
| P261 | Avoid breathing dust/fumes. | |
| P280 | Wear protective gloves/protective clothing/eye protection/face protection. | |

Precautionary statement(s) Response

| P321 | Specific treatment (see advice on this label). | |
|----------------|--|--|
| P362 | Take off contaminated clothing and wash before reuse. | |
| P305+P351+P338 | IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. | |
| P312 | Call a POISON CENTER or doctor/physician if you feel unwell. | |
| P337+P313 | If eye irritation persists: Get medical advice/attention. | |
| P302+P352 | IF ON SKIN: Wash with plenty of water and soap. | |
| P304+P340 | IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing. | |
| P332+P313 | If skin irritation occurs: Get medical advice/attention. | |

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

| CAS No | %[weight] | Name |
|---------------|-----------|--|
| 1302-78-9 | >95 | <u>bentonite</u> |
| Not Available | | a colloidal clay (aluminium silicate) composed |
| Not Available | | chiefly of montmorillonite, sodium bentonite form as |
| 1332-58-7 | | <u>kaolin</u> |

Mixtures

See section above for composition of Substances

SECTION 4 First aid measures

Description of first aid measures

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| 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 contact occurs: Immediately remove all contaminated clothing, including footwear. Flush skin and hair with running water (and soap if available). Seek medical attention in event of irritation. | | |
| 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, without delay. | | |
| 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. | | |
|-------------------------|--|--|--|
| 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. 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 | Remove all ignition sources. Clean up all spills immediately. Avoid contact with skin and eyes. Control personal contact with the substance, by using protective equipment. Use dry clean up procedures and avoid generating dust. Place in a suitable, labelled container for waste disposal. | |

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Moderate hazard.

- ► CAUTION: Advise personnel in area.
- ▶ Alert Emergency Services and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- 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.
- ► ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- 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

Major Spills

Precautions for 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

Safe handling

- ► Store in original containers.
- Keep containers securely sealed.
- ▶ Store in a cool, dry area protected from environmental extremes.
- 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.

Other information

For major quantities:

- Consider storage in bunded areas ensure storage areas are isolated from sources of community water (including stormwater, ground water, lakes and streams).
- 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.
- Check all containers are clearly labelled and free from leaks.

Storage incompatibility

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 | kaolin | Kaolin | 10 mg/m3 | Not Available | Not Available | (a) This value is for inhalable dust containing no asbestos and < 1% crystalline silica. |

Emergency Limits

| Ingredient | Material name | TEEL-1 | TEEL-2 | TEEL-3 |
|------------|---------------|---------------|---------------|---------------|
| BENTONITE | Not Available | Not Available | Not Available | Not Available |

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| Ingredient | Original IDLH | Revised IDLH |
|------------|---------------|---------------|
| bentonite | Not Available | Not Available |
| kaolin | Not Available | Not Available |

Occupational Exposure Banding

| Ingredient | Occupational Exposure Band Rating | Occupational Exposure Band Limit |
|------------|--|----------------------------------|
| 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

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.

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 um (+-) 0.3 um and with a geometric standard deviation of 1.5 um (+-) 0.1 um, i.e..generally less than 5 um.

Exposure 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" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.

Appropriate engineering controls

| 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 |
| 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.

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Personal protection











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

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.

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.

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.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- · chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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.
- 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.
- · Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.
- Contaminated gloves should be replaced.

As defined in ASTM F-739-96 in any application, $\,$ gloves are rated as:

- Excellent when breakthrough time > 480 min
- Good when breakthrough time > 20 min
- Fair when breakthrough time < 20 min
- Poor when glove material degrades

For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.

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.

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. Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:

- · 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.
- · 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

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.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- polychloroprene.
- nitrile rubber.
- butyl rubber.
- If Iuorocaoutchouc.
- polyvinyl chloride.

Gloves should be examined for wear and/ or degradation constantly.

Body protection

Hands/feet protection

See Other protection below

Other protection

- Overalls.
- P.V.C apron.Barrier cream.
- Skin cleansing cream.
- Eye wash unit.

Respiratory protection

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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 Air-line* | - | PAPR-P1 - |
| 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 deaC)

- ▶ 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.
- ▶ Use approved positive flow mask if significant quantities of dust becomes airborne.
- ▶ Try to avoid creating dust conditions.

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

| Aρ | pea | ran | CE |
|----|-----|-----|----|

Light pink, off white impalpable powder with no distinct odour. Insoluble in water and common organic solvents. Forms colloidal suspension in water, with strongly thixotropic properties. Sodium bentonite has high swelling capacity in water. Particle size (Australian red): 90% is 75 micron. Bulk density (Australian red): 0.75 g/cm3. Extremely slippery when wet.

| Physical state | Divided Solid | Relative density (Water = 1) | 2.6 approx |
|--|----------------|---|----------------|
| Odour | Not Available | Partition coefficient n-octanol / water | Not Available |
| Odour threshold | Not Available | Auto-ignition temperature (°C) | Not Applicable |
| pH (as supplied) | Not Applicable | Decomposition temperature | Not available. |
| Melting point / freezing point (°C) | 1337 | 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 Applicable | 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 Applicable |
| Vapour pressure (kPa) | Not Applicable | Gas group | Not Available |
| Solubility in water | Immiscible | pH as a solution (1%) | Not Applicable |
| Vapour density (Air = 1) | Not Applicable | VOC g/L | Not Available |

SECTION 10 Stability and reactivity

Reactivity

See section 7

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| Chemical stability | Unstable in the presence of incompatible materials. Product is considered stable. 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 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. Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual Inhaled 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. 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 in excessive exposures. 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. Although ingestion is not thought to produce harmful effects (as classified under EC Directives), 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 Ingestion 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. 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 Skin Contact the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis. The material may accentuate any pre-existing dermatitis condition Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions. 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. Evidence exists, or practical experience predicts, that the material may cause eye irritation in a substantial number of individuals and/or may produce significant ocular lesions which are present twenty-four hours or more after instillation into the eye(s) of Eve 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 dust inhalation has been associated with lung disease. (Source: NIOSHTIC). Symptoms are those of nodular fibrosis and respiratory impairment is characterised by obstruction and restriction of lung function. (Source: Occupational Diseases) Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems. Overexposure to respirable dust may cause coughing, wheezing, difficulty in breathing and impaired lung function. Chronic Chronic symptoms may include decreased vital lung capacity, chest infections

Repeated exposures, in an occupational setting, 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 (1/50,000 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 (exertional dyspnea), increased chest expansion, weakness and weight loss. As the disease progresses the cough produces a stringy mucous, vital capacity decreases further and shortness of breath becomes more severe. Other signs or symptoms include altered breath

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sounds, diminished lung capacity, diminished oxygen uptake during exercise, emphysema and pneumothorax (air in lung cavity) as a rare complication.

Removing workers from possibility of further exposure to dust generally leads to halting the progress of the lung abnormalities. Where worker-exposure potential is high, periodic examinations with emphasis on lung dysfunctions should be undertaken Dust inhalation over an extended number of years may produce pneumoconiosis. Pneumoconiosis is the accumulation of dusts in the lungs and the tissue reaction in its presence. It is further classified as being of noncollagenous or collagenous types. Noncollagenous pneumoconiosis, the benign form, is identified by minimal stromal reaction, consists mainly of reticulin fibres, an intact alveolar architecture and is potentially reversible.

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 um in aerodynamic diameter from the lung region over 6 days. Thereafter, 4% and 11% of the two particle sizes were removed following a halftime 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 um 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

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| | TOXICITY | IRRITATION | |
|-----------|---|--|--|
| bentonite | Oral (cat) LD50: >1.25 mg/kg ^[2] | Not Available | |
| | Oral (rat) LD50: >5000 mg/kg ^[2] | | |
| | TOXICITY | IRRITATION | |
| kaolin | TOAIOTT | IIIIIIIIIII | |
| ildoiii. | 590000 mg/kg ^[2] | Not Available | |
| | 1. Value obtained from Europe ECHA Registered Substances - Acute toxicity 2.* Value obtained from manufacturer's SDS. | | |
| Legend: | Value obtained from Europe ECHA Registered Substances - A | Acute toxicity 2.* Value obtained from manufacturer's SDS. | |

BENTONITE

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. 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.

No significant acute toxicological data identified in literature search.

for bentonite clays:

Bentonite (CAS No. 1302-78-9) consists of a group of clays formed by crystallisation of vitreous volcanic ashes that were deposited in water.

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.

BENTONITE & KAOLIN

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.

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.

Ingestion of bentonite without adequate liquids may result in intestinal obstruction in humans.

Hypokalaemia and microcytic iron-deficiency anaemia may occur in patients after repeat doses of clay. Chronic ingestion has been reported to cause myositis.

| 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: X − Data either not available or does not fill the criteria for classification

Data available to make classification

SECTION 12 Ecological information

Toxicity

| bentonite | Endpoint | Test Duration (hr) | Species | Value | Source |
|-----------|----------|--------------------|-------------------------------|-----------|--------|
| | EC50 | 48 | Crustacea | >10-mg/L | 2 |
| | EC50 | 72 | Algae or other aquatic plants | 2-500mg/L | 2 |
| | NOEC | 504 | Crustacea | 1-mg/L | 2 |
| | EC50 | 48 | Crustacea | >100mg/L | 2 |
| | EC50 | 72 | Algae or other aquatic plants | >100mg/L | 2 |

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| | Endpoint | Test Duration (hr) | Species | Value | Source |
|---------|---|--------------------|---------------|------------------|------------------|
| kaolin | 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 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 | | | | |

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

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- ► Reduction
- ► Reuse
- Recycling
- ► Disposal (if all else fails)

Product / Packaging disposal

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate. In most instances the supplier of the material should be consulted.

- 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.
- $\ ^{\blacktriangleright}$ 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

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

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SECTION 15 Regulatory information

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

bentonite is found on the following regulatory lists

Australian Inventory of Industrial Chemicals (AIIC)

kaolin 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)

National Inventory Status

| National Inventory | Status |
|-----------------------------------|---|
| Australia - AIIC | Yes |
| Australia - Non-Industrial Use | No (bentonite; kaolin) |
| Canada - DSL | Yes |
| Canada - NDSL | No (bentonite; kaolin) |
| China - IECSC | Yes |
| Europe - EINEC / ELINCS / NLP | Yes |
| Japan - ENCS | No (bentonite; kaolin) |
| Korea - KECI | Yes |
| New Zealand - NZIoC | Yes |
| Philippines - PICCS | Yes |
| USA - TSCA | Yes |
| Taiwan - TCSI | Yes |
| Mexico - INSQ | Yes |
| Vietnam - NCI | Yes |
| Russia - ARIPS | Yes |
| Legend: | Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets) |

SECTION 16 Other information

| Revision Date | 03/09/2020 |
|---------------|------------|
| Initial Date | 12/05/2005 |

SDS Version Summary

| Version | Issue Date | Sections Updated |
|----------|------------|--|
| 10.1.1.1 | 01/10/2015 | Chronic Health, Environmental, Exposure Standard, Supplier Information, Synonyms |
| 11.1.1.1 | 03/09/2020 | Expiration. Review and Update |

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

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STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit。

IDLH: Immediately Dangerous to Life or Health Concentrations

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

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TEL (+61 3) 9572 4700.