

(MSHA); OSHA PEL = permissible exposure limit of the Occupational Safety and Health Administration (OSHA); mg/m^3 = milligrams of substance per cubic meter of air.
Limestone (Calcium Carbonate): ACHIH TLV® = $10\text{mg}/\text{m}^3$; OSHA PEL = $15\text{mg}/\text{m}^3$ (total dust); OSHA PEL = $5\text{mg}/\text{m}^3$ (respirable fraction), MSHA PEL = $10\text{mg}/\text{m}^3$ (total dust).

Other Particulates: 2001 ACGIH TLV® = $10\text{mg}/\text{m}^3$ (inhalable/total particulate, not otherwise specified), 2001 ACGIH TLV® = $3\text{mg}/\text{m}^3$ (respirable particulate, not otherwise specified); OSHA PEL = $15\text{mg}/\text{m}^3$ (total particulate, not otherwise regulated), OSHA PEL = $5\text{mg}/\text{m}^3$ (respirable particulate, not otherwise regulated).

Respirable Crystalline Silica (SiO_2 /quartz): ACGIH TLV® = $0.05\text{mg}/\text{m}^3$; MSHA and OSHA PEL = $10\text{mg}/\text{m}^3 \div (\% \text{SiO}_2 + 2)$, for respirable dust containing crystalline silica.

Total dust, respirable and nonrespirable: 1973 ACGIH TLV® = $30\text{mg}/\text{m}^3 \div (\% \text{quartz} + 3)$.

Total Dust: MSHA PEL = $10\text{mg}/\text{m}^3$ (for nuisance particulates listed in Appendix E of the 1973 ACGIH TLV® booklet).

Per ACGIH, adverse effects are not likely to occur in the workplace provided exposure levels do not exceed the appropriate TLVs & PELs. However, because of the wide variation in individual susceptibility, lower exposure limits may be appropriate for some individuals including persons with pre-existing medical conditions such as those described below.

Medical Conditions Aggravated by Exposure: Inhaling respirable dust and/or crystalline silica may aggravate existing respiratory system disease(s) and/or dysfunctions. Exposure to dust may aggravate existing skin and/or eye conditions.

Primary Route(s) of Exposure

Inhalation Skin Ingestion

Acute Toxicity

EYE CONTACT: Direct contact with dust may cause irritation by mechanical abrasion.

SKIN CONTACT: Direct contact may cause irritation by mechanical abrasion.

SKIN ABSORPTION: Not expected to be a significant exposure route.

INGESTION: Expected to be practically non-toxic. Ingestion of large amounts may cause gastrointestinal irritation and blockage.

INHALATION: Dusts may irritate the nose, throat, and respiratory tract by mechanical abrasion. Coughing, sneezing, and shortness of breath may occur following exposures in excess of appropriate exposure limits.

First Aid

EYES: Immediately flush eye(s) with plenty of clean water for at least 15 minutes, while holding the eyelids open. Occasionally lift the eyelids to ensure thorough rinsing. Beyond flushing, do not attempt to remove material from the eye(s). Contact a physician if irritation persists or later develops.

SKIN: Wash with soap and water. Contact a physician if irritation persists or later develops.

INGESTION: If person is conscious, give large quantity of water and induce vomiting; however, never attempt to make an unconscious person drink or vomit. Get immediate medical attention.

INHALATION: Move to fresh air. Dust in throat and nasal passages should clear spontaneously. Contact a physician if irritation persists or later develops.

For emergencies, contact _____
(company's designated emergency contact)

Chronic Toxicity

Prolonged and repeated inhalation of respirable crystalline silica-containing dust in excess of appropriate exposure limits has caused silicosis, a lung disease. Not all individuals with silicosis will exhibit symptoms (signs) of the disease. However, silicosis can be progressive, and symptoms can appear at any time, even years

after exposure has ceased. Symptoms of silicosis may include, but are not limited to, the following: shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; right heart enlargement and/or failure. Smoking may increase the risk of developing lung disorders, including emphysema and lung cancer. Persons with silicosis have an increased risk of pulmonary tuberculosis infection.

Respirable dust containing newly broken silica 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 particles of silica.

There are reports in the literature suggesting that excessive 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 disorders. However, this evidence has been obtained primarily from case reports involving individuals working in high exposure situations or those who have already developed silicosis; and therefore, this evidence does not conclusively prove a causal relationship between silica or silicosis and these adverse health effects. Several studies of persons with silicosis also indicate an increased risk of developing lung cancer, a risk that increases with the duration of exposure. Some of these studies of silicotics do not account for lung cancer confounders, especially smoking.

Limestone is not listed as a carcinogen by the International Agency for Research on Cancer (IARC), the National Toxicology Program (NTP), or the Occupational Safety and Health Administration (OSHA). In October 1996, an IARC Working Group re-assessing crystalline silica, a component of this product, designated respirable crystalline silica as carcinogenic (Group 1). The NTP's Report on Carcinogens, 9th edition, lists respirable crystalline silica as a "known human carcinogen." In year 2000, the American Conference of Governmental Industrial Hygienists (ACGIH) listed respirable crystalline silica (quartz) as a suspected human carcinogen (A-2). These classifications are based on sufficient evidence of carcinogenicity in certain experimental animals and on selected epidemiological studies of workers exposed to crystalline silica.

California Proposition 65: WARNING: This product contains chemical(s) known to the state of California to cause cancer.

7. PERSONAL PROTECTION AND CONTROLS

Respiratory Protection

For respirable quartz levels that exceed or are likely to exceed an 8-hr TWA of $0.1\text{mg}/\text{m}^3$, a NIOSH approved dust respirator is recommended. For respirable quartz levels that exceed or are likely to exceed an 8-hr TWA of $0.5\text{mg}/\text{m}^3$, a NIOSH approved HEPA filter respirator is recommended. If respirable quartz levels exceed or are likely to exceed an 8-hr TWA of $5\text{mg}/\text{m}^3$, a NIOSH approved positive pressure, full face respirator or equivalent is recommended. Respirator use must comply with applicable MSHA or OSHA standards, which include provisions for a user training program, respirator repair and cleaning, respirator fit testing, and other requirements.

Ventilation: Local exhaust or general ventilation adequate to maintain exposures below appropriate exposure limits.

Skin Protection

See "Hygiene" section below.

Eye Protection

Safety glasses with side shields should be worn as minimum protection. Dust goggles should be worn when excessively (visible) dusty conditions are present or are anticipated.

Hygiene

Wash dust-exposed skin with soap and water before eating, drinking, smoking, and using toilet facilities. Wash work clothes after each use.

Other Control Measures

Respirable dust and quartz levels should be monitored regularly. Dust and quartz levels in excess of appropriate exposure limits should be reduced by all feasible engineering controls, including (but not limited to) wet suppression, ventilation, process enclosure, and enclosed employee work stations.

8. STORAGE AND HANDLING PRECAUTIONS

Respirable crystalline silica-containing dust may be generated during processing, handling, and storage. The personal protection and controls identified in Section 7 of the MSDS should be used as appropriate.

Do not store near food and beverages or smoking material.

9. SPILL, LEAK AND DISPOSAL PRACTICES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

The personal protection and controls identified in Section 7 of the MSDS should be used as appropriate. Spilled material, where dust can be generated, may overexpose cleanup personnel to respirable crystalline silica-containing dust. Wetting of spilled material and/or use of respiratory protective equipment may be necessary. Do not dry sweep spilled material. Prevent spilled materials from inadvertently entering streams, drains, or sewers.

For emergencies, contact _____
(your company's designated emergency contact)

WASTE DISPOSAL METHOD

Pick up and reuse clean materials. Dispose of waste materials only in accordance with applicable federal, state, and local laws and regulations.

10. TRANSPORTATION

DOT Hazard Classification: None

Placard Required: None

Label Required: Label as required by the OSHA Hazard Communication Standard [29 CFR 1910.1200 (f) and applicable state and local laws and regulations.

For Further Information Contact: Place here the name, address, and telephone number of the operator or responsible party who can provide more info about the hazardous chemical.

Date of Preparation:

Emergency Information: Your company's designated emergency contact.

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