



PastureSure 5K (SI)

Ballance Agri-Nutrients

Chemwatch Hazard Alert Code: 3

Chemwatch: 5568-04
Version No: 2.1
Safety Data Sheet according to the Health and Safety at Work (Hazardous Substances) Regulations 2017

Issue Date: 28/09/2022
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L.GHS.NZL.EN.E

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

Product Identifier

Product name	PastureSure 5K (SI)
Chemical Name	Not Applicable
Chemical formula	Not Applicable
Other means of identification	Not Available

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

Relevant identified uses	Fertiliser.
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Details of the manufacturer or supplier of the safety data sheet

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

Emergency telephone number

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

SECTION 2 Hazards identification

Classification of the substance or mixture

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


Chemwatch Hazard Ratings

	Min	Max	
Flammability	1	1	0 = Minimum
Toxicity	1	1	1 = Low
Body Contact	3	3	2 = Moderate
Reactivity	1	1	3 = High
Chronic	3	3	4 = Extreme

Classification [1]	Skin Corrosion/Irritation Category 2, Sensitisation (Skin) Category 1, Serious Eye Damage/Eye Irritation Category 2, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Reproductive Toxicity Category 1, Specific Target Organ Toxicity - Repeated Exposure Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI
Determined by Chemwatch using GHS/HSNO criteria	6.3A, 6.4A, 6.5B (contact), 6.8A, 6.9B, 6.1E (respiratory tract irritant)

Label elements

PastureSure 5K (SI)

Hazard pictogram(s)	
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Signal word	Danger
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Hazard statement(s)

H315	Causes skin irritation.
H317	May cause an allergic skin reaction.
H319	Causes serious eye irritation.
H335	May cause respiratory irritation.
H360	May damage fertility or the unborn child.
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 dust/fume.
P271	Use only outdoors or in a well-ventilated area.
P280	Wear protective gloves, protective clothing, eye protection and face protection.
P264	Wash all exposed external body areas thoroughly after handling.
P272	Contaminated work clothing should not be allowed out of the workplace.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.
P302+P352	IF ON SKIN: Wash with plenty of water.
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/doctor/physician/first aider/if you feel unwell.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.
P337+P313	If eye irritation persists: 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.
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SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
7778-18-9	10-30	<u>calcium sulfate</u>
7758-23-8	10-30	<u>calcium phosphate, monobasic</u>
12135-86-3	10-30	<u>antigorite</u>
57-13-6	10-20	<u>urea</u>
7447-40-7	5-10	<u>potassium chloride</u>
7757-93-9	5-10	<u>calcium phosphate, dibasic</u>
7789-77-7	1-10	<u>calcium hydrogen orthophosphate dihydrate</u>
7789-75-5	0-5	<u>calcium fluoride</u>
Not Available	balance	Ingredients determined not to be hazardous

Legend: 1. Classified by Chemwatch; 2. Classification drawn from CCID EPA NZ; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L; * EU IOELVs available

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> ▶ Immediately hold eyelids apart and flush the eye continuously with 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.
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	<ul style="list-style-type: none"> ▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes. ▶ Transport to hospital or doctor without delay. ▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ 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	<ul style="list-style-type: none"> ▶ If swallowed do NOT induce vomiting. ▶ If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. ▶ Observe the patient carefully. ▶ Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious. ▶ Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink. ▶ Seek medical advice.

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	▶ Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result
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Advice for firefighters

Fire Fighting	<ul style="list-style-type: none"> ▶ When silica dust is dispersed in air, firefighters should wear inhalation protection as hazardous substances from the fire may be adsorbed on the silica particles. ▶ When heated to extreme temperatures, (>1700 deg.C) amorphous silica can fuse. ▶ 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.
Fire/Explosion Hazard	<ul style="list-style-type: none"> ▶ Solid which exhibits difficult combustion or is difficult to ignite. ▶ Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. ▶ Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust (420 micron or less) may burn rapidly and fiercely if ignited; once initiated larger particles up to 1400 microns diameter will contribute to the propagation of an explosion. ▶ A dust explosion may release large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive force capable of damaging plant and buildings and injuring people. ▶ Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. <p>Decomposes on heating and produces: carbon monoxide (CO) carbon dioxide (CO₂) hydrogen chloride phosgene nitrogen oxides (NO_x) phosphorus oxides (PO_x) sulfur oxides (SO_x) silicon dioxide (SiO₂) metal oxides other pyrolysis products typical of burning organic material.</p> <p>In fire situation urea melts and flows, on further heating it decomposes giving off ammonia gas. Thermal and oxidative degradation products can include ammonia, biuret, and cyanuric acid,. May emit poisonous fumes. May emit corrosive fumes.</p>

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	<ul style="list-style-type: none"> ▶ Remove all ignition sources. ▶ Clean up all spills immediately.
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	<ul style="list-style-type: none"> ▶ 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.
Major Spills	<p>Moderate hazard.</p> <ul style="list-style-type: none"> ▶ 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.

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

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling	<ul style="list-style-type: none"> ▶ 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. ▶ Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions) ▶ Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame. ▶ Establish good housekeeping practices. ▶ Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds. ▶ Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion.
Other information	<ul style="list-style-type: none"> ▶ 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.

Conditions for safe storage, including any incompatibilities

Suitable container	<ul style="list-style-type: none"> ▶ Polyethylene or polypropylene container. ▶ Check all containers are clearly labelled and free from leaks.
Storage incompatibility	<ul style="list-style-type: none"> ▶ Avoid strong acids, bases.



X — Must not be stored together

O — May be stored together with specific precautions

+ — May be stored together

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

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Source	Ingredient	Material name	TWA	STEL	Peak	Notes
New Zealand Workplace Exposure Standards (WES)	calcium sulfate	Calcium sulphate (Gypsum, Plaster of Paris)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	antigorite	Inhalable dust (not otherwise classified)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	antigorite	Respirable dust (not otherwise classified)	3 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	calcium hydrogen orthophosphate dihydrate	Respirable dust (not otherwise classified)	3 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	calcium hydrogen orthophosphate dihydrate	Inhalable dust (not otherwise classified)	10 mg/m3	Not Available	Not Available	Not Available
New Zealand Workplace Exposure Standards (WES)	calcium fluoride	Fluorides, as F	2.5 mg/m3	Not Available	Not Available	(bio) - Exposure can also be estimated by biological monitoring

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
urea	30 mg/m3	280 mg/m3	1,700 mg/m3

Ingredient	TEEL-1	TEEL-2	TEEL-3
calcium hydrogen orthophosphate dihydrate	12 mg/m3	130 mg/m3	790 mg/m3
calcium fluoride	15 mg/m3	170 mg/m3	1,000 mg/m3

Ingredient	Original IDLH	Revised IDLH
calcium sulfate	Not Available	Not Available
calcium phosphate, monobasic	Not Available	Not Available
antigorite	Not Available	Not Available
urea	Not Available	Not Available
potassium chloride	Not Available	Not Available
calcium phosphate, dibasic	Not Available	Not Available
calcium hydrogen orthophosphate dihydrate	Not Available	Not Available
calcium fluoride	250 mg/m3	Not Available

Occupational Exposure Banding


Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit
calcium phosphate, monobasic	E	≤ 0.01 mg/m ³
urea	E	≤ 0.01 mg/m ³
calcium phosphate, dibasic	E	≤ 0.01 mg/m ³

Notes:

Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.

MATERIAL DATA

Exposure controls

Appropriate engineering controls	<p>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.</p> <p>The basic types of engineering controls are:</p> <p>Process controls which involve changing the way a job activity or process is done to reduce the risk.</p> <p>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.</p>
Personal protection	
Eye and face protection	<ul style="list-style-type: none"> ▶ 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.
Skin protection	See Hand protection below
Hands/feet protection	<p>NOTE:</p> <ul style="list-style-type: none"> ▶ The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact. ▶ Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed. <p>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.</p> <p>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.</p> <p>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.</p> <p>Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.</p> <ul style="list-style-type: none"> ▶ polychloroprene. ▶ nitrile rubber. ▶ butyl rubber. ▶ fluoroacoutchouc. ▶ polyvinyl chloride.
Body protection	See Other protection below
Other protection	<ul style="list-style-type: none"> ▶ Overalls. ▶ P.V.C apron. ▶ Barrier cream. ▶ Skin cleansing cream. ▶ Eye wash unit.

Recommended material(s)

GLOVE SELECTION INDEX

Glove selection is based on a modified presentation of the:

Respiratory protection

Type AK-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

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"Forsberg Clothing Performance Index".

The effect(s) of the following substance(s) are taken into account in the **computer-generated** selection:

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Material	CPI
BUTYL	C
NATURAL RUBBER	C
NATURAL+NEOPRENE	C
NITRILE	C
PE/EVAL/PE	C
PVA	C

* CPI - Chemwatch Performance Index

A: Best Selection

B: Satisfactory; may degrade after 4 hours continuous immersion

C: Poor to Dangerous Choice for other than short term immersion

NOTE: As a series of factors will influence the actual performance of the glove, a final selection must be based on detailed observation. -

* Where the glove is to be used on a short term, casual or infrequent basis, factors such as "feel" or convenience (e.g. disposability), may dictate a choice of gloves which might otherwise be unsuitable following long-term or frequent use. A qualified practitioner should be consulted.

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

* - Negative pressure demand ** - Continuous flow

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO₂), G = Agricultural chemicals, K = Ammonia(NH₃), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

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.
- Class P2 particulate filters are used for protection against mechanically and thermally generated particulates or both.
- P2 is a respiratory filter rating under various international standards, Filters at least 94% of airborne particles
- Suitable for:
 - Relatively small particles generated by mechanical processes eg. grinding, cutting, sanding, drilling, sawing.
 - Sub-micron thermally generated particles e.g. welding fumes, fertilizer and bushfire smoke.
 - Biologically active airborne particles under specified infection control applications e.g. viruses, bacteria, COVID-19, SARS

SECTION 9 Physical and chemical properties

Information on basic physical and chemical properties

Appearance	Coloured granules.		
Physical state	Divided Solid	Relative density (Water = 1)	Not Available
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Applicable
pH (as supplied)	Not Applicable	Decomposition temperature (°C)	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Applicable
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 Applicable
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available

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Vapour pressure (kPa)	Not Applicable	Gas group	Not Available
Solubility in water	Not Available	pH as a solution (Not Available%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	<ul style="list-style-type: none"> ▶ 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

Inhaled	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Urea in small quantities is considered to be practically non-harmful by all exposure routes. The dust should be regarded as a nuisance dust and exposure should be kept as low as practical. Confirmed asthmatics should avoid prolonged contact with urea dust. Urea may cause irritation of the respiratory tract. Symptoms may include coughing, shortness of breath. Urea may be absorbed into the bloodstream producing symptoms similar to those caused by ingestion.</p>
Ingestion	<p>Compared with other metals, the calcium ion and most calcium compounds have low toxicity. Acute calcium poisoning is rare, and difficult to achieve unless calcium compounds are administered intravenously or taken in high doses over a prolonged period.</p> <p>Excessive consumption of calcium carbonate antacids/dietary supplements over a period of weeks or months can cause milk-alkali syndrome, with symptoms ranging from hypercalcaemia to potentially fatal renal failure.</p> <p>A study investigating the effects of personal calcium supplement use on cardiovascular risk found a modestly increased risk of cardiovascular events, particularly myocardial infarction in postmenopausal women. In contrast, the authors of a 2013 literature review concluded that the benefits of calcium supplementation, such as on bone health, appear to outweigh any risk calcium supplementation may theoretically pose to the cardiovascular health.</p> <p>Excessive calcium supplementation can be detrimental to cardiovascular health, especially in men.</p> <p>Phosphates are slowly and incompletely absorbed from the gastrointestinal tract and are unlikely (other than in abuse) to produce the systemic effects which occur when introduced by other routes. Such effects include vomiting, lethargy, fever, diarrhoea, falls in blood pressure, slow pulse, cyanosis, carpal spasm, coma and tetany. These effects result following sequestration of blood calcium.</p> <p>Ingestion of large amounts of phosphate salts (over 1 gm for an adult) may produce osmotic catharsis resulting in diarrhoea and probably, abdominal cramp. Large doses (4-8 gm) will almost certainly produce these effects in most individuals. Most of the ingested salt will be excreted in the faeces of healthy individuals without producing systemic toxicity.</p> <p>Urea may cause irritation the gastrointestinal tract. Symptoms of ingestion may include nausea, vomiting and diarrhea.</p> <p>Urea may also cause headache, confusion and electrolyte depletion.</p>
Skin Contact	<p>Evidence exists, or practical experience predicts, that the material either produces inflammation of the skin in a substantial number of individuals following direct contact, and/or produces significant inflammation when applied to the healthy intact skin of animals, for up to four hours, such inflammation being present twenty-four hours or more after the end of the exposure period. Skin irritation may also be present after prolonged or repeated exposure; this may result in a form of contact dermatitis (nonallergic). The dermatitis is often characterised by skin redness (erythema) and swelling (oedema) which may progress to blistering (vesiculation), scaling and thickening of the epidermis. At the microscopic level there may be intercellular oedema of the spongy layer of the skin (spongiosis) and intracellular oedema of the epidermis.</p> <p>The material may accentuate any pre-existing dermatitis condition</p> <p>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.</p> <p>Four students received severe hand burns whilst making moulds of their hands with dental plaster substituted for Plaster of Paris. The dental plaster known as "Stone" was a special form of calcium sulfate hemihydrate containing alpha-hemihydrate crystals that provide high compression strength to the moulds. Beta-hemihydrate (normal Plaster of Paris) does not cause skin burns in similar circumstances.</p> <p>Irritation and skin reactions are possible with sensitive skin</p> <p>Open cuts, abraded or irritated skin should not be exposed to this material</p> <p>Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects.</p> <p>Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.</p> <p>Urea ointment acts to soften dry scaly skin, promotes skin absorption of other chemicals and is a common ingredient (2-20%) of skin ointments.</p> <p>Adverse reactions to clinical use of high doses of urea solution include nausea and vomiting.</p> <p>Prolonged skin contact may cause stinging sensation and mild irritation and may result in dermatitis</p>
Eye	<p>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 experimental animals.</p> <p>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.</p>

Chronic

Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. Practical experience shows that skin contact with the material is capable either of inducing a sensitisation reaction in a substantial number of individuals, and/or of producing a positive response in experimental animals.

Substances that can cause occupational asthma (also known as asthmagens and respiratory sensitisers) can induce a state of specific airway hyper-responsiveness via an immunological, irritant or other mechanism. Once the airways have become hyper-responsive, further exposure to the substance, sometimes even to tiny quantities, may cause respiratory symptoms. These symptoms can range in severity from a runny nose to asthma. Not all workers who are exposed to a sensitiser will become hyper-responsive and it is impossible to identify in advance who are likely to become hyper-responsive.

Substances that can cause occupational asthma should be distinguished from substances which may trigger the symptoms of asthma in people with pre-existing air-way hyper-responsiveness.

Harmful: 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 tests.

The synthetic, amorphous silicas are believed to represent a very greatly reduced silicosis hazard compared to crystalline silicas and are considered to be nuisance dusts.

When heated to high temperature and a long time, amorphous silica can produce crystalline silica on cooling. Inhalation of dusts containing crystalline silicas may lead to silicosis, a disabling pulmonary fibrosis that may take years to develop. Discrepancies between various studies showing that fibrosis associated with chronic exposure to amorphous silica and those that do not may be explained by assuming that diatomaceous earth (a non-synthetic silica commonly used in industry) is either weakly fibrogenic or nonfibrogenic and that fibrosis is due to contamination by crystalline silica content

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).

Repeated exposure to synthetic amorphous silicas may produce skin dryness and cracking.

Available data confirm the absence of significant toxicity by oral and dermal routes of exposure.

Numerous repeated-dose, subchronic and chronic inhalation toxicity studies have been conducted in a number of species, at airborne concentrations ranging from 0.5 mg/m³ to 150 mg/m³. Lowest-observed adverse effect levels (LOAELs) were typically in the range of 1 to 50 mg/m³. When available, the no-observed adverse effect levels (NOAELs) were between 0.5 and 10 mg/m³. Differences in values may be due to particle size, and therefore the number of particles administered per unit dose.

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.

Dogs given daily doses of sodium phosphate dibasic for 9-22 weeks showed calcium deposits in the kidneys (nephrocalcinosis) with disseminated atrophy of the proximal tubule. Animals fed on sodium phosphate dibasic and potassium dihydrogen phosphate, in both short- and long-term studies, showed increased bone porosity; hyperparathyroidism and soft tissue calcification were also evident.

High levels of exposure to urea in the Russian workplace have been reported to produce emphysema, a high incidence of protein metabolism disturbances and chronic weight loss.

The backs of rats were treated by dermal application with 10%, 20%, 40% urea ointment daily for 4 to 24 weeks. No erythema or other responses were noted at the application site. At 25 weeks there was a decrease, in the 40% urea ointment group, of brain and prostrate weights.

In medicine, avoid urea in cases of renal or hepatic impairment. Urea is excreted as a product of normal body metabolic processes

Levels above 10 ug/m³ of suspended inorganic sulfates in the air may cause an excess risk of asthmatic attacks in susceptible persons

PastureSure 5K (SI)	TOXICITY	IRRITATION
	Not Available	Not Available
calcium sulfate	TOXICITY	IRRITATION
	Inhalation(Rat) LC50; >3.26 mg/4h ^[1] Oral (Rat) LD50; >1581 mg/kg ^[1]	Not Available
calcium phosphate, monobasic	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >7940 mg/kg ^[2]	Eye : Severe
	Inhalation(Rat) LC50; >2.6 mg/4h ^[1] Oral (Rat) LD50; 7100 mg/kg ^[2]	Eye: adverse effect observed (irreversible damage) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
antigorite	TOXICITY	IRRITATION
	Not Available	Not Available
urea	TOXICITY	IRRITATION
	dermal (rat) LD50: 8200 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1]
	Oral (Rat) LD50; 8471 mg/kg ^[2]	Skin (human): 22 mg/3 d (I)- mild Skin: no adverse effect observed (not irritating) ^[1]
potassium chloride	TOXICITY	IRRITATION
	Oral (Rat) LD50; 2600 mg/kg ^[2]	Eye (rabbit): 500 mg/24h - mild
calcium phosphate, dibasic	TOXICITY	IRRITATION
	Dermal (rabbit) LD50: >7940 mg/kg ^[2] Inhalation(Rat) LC50; >2.6 mg/4h ^[1]	Eye (rabbit): 8 on a scale of 110 Eye: no adverse effect observed (not irritating) ^[1]

	Oral (Rat) LD50; >10000 mg/kg ^[2]	Skin (rabbit): 0 on a scale of 8 Skin: no adverse effect observed (not irritating) ^[1]
calcium hydrogen orthophosphate dihydrate	TOXICITY	IRRITATION
	Oral (Rat) LD50; >4649 mg/kg ^[2]	Eye: no adverse effect observed (not irritating) ^[1] Skin: no adverse effect observed (not irritating) ^[1]
calcium fluoride	TOXICITY	IRRITATION
	dermal (rat) LD50: >905 mg/kg ^[1]	Not Available
	Inhalation(Rat) LC50; 0.29 mg/l4h ^[1] Oral (Rat) LD50; 101 mg/kg ^[1]	
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	

CALCIUM SULFATE	Gypsum (calcium sulfate dihydrate) is a skin, eye, mucous membrane, and respiratory system irritant. Early studies of gypsum miners did not relate pneumoconiosis with chronic exposure to gypsum. Other studies in humans (as well as animals) showed no lung fibrosis produced by natural dusts of calcium sulfate except in the presence of silica. However, a series of studies reported chronic nonspecific respiratory diseases in gypsum industry workers in Gacki, Poland. Unlike other fibers, gypsum is very soluble in the body; its half-life in the lungs has been estimated as minutes. In four healthy men receiving calcium supplementation with calcium sulfate (CaSO ₄ ·1/2H ₂ O) (200 or 220 mg) for 22 days, an average absorption of 28.3% was reported. Several feeding studies in pigs on the bioavailability of calcium in calcium supplements, including gypsum, have been conducted. The bioavailability of calcium in gypsum was similar to that for calcitic limestone, oyster shell flour, marble dust, and aragonite, ranging from 85 to 102%.
ANTIGORITE	No significant acute toxicological data identified in literature search. For talc (a form of magnesium silicate) The overuse of talc in nursing infants has resulted in pulmonary oedema, pneumonia and death within hours of inhaling talcum powder. The powder dries the mucous membranes of the bronchioles, disrupts pulmonary clearance, clogs smaller airways. Victims display wheezing, rapid or difficult breathing, increased pulse, cyanosis, fever. Mild exposure may cause relatively minor inflammatory lung disease. Long term exposure may show wheezing, weakness, productive cough, limited chest expansion, scattered rales, cyanosis.
UREA	Altered sleep time, change in motor activity, antipsychosis, dyspnea, methaemoglobinaemia, convulsions, lymphomas recorded. Carcinogenic by RTECS criteria. The material may cause skin irritation after prolonged or repeated exposure and may produce a contact dermatitis (nonallergic). This form of dermatitis is often characterised by skin redness (erythema) and swelling epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis. For urea: There is little data that relates urea to human health other than its use in dermatology and some more limited applications in clinical medicine. The use of urea (at 10% concentration or less) in ointments and creams to treat dry skin has been widespread, and long term follow-up studies have indicated that the substance is nonallergenic and virtually free from side effects. Among other clinical therapeutic uses, the treatment of inappropriate secretion of antidiuretic hormone (SIADH) should be noted, because its chronic form has involved long term oral administration of large amounts of urea. Most patients have tolerated urea well, although diarrhoea is sometimes reported after ingestion of 60-90 g/day. The possibility exists that infection of H. pylori in human stomach may aggravate local effects by urea because of ammonia generation. Acute toxicity: The acute toxicity by urea is well delineated by the oral route. NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.
POTASSIUM CHLORIDE	The material may be irritating to the eye, with prolonged contact causing inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis.
CALCIUM PHOSPHATE, DIBASIC	for calcium: Toxicity from calcium is not common because the gastrointestinal tract normally limits the amount of calcium absorbed. Therefore, short-term intake of large amounts of calcium does not generally produce any ill effects aside from constipation and an increased risk of kidney stones. However, more severe toxicity can occur when excess calcium is ingested over long periods, or when calcium is combined with increased amounts of vitamin D, which increases calcium absorption. Calcium toxicity is also sometimes found after excessive intravenous administration of calcium. Toxicity is manifested by abnormal deposition of calcium in tissues and by elevated blood calcium levels (hypercalcaemia). However, hypercalcaemia is often due to other causes, such as abnormally high amounts of parathyroid hormone (PTH).
CALCIUM SULFATE & CALCIUM PHOSPHATE, MONOBASIC & UREA & CALCIUM PHOSPHATE, DIBASIC & CALCIUM HYDROGEN ORTHOPHOSPHATE DIHYDRATE & CALCIUM FLUORIDE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. 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. On the other hand, industrial bronchitis is a disorder that occurs as a result of exposure due to high concentrations of irritating substance (often particles) and is completely reversible after exposure ceases.

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

PastureSure 5K (SI)

Toxicity

PastureSure 5K (SI)	Endpoint	Test Duration (hr)	Species	Value	Source
		Not Available	Not Available	Not Available	Not Available
calcium sulfate	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	0.25h	Fish	75mg/l	4
	EC50	72h	Algae or other aquatic plants	>79mg/l	2
	LC50	96h	Fish	>79mg/l	2
calcium phosphate, monobasic	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	>100mg/l	Not Available
	EC50	72h	Algae or other aquatic plants	>100mg/l	Not Available
	EC50	48h	Crustacea	>100mg/l	Not Available
	LC50	96h	Fish	>100mg/l	Not Available
antigorite	Endpoint	Test Duration (hr)	Species	Value	Source
	Not Available	Not Available	Not Available	Not Available	Not Available
urea	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	48h	Algae or other aquatic plants	7mg/l	4
	EC50	48h	Crustacea	6119-7061mg/l	4
	LC50	96h	Fish	4.65-8.48mg/l	4
potassium chloride	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	25h	Fish	9.319mg/L	4
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	EC50	48h	Crustacea	95.3-170.7mg/l	4
	LC50	96h	Fish	432.64-644.16mg/l	4
	EC50	96h	Algae or other aquatic plants	894.6mg/L	4
calcium phosphate, dibasic	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	>2.9mg/l	2
	EC50	72h	Algae or other aquatic plants	>4.4mg/l	2
	EC50	48h	Crustacea	>2.9mg/l	2
	LC50	96h	Fish	>13.5mg/l	2
calcium hydrogen orthophosphate dihydrate	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50(ECx)	48h	Crustacea	>2.9mg/l	2
	EC50	72h	Algae or other aquatic plants	>4.4mg/l	2
	EC50	48h	Crustacea	>2.9mg/l	2
	LC50	96h	Fish	>13.5mg/l	2
calcium fluoride	Endpoint	Test Duration (hr)	Species	Value	Source
	NOEC(ECx)	504h	Crustacea	3.7mg/l	2
	EC50	72h	Algae or other aquatic plants	>100mg/l	2
	EC50	48h	Crustacea	97mg/l	2
	LC50	96h	Fish	>=10.4<=150mg/l	2
	EC50	96h	Algae or other aquatic plants	43mg/l	2

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

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
calcium sulfate	HIGH	HIGH
urea	LOW	LOW

Continued...

Ingredient	Persistence: Water/Soil	Persistence: Air
potassium chloride	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
calcium sulfate	LOW (LogKOW = -2.2002)
urea	LOW (BCF = 10)
potassium chloride	LOW (LogKOW = -0.4608)

Mobility in soil

Ingredient	Mobility
calcium sulfate	LOW (KOC = 6.124)
urea	LOW (KOC = 4.191)
potassium chloride	LOW (KOC = 14.3)

SECTION 13 Disposal considerations**Waste treatment methods**

Product / Packaging disposal	
	<ul style="list-style-type: none"> ▶ 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.

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

Disposal Requirements

Packages that have been in direct contact with the hazardous substance must be only disposed if the hazardous substance was appropriately removed and cleaned out from the package. The package must be disposed according to the manufacturer's directions taking into account the material it is made of. Packages which hazardous content have been appropriately treated and removed may be recycled.

The hazardous substance must only be disposed if it has been treated by a method that changed the characteristics or composition of the substance and it is no longer hazardous. Only dispose to the environment if a tolerable exposure limit has been set for the substance.

Only deposit the hazardous substance into or onto a landfill or sewage facility or incinerator, where the hazardous substance can be handled and treated appropriately.

SECTION 14 Transport information**Labels Required**

Marine Pollutant	
	NO
HAZCHEM	
	Not Applicable

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

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

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

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

Not Applicable

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

Product name	Group
calcium sulfate	Not Available
calcium phosphate, monobasic	Not Available
antigorite	Not Available
urea	Not Available
potassium chloride	Not Available
calcium phosphate, dibasic	Not Available
calcium hydrogen orthophosphate dihydrate	Not Available
calcium fluoride	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
calcium sulfate	Not Available
calcium phosphate, monobasic	Not Available
antigorite	Not Available
urea	Not Available
potassium chloride	Not Available

Product name	Ship Type
calcium phosphate, dibasic	Not Available
calcium hydrogen orthophosphate dihydrate	Not Available
calcium fluoride	Not Available

SECTION 15 Regulatory information

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

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

HSR Number	Group Standard
HSR002571	Fertilisers Subsidiary Hazard Group Standard 2020

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

calcium sulfate is found on the following regulatory lists

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

calcium phosphate, monobasic is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

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

antigorite is found on the following regulatory lists

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

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

urea is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

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

potassium chloride is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

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

calcium phosphate, dibasic is found on the following regulatory lists

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

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

calcium hydrogen orthophosphate dihydrate is found on the following regulatory lists

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

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

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

New Zealand Workplace Exposure Standards (WES)

calcium fluoride is found on the following regulatory lists

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

New Zealand Approved Hazardous Substances with controls

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals

New Zealand Hazardous Substances and New Organisms (HSNO) Act - Classification of Chemicals - Classification Data

New Zealand Inventory of Chemicals (NZIoC)

New Zealand Workplace Exposure Standards (WES)

Hazardous Substance Location

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

Hazard Class	Quantities
Not Applicable	Not Applicable

Certified Handler

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

Class of substance	Quantities
Not Applicable	Not Applicable

Refer Group Standards for further information

Maximum quantities of certain hazardous substances permitted on passenger service vehicles

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

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

Tracking Requirements

Not Applicable

National Inventory Status

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	No (antigorite)
Canada - NDSL	No (calcium sulfate; calcium phosphate, monobasic; antigorite; urea; potassium chloride; calcium phosphate, dibasic; calcium hydrogen orthophosphate dihydrate)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	No (antigorite)
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	No (antigorite)
Taiwan - TCSI	Yes
Mexico - INSQ	No (antigorite)
Vietnam - NCI	No (antigorite)
Russia - FBEPH	No (antigorite)
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	28/09/2022
Initial Date	27/09/2022

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
 IARC: International Agency for Research on Cancer
 ACGIH: American Conference of Governmental Industrial Hygienists
 STEL: Short Term Exposure Limit
 TEEL: Temporary Emergency Exposure Limit.
 IDLH: Immediately Dangerous to Life or Health Concentrations
 ES: Exposure Standard
 OSF: Odour Safety Factor
 NOAEL :No Observed Adverse Effect Level
 LOAEL: Lowest Observed Adverse Effect Level
 TLV: Threshold Limit Value
 LOD: Limit Of Detection
 OTV: Odour Threshold Value
 BCF: BioConcentration Factors
 BEI: Biological Exposure Index
 AIIC: Australian Inventory of Industrial Chemicals
 DSL: Domestic Substances List
 NDSL: Non-Domestic Substances List
 IECSC: Inventory of Existing Chemical Substance in China
 EINECS: European Inventory of Existing Commercial chemical Substances
 ELINCS: European List of Notified Chemical Substances
 NLP: No-Longer Polymers
 ENCS: Existing and New Chemical Substances Inventory
 KECI: Korea Existing Chemicals Inventory
 NZIoC: New Zealand Inventory of Chemicals
 PICCS: Philippine Inventory of Chemicals and Chemical Substances
 TSCA: Toxic Substances Control Act
 TCSI: Taiwan Chemical Substance Inventory
 INSQ: Inventario Nacional de Sustancias Químicas
 NCI: National Chemical Inventory
 FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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