

Section 1 – Product Identification & Company Identification

Product Name: Silica Flour (SIL 325)
Synonyms: Silica Sand, Quartz, Crystalline Silica, Silica Dioxide, and Ground Silica
Product Uses: Thermal Cement
Manufacturer: Sil Industrial Minerals
 9175 - 14 Street
 Edmonton, Alberta, Canada T6P 0C9
Phone Numbers: Head Office (780) 478-7171 (8:00 am to 5:00 pm Mountain)
 Sales Center (780) 467-2627 (7:30 am to 5:00 pm Mountain)
Fax Number: Sales Center (780) 467-2752
Emergency Telephone Number: 24hour contact (780) 796-3939

Section 2 – Hazard Identification



DANGER



D2A - Very Toxic (Carcinogenicity)

Danger: May cause cancer by inhalation. Causes damage to lungs through prolonged or repeated exposure by inhalation.
Response: If exposed or concerned: Get medical advice.
Disposal: Dispose of contents/containers in accordance with local regulation.
Prevention: Obtain special instructions before use. Do not handle until all safety precautions have been read and understood. Do not breathe dust. Do not eat, drink or smoke when using this product. Wear protective gloves and safety glasses or goggles. In case of inadequate ventilation wear respiratory protection.

This Material is considered hazardous under GHS Classification “Carcinogen Category 1A” & “Specific Target Organ Toxicity (Repeated Exposure) Category 1”

Section 3 – Product Composition

	<u>Chemical Formula</u>	<u>Typical % By Weight</u>	<u>CAS #</u>
Crystalline Silica	SiO ₂	93.8	14808-60-7
Aluminum Oxide	Al ₂ O ₃	< 4.00	1344-28-1
Iron Oxide	Fe ₂ O ₃	< 1.20	1309-37-1
Titanium Oxide	TiO ₂	< 0.01	13463-67-7

Typical Values – Data shown is accurate and reliable, but not a specification

Section 4 – First Aid Measures

Inhalation	Take precautions to ensure your own safety before attempting rescue (e.g. wear appropriate protective equipment). If gross inhalation of crystalline silica occurs, remove the person to fresh air, perform artificial respiration as needed, and obtain medical attention as needed.
Eye Contact	Do not allow the victim to rub eye(s). Let the eye(s) water naturally for a few minutes. Have victim look right and left, and then up and down. If particle/dust does not dislodge, flush with lukewarm, gently flowing water for 5 minutes or until the particle/dust is removed, while holding the eyelid(s) open. If irritation persists, obtain medical attention. DO NOT attempt to manually remove anything stuck to the eye(s).
Skin	Wash affected area thoroughly. If irritation persists, seek medical attention.
Ingestion	If large amounts are ingested, seek medical attention immediately.
Most important symptoms/effects, acute and delayed:	Particulates may cause abrasive eye injury. Inhalation of dust may cause respiratory tract irritation. Symptoms of exposure may include cough, sore throat, nasal congestion, sneezing, wheezing and shortness of breath. Prolonged inhalation of respirable crystalline silica above certain concentrations may cause lung diseases, including silicosis and lung cancer.
Immediate medical attention and special treatment, if necessary:	Immediate medical attention is not required.

Good personal hygiene is essential. Always wash your hands after handling crystalline silica, prior to handling food and/or drinkable liquids.

Section 5 – Fire Fighting Measures

Suitable (and unsuitable) extinguishing media:	Use extinguishing media appropriate for surrounding fire.
Specific hazards arising from the chemical:	At extreme temperatures, calcium oxide fumes may evolve. Fire fighters must wear self-contained breathing apparatus (SCBA) and full protective clothing.
Special protective equipment/precautions for fire-fighters:	Fire fighters must wear self-contained breathing apparatus (SCBA) and full protective clothing.

Section 6 – Accidental Release Measures

Wear the appropriate personal protective equipment as described in Section 8 of this document. Collect the material using a method which does not produce dust [High-Efficiency Particulate Air (HEPA) vacuum or thoroughly wetting down the silica]. Place the silica in a covered container appropriately designed for disposal. Dispose of the silica according to federal, state, provincial, and local regulations.

Extreme caution should be taken to avoid accidental release into waterways and/or sewer systems.

Section 7 – Handling and Storage

Handle material in such a manner as to reduce and/or minimize the dust, which can be created when handling crystalline silica. Use adequate ventilation and dust collection equipment. The proper personal protection equipment as described in Section 8 of this document. Do not breathe the dust, which may be created during the handling of this product. Do not rely on vision to determine whether respirable silica is in the air, as it may be present without a visible dust cloud. Use good housekeeping procedures to prevent the accumulation of silica dust in the workplace.

Avoid breakage of bagged material or the accidental release of bulk material. Use dustless methods (vacuum) during clean up. Do not dry sweep. Wet down spilled material if sweeping is the most feasible method of clean up.

The OSHA Hazard Communication Standard, 29 CFR Sections 1910.1200, 1915.1200, 1917.28, 1918.90, 1926.59, and 1928.21, as well as state, provincial, and local worker "right-to-know" laws and regulations should be strictly adhered to. **WARN YOUR EMPLOYEES (AND YOUR CUSTOMERS IN CASE OF RESALE) OF THE HAZARDS AND THE REQUIRED OSHA PRECAUTIONS.** Provide the proper training to your employees in the safe handle and storage practices.

Section 8 – Exposure Controls/Personal Protection

Exposure Limits (respirable fraction) in Air:

ALBERTA OH&S	0.025 mg/cubic meter	(8 Hour Time Weighted Average)
ACGIH	0.025 mg/cubic meter	(8 Hour Time Weighted Average)
NIOSH	0.05 mg/cubic meter	(10 Hour Time Weighted Average, 40 Hr Work Week)

Ventilation: Use local exhaust as required to maintain exposures below the occupational exposure limits; refer to the governing The Occupational Health & Safety Regulations for the recommended practices.

Respiratory Protection: Use only NIOSH approved respiratory protection equipment with a minimum N95 rating. Avoid breathing dust produced during the use of this and handling of this material. If the workplace airborne crystalline silica concentration is unknown for a given task, Air Quality Monitoring should be conducted in order to determine the appropriate level of respiratory protection. Ensure the appropriate respirators are worn during, and following the task, including clean up or whenever airborne dust is present, to insure ambient dust levels are below occupational exposure limits. Provisions should be made for a respiratory protection-training program. **Also see ANSI standard Z88.2 “American National Standard for Respiratory Protection”, or the CSA Standard Z94.4-02 “Selection, Use, And Care of Respirators.”**

Gloves: Recommended in situations where skin abrasions for sand may occur.

Eye: Recommended in order to prevent any particulate from entering the eye.

Clothing: Use protective clothing as appropriate for the work environment.

Section 9 – Physical and Chemical Properties

Appearance (Color):	Light Grey	Evaporation Rate:	Not Applicable	Auto-Ignition	
Physical State:	Solid Granular	Flammability	Not Applicable	Temperature:	Not Applicable
Odour	None	LFL/UFL	Not Applicable	Decomposition	
Odour Threshold:	Not Applicable	LEL/UEL	Not Applicable	Temperature:	Not Applicable
pH:	7.3	Vapour Pressure	Not Applicable	Viscosity:	Not Applicable
Melting Point:	2930°F (1610°C)	Vapour Density	Not Applicable		
Freezing Point:	Not Applicable	Relative Density	2.6 Approx.		
Initial boiling point/ range	4046°F (2230°C)	Partition			
Flash Point	Not Applicable	coefficient:	Not Applicable		
		Solubility	Insoluble in Water		

Section 10 – Stability and Reactivity

Stability: Stable

Materials to Avoid: Contact with powerful oxidizing agents, such as fluorine, chlorine tri-fluoride, and oxygen difluoride, may cause fires.

Hazardous Decomposition: Silica will dissolve in hydrofluoric acid and produce a corrosive gas – silicon tetrafluoride.

Hazardous Polymerization: Will not occur.

Section 11 – Toxicological Information

Acute effects of exposure:

Inhalation: Inhalation of dust may cause respiratory tract irritation. Symptoms of exposure may include cough, sore throat, nasal congestion, sneezing, wheezing and shortness of breath.

Eye Contact: Crystalline silica (quartz) may cause abrasions to the cornea.

Skin Contact: May cause abrasion to the skin.

Ingestion: No known health effect.

Chronic Effects The various forms of chronic effects of silicosis include lung cancer, autoimmune and chronic kidney diseases, tuberculosis and non-malignant respiratory disease.

Signs and Symptoms of Exposure Generally there are no signs or symptoms of exposure to crystalline silica (quartz).

The method of exposure to crystalline silica that can lead to the adverse health effects described below is inhalation.

A. Silicosis

The major concern is silicosis, caused by the inhalation and retention of respirable crystalline silica dust. Silicosis can exist in several forms, chronic (ordinary), accelerated, or acute.

Chronic or Ordinary Silicosis (often referred to as Simple Silicosis) is the most common form of silicosis, and can occur after many years of exposure to relatively low levels of airborne respirable crystalline silica dust. It is further defined as either simple or complicated silicosis.

Simple Silicosis is characterized by lung lesions (shown as radiographic opacities) less than 1 centimeter in diameter, primarily in the upper lung zones. Often, simple silicosis is not associated with symptoms, detectable changes in lung function or disability.

Simple Silicosis may be progressive and may develop into complicated silicosis or progressive massive fibrosis (PMF). Complicated silicosis or PMF is characterized by lung lesions (shown as radiographic opacities) greater than 1 centimeter in diameter. Although there may be no symptoms associated with complicated silicosis or PMF, the symptoms, if present are shortness of breath, wheezing, cough, and sputum production. Complicated silicosis or PMF may be associated with decreased lung function and may be disabling. Advanced complicated silicosis or PMF can result in heart disease secondary to the lung disease (cor pulmonale).

Accelerated Silicosis can occur with exposure to high concentrations of respirable crystalline silica over a relatively short period; lung lesions can appear within 5 to 10 years of initial exposure. Progression can be rapid. Accelerated silicosis is similar to chronic or ordinary silicosis, except that lung lesions appear earlier and progression is more rapid. The disease continues to develop even after exposure stops, and is often associated with autoimmune disease, for example, scleroderma (a skin disease involving thickening of the skin).

Acute Silicosis can occur with exposures to very high concentrations of respirable crystalline silica over a very short time period, sometimes as short as a few months. The symptoms of acute silicosis include progressive shortness of breath, fever, cough and weight loss. Acute silicosis is fatal.

B. Cancer

IARC – The International Agency for Research on Cancer (“IARC”) concluded that there was “*sufficient evidence* in humans for the carcinogenicity of crystalline silica in the forms of quartz or cristobalite from occupational sources”, and that there is “*sufficient evidence* in experimental animals for the carcinogenicity of quartz and cristobalite.” The overall IARC evaluation was that “crystalline silica inhaled in the form of quartz or cristobalite from occupational sources is *carcinogenic to humans (Group 1)*.” The IARC evaluation noted, “Carcinogenicity was not detected in all industrial circumstances studies. Carcinogenicity may be dependent on inherent characteristics of the crystalline silica or on external factors affecting its biological activity or distribution of its polymorphs. “For further information on the IARC evaluation, see IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 68, “Silica, Some Silicates...” (1997)

OSHA – Crystalline silica (quartz) is regulated by the U.S. Occupational Safety and Health Administration as a carcinogen.

C. Autoimmune Diseases

Several studies have reported excess cases of several autoimmune disorders, --scleroderma, systemic lupus erythematosus, and rheumatoid arthritis—among silica exposed workers.

D. Tuberculosis

Individuals with silicosis are at increased risk to develop pulmonary tuberculosis, if exposed to person with tuberculosis.

E. Kidney Disease

Several studies have reported excess cases of kidney diseases, including end stage renal disease, among silica-exposed workers.

F. Non-Malignant Respiratory Diseases

There are studies that disclose an association between dusts found in various mining occupations and non-malignant respiratory diseases, particularly among smokers. It is unclear whether the observed associations exist only with underlying silicosis, only among smokers, or result from exposure to mineral dust generally (independent of the presence or absence of crystalline silica, or the level of crystalline silica in the dust).

Section 12 – Ecological Information

Ecotoxicity:	Silica is not known to be ecotoxic
Persistence and Degradability:	Silica is not degradable.
Bioaccumulative Potential:	Silica is not bioaccumulative.
Mobility in soil:	Silica is not mobile in soil.
Other adverse effects:	No data available.

Section 13 – Disposal Considerations

General: Crystalline silica may be landfilled. Material should be placed in covered containers to minimize generation of airborne dust.

In the event the crystalline silica becomes contaminated, the material may require testing before it can be safely landfilled. Review all Federal, provincial, state, and local government requirements prior to disposal.

Section 14 – Transportation Information

UN number: None

UN proper shipping name: Not regulated

Transport hazard class(es): None

Packing group: Not determined

Environmental hazards: None

Transport in bulk: Not determined

Special precautions: None known

Section 15 – Regulatory Information

UNITED STATES (FEDERAL AND STATE)

TSCA No.: Crystalline silica (quartz) appears on the EPA TSCA inventory under the CAS No. 14808-60-7.

RCRA: Crystalline silica (quartz) is not classified as a hazardous waste under the Resource Conservation and Recovery Act, or its regulations, 40 CFR §261 et seq.

CERCLA: Crystalline silica (quartz) is not classified as a hazardous substance under regulations of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA), 40 CFR §302.

Emergency Planning and Community Right to Know Act:

Crystalline silica (quartz) is not an extremely hazardous substance under Section 302 and is not a toxic chemical subject to the requirements of Section 313.

Clean Air Act: Crystalline silica (quartz) mined and processed by Sil Industrial Minerals was not processed with or does not contain any Class 1 or Class II ozone depleting substances.

FDA: Silica is included in the list of substances that may be included in coatings used in food contact surfaces, 21 CFR §175.300(b) (3) (xxvi).

NTP: Respirable crystalline silica (quartz) is classified as a probable carcinogen.

CANADA

Domestic Substances

List: Sil Industrial Minerals products, as naturally occurring substances, are on the Canadian DSL.

WHMIS Classification: D-2A

OTHER

MISC: Federal, provincial, state or local emergency planning, community right to know or other laws, regulations or ordinances may be applicable--consult applicable federal, provincial, state, or local laws.

Section 16 – Other Information

Hazardous Material Information System (HMIS):

Health	*
Flammability	O
Reactivity	O
Protective Equipment	E

For further information on health effects, see Sections 2, 8 and 11 of this SDS

Prepared By: Sil Industrial Minerals

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This SDS Document supersedes all previous SDS Documents distributed in whole or in part by Sil Industrial Minerals, and/or its Distributors. No alterations shall be made to this SDS Document.

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