

Skamol Asia Pacific

50 Geddes Street, Mulgrave VIC, 3170 Australia

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MATERIAL SAFETY DATA SHEET

Date of Issue October 2016

PRODUCT NAME

RCF PAPER

Classified as Hazardous according to the criteria of Worksafe Australia

COMPANY DETAILS

Company Name: Skamol Asia Pacific

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IDENTIFICATION

Product Name RCF Paper

Manufacturer's Product Code/Name 1260 Paper

UN Number: None allocated **DG** Classification: None allocated **Hazchem Code:** None allocated **Poisons Schedule Number:** None allocated **Product Use:** Thermal insulation

Physical Data & Other Properties

White felt 'bonded product' as defined by the NOHSC Appearance:

Melting Point: Flash Point: $>1800^{\circ}$ C N/A **Boiling Point:** N/A **Flammability Limits:** N/A Vapour Pressure: **Solubility in Water:** N/A Insoluble

Specific Gravity: 0.3

Ingredients

Chemical Name CAS Number Proportion Ceramic Fibre (alumino silicate) 65997-17-3 85-90 % Acrylic binder 9002-89-5 10-15 %

Other Names: Refractory Ceramic Fibre, MMMF, MMVF, SMF

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HEALTH HAZARD INFORMATION

Acute Health Effects

Swallowed: If ingested in sufficient quantity may cause temporary gastric irritation.

Eye: Physical irritation. Abrasive action may cause damage to outer surface of the eye. Skin: May cause irritation and inflammation due to mechanical action of fibre ends.

Inhalation: Irritation to nose, throat and upper respiratory tract.

Chronic Health Effects: Refer to OTHER INFORMATION Toxicology

First Aid

Swallowed: Drink water, do not induce vomiting.

Eye: Flush continuously with water for 15 minutes, Eyelids to be held open, do not rub eyes.

Skin: If skin becomes irritated remove clothing wash areas of contact with soap and water. Using a

skin cream or lotion may be helpful in reducing irritation.

Inhalation: Remove exposed person to fresh air.

Advice to Doctor: Treat symptomatically for irritant effects see OTHER INFORMATION Toxicology.

PRECAUTIONS FOR USE

Exposure Standards: 0.5 fibre/ml for SMF (NOHSC 1995)

Engineering Controls: Where possible use local exhaust ventilation.

Personal Protection Equipment:

The National Code of Practice for the Safe Use of Synthetic Mineral Fibres (NOHSC 1990) advises the use of the following PPE that for installation and removal of both bonded and unbonded ceramic fibre material.

- a) Disposable coveralls or long sleeve, loose fitting clothing and gloves (launderable clothing should be washed separately from other clothing).
- b) Were overhead work is involved, goggles and head covering should be worn; and
- c) A half-face (P1 or P2) respirator should be worn during work in enclosed or poorly ventilated spaces, or were evidence suggests that respirable fibre levels may exceed 0.5 f/ml.

For removal of embrittled or heat effected ceramic materials the following personal protective equipment should be used by all personnel directly involved in the removal work.

- a) Disposable coveralls or long sleeve, loose fitting clothing and gloves (launderable clothing should be washed separately from other clothing).
- b) Were overhead work is involved, goggles and head covering should be worn. Eye protection would be provided as an integral component of a full-face respirator.

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A P2 respirator provides the necessary protection factor for this task. However, in some circumstances were excessive levels of dust are created, the limitations of filter loading capacity and facial seal may necessitate the use of:

> a full-face P3 cartridge respirator, or a full-face P3 powered air-purifying respirator or a full-faced positive pressure demand airline respirator

All respiratory devices should be tested for compliance with AS/NZS 1715 & AS/NZS 1716.

Flammability: Non flammable

SAFE HANDLING INFORMATION

Storage and Transport: Keep dry. No special storage or transport requirements.

Use & Handling: In the **installation** of unbonded materials, the following handling and

installation procedures are recommended.

- a) All installation practices should be designed to minimise the liberation of any airborne fibre or dust.
- b) In large installations of several days/weeks duration, the installation area should be clearly designated and barriers erected to limit access
- c) The ceramic fibre materials should be stored in sealed plastic bags or similar containers until installation is to proceed. These containers should be opened within the designated work area when work is to start.
- d) Where possible, materials should be delivered in sizes such that a minimum of handling and machining is required. However when cutting or drilling is required, these should be done with hand tools fitted with local exhaust extraction. The exhaust from such extraction
- e) Empty storage bags should be folded and stored in a waste container along with any waste material.
- f) Upon completion of the job, all excess materials should be sealed in bags prior to removal from the designated work area. The work area should be vacuumed using an industrial vacuum cleaner. Wet mopping and wiping can be utilised if an industrial vacuum cleaner is not available.

For the **removal** of ceramic fibre materials the following procedures are recommended.

- a) All practices should be designed to minimise the liberation of any airborne fibre or dust
- b) In large installations of several days/weeks duration, the installation area should be clearly designated and barriers erected to limit access
- c) Upon completion of the job, all excess materials should be sealed in bags prior to removal from the designated work area. The work area should be vacuumed using an industrial vacuum cleaner. Wet mopping and wiping can be utilised if an industrial vacuum cleaner is not available.

For **removal** of embrittled ceramic fibre materials the following procedures in particular the selection of respiratory protection should be implemented.

a) The removal area should be signposted and contained, where possible, to minimise the transfer of dust to other work areas.

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- b) Separate change areas should be provided to minimise the transfer of dust to general work areas:
- c) Were workable, the spent material should be wetted to suppress dust generation;
- d) Waste shall be placed in containers, plastic bags or other methods which prevent fibre and/or dust emission, and disposed of in accordance with local waste disposal authority requirements;
- e) The removal area should be cleaned using an industrial vacuum cleaner; and
- f) Once visible dust has been cleaned up, containment material should be removed in a manner that minimises the liberation of any trapped dust.

Spills: Pick up large pieces and place in containers. Where possible, use vacuum cleaner to clean up smaller spilled material. Refer to removal procedures in **Use and Handling**

Waste Disposal: Waste should be placed in containers, plastic bags or other methods which prevent

fibre or dust emission, and disposed of in accordance with the local waste disposal authority requirements. There may be specific regulations at the Local, State or

Federal level that pertain to this material.

Fire/Explosion hazard: Not flammable and not explosive. During first heating of this product gases and

fumes may be emitted. It is recommended to ventilate the area till gases are and fumes have dissipated. Avoid exposure to high concentration of gas or fumes.

OTHER INFORMATION

Toxicology The potential for SMF fibres to produce health effects has been the subject of extensive investigations over a number of decades. The Australian Refractory Ceramic Fibre Industry Association (ARCFIA) is continuing to support the necessary investigations and will make all data available to interested parties. Information will be updated as studies are completed and reviewed. The following is a review of the results to date.

Epidemiology Extensive investigations of ceramic fibre production workers have been ongoing for more than 10 years. The preliminary evidence is as follows:

- 1. There is no evidence of any fibrotic lung disease (interstitial fibrosis) whatsoever on X-ray.
- There is no evidence of any lung disease among those employees exposed to ceramic fibres that have never smoked.
- 3. A statistical "trend" was observed in smokers between slight decreases in measures of pulmonary function and the duration of exposure to ceramic fibre however this trend is similar to that observed in smokers who work in other industries.
- 4. Pleural plaques (thickening along the chest wall) have been observed in a small number of employees in overseas plants who have had long duration of employment. A repeat study found inconsistencies in detecting such pleural plaques. No pleural plaques have been found in the Australian manufacturing workforce. There are several occupational and non-occupational causes for pleural plaques and it is generally considered that they are not indications of "pre-cancer" nor are they associated with any measurable effect on lung function.

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Toxicology

In 2001, the International Agency for Research on Cancer (IARC) confirmed that the classification of refractory ceramic fibres as 2B (possible human carcinogen based on sufficient evidence of carcinogenicity in animals but inadequate evidence in humans) continues to be the most appropriate classification.

A number of studies have been conducted on the health effects of inhalation exposure of rats and hamsters. In a lifetime (6 hrs/day, 5 days/wk for 2 yrs) nose only inhalation study, rats exposed to Maximum Tolerated Dose (30 mg/M³, **200 fibres/ml**) developed progressive lung damage (interstitial fibrosis), cancer of the lung and mesothelioma. In contrast, hamsters similarly exposed developed interstitial fibrosis and mesothelioma but no lung cancers. A multiple dose study (3, 9, 16 mg/M³; 25, 75, and 150 f/ml) found a dose related parenchymal fibrosis however in the lowest exposed group (25 fibres/ml) no irreversible effects were found that could be attributed to ceramic fibre exposure. **There was no statistical excess of lung tumours at any dose**. One rat developed a mesothelioma in the 75 fibre/ml exposure group.

Note, if RCF products are exposed to temperatures >1100° C for extended periods of time, the silica present MAY partially transform to a complex (disordered) crystalline phase. If this occurs, the precautions associated with the **removal** of embrittled fibre material should be followed. For after-service RCF administered to rats by inhalation, irreversible fibrosis only developed after 12 months at high doses. After-service RCF shows no significant carcinogenicity in rats when administered by inhalation or intraperitoneal injection. Because high temperature insulation wools are such efficient insulators, only a small proportion of the product volume can potentially develop crystalline phases - when the hot face is above the devitrification temperature.

CONTACT POINT

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