



# Tradies Choice Master FS Additive

## SAS Australasia (Specialty Adhesives Systems)

Part Number: **Not Available**

Version No: **1.2**

Safety Data Sheet according to Work Health and Safety Regulations (Hazardous Chemicals) 2023 and ADG requirements

Issue Date: **14/03/2025**

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

#### Product Identifier

Product name	Tradies Choice Master FS Additive
Synonyms	Fast set additive
Other means of identification	Not Available

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

Relevant identified uses	TC Master FS is a liquid accelerator that can be mixed with cement based tile adhesives and sand and cement screeds to increase drying times.
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#### Details of the manufacturer or supplier of the safety data sheet

Registered company name	SAS Australasia (Specialty Adhesives Systems)
Address	Unit A2/152 Miller Rd Chester Hill NSW 2162 Australia
Telephone	1300 202 894 (Mon-Fri, 9am-5pm)
Fax	Not Available
Website	<a href="https://sas-aa.com.au/">https://sas-aa.com.au/</a>
Email	techdept@sas-aa.com.au

#### Emergency telephone number

Association / Organisation	SAS Australasia (Specialty Adhesives Systems)
Emergency telephone number(s)	1300 202 894 (Mon-Fri, 9am-5pm)
Other emergency telephone number(s)	Not Available

### SECTION 2 Hazards identification

#### Classification of the substance or mixture

**HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.**

Poisons Schedule	Not Applicable
Classification <sup>[1]</sup>	Acute Toxicity (Oral) Category 4, Serious Eye Damage/Eye Irritation Category 2A
Legend:	1. Classification by vendor; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

#### Label elements

Hazard pictogram(s)	
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**Tradies Choice Master FS Additive**Signal word **Warning****Hazard statement(s)**

<b>H302</b>	Harmful if swallowed.
<b>H319</b>	Causes serious eye irritation.
<b>AUH066</b>	Repeated exposure may cause skin dryness and cracking.

**Supplementary statement(s)**

Not Applicable

**Precautionary statement(s) Prevention**

<b>P264</b>	Wash all exposed external body areas thoroughly after handling.
<b>P270</b>	Do not eat, drink or smoke when using this product.
<b>P280</b>	Wear protective gloves, protective clothing, eye protection and face protection.

**Precautionary statement(s) Response**

<b>P305+P351+P338</b>	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
<b>P337+P313</b>	If eye irritation persists: Get medical advice/attention.
<b>P301+P312</b>	IF SWALLOWED: Call a POISON CENTER/doctor/physician/first aider if you feel unwell.
<b>P330</b>	Rinse mouth.

**Precautionary statement(s) Storage**

Not Applicable

**Precautionary statement(s) Disposal**

<b>P501</b>	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
10043-52-4	30-60	<u>calcium chloride</u>
<b>Legend:</b> 1. Classification by vendor; 2. Classification drawn from HCIS; 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**

<b>Eye Contact</b>	<p>If this product comes in contact with the eyes:</p> <ul style="list-style-type: none"> <li>▶ Immediately hold eyelids apart and flush the eye continuously with running water.</li> <li>▶ 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.</li> <li>▶ Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.</li> <li>▶ Transport to hospital or doctor without delay.</li> <li>▶ Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.</li> </ul>
<b>Skin Contact</b>	<p>If skin contact occurs:</p> <ul style="list-style-type: none"> <li>▶ Immediately remove all contaminated clothing, including footwear.</li> <li>▶ Flush skin and hair with running water (and soap if available).</li> <li>▶ Seek medical attention in event of irritation.</li> </ul>
<b>Inhalation</b>	<ul style="list-style-type: none"> <li>▶ If fumes or combustion products are inhaled remove from contaminated area.</li> <li>▶ Lay patient down. Keep warm and rested.</li> <li>▶ Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.</li> <li>▶ 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.</li> <li>▶ Transport to hospital, or doctor, without delay.</li> </ul>
<b>Ingestion</b>	<ul style="list-style-type: none"> <li>▶ <b>IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.</b></li> <li>▶ For advice, contact a Poisons Information Centre or a doctor.</li> </ul>

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- ▶ Urgent hospital treatment is likely to be needed.
- ▶ In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- ▶ If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist.
- ▶ If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS.

**Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:**

- ▶ **INDUCE** vomiting with fingers down the back of the throat, **ONLY IF CONSCIOUS**. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

**NOTE:** Wear a protective glove when inducing vomiting by mechanical means.

**Indication of any immediate medical attention and special treatment needed**

As in all cases of suspected poisoning, follow the ABCDEs of emergency medicine (airway, breathing, circulation, disability, exposure), then the ABCDEs of toxicology (antidotes, basics, change absorption, change distribution, change elimination).

For poisons (where specific treatment regime is absent):

**BASIC TREATMENT**

- ▶ Establish a patent airway with suction where necessary.
- ▶ Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- ▶ Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- ▶ Monitor and treat, where necessary, for pulmonary oedema.
- ▶ Monitor and treat, where necessary, for shock.
- ▶ Anticipate seizures.
- ▶ **DO NOT** use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

**ADVANCED TREATMENT**

- ▶ Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- ▶ Positive-pressure ventilation using a bag-valve mask might be of use.
- ▶ Monitor and treat, where necessary, for arrhythmias.
- ▶ Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- ▶ Drug therapy should be considered for pulmonary oedema.
- ▶ Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- ▶ Treat seizures with diazepam.
- ▶ Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994

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**

<b>Fire Incompatibility</b>	None known.
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**Advice for firefighters**

<b>Fire Fighting</b>	<ul style="list-style-type: none"> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves in the event of a fire.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water courses.</li> <li>▶ Use fire fighting procedures suitable for surrounding area.</li> <li>▶ <b>DO NOT</b> approach containers suspected to be hot.</li> <li>▶ Cool fire exposed containers with water spray from a protected location.</li> <li>▶ If safe to do so, remove containers from path of fire.</li> <li>▶ Equipment should be thoroughly decontaminated after use.</li> </ul>
<b>Fire/Explosion Hazard</b>	<ul style="list-style-type: none"> <li>▶ Non combustible.</li> <li>▶ Not considered a significant fire risk, however containers may burn.</li> </ul> <p>Decomposition may produce toxic fumes of: hydrogen chloride metal oxides</p> <p>May emit poisonous fumes. May emit corrosive fumes.</p>

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<b>HAZCHEM</b>	Not Applicable
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**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**

<b>Minor Spills</b>	<ul style="list-style-type: none"> <li>▶ Clean up all spills immediately.</li> <li>▶ Avoid breathing vapours and contact with skin and eyes.</li> <li>▶ Control personal contact with the substance, by using protective equipment.</li> <li>▶ Contain and absorb spill with sand, earth, inert material or vermiculite.</li> <li>▶ Wipe up.</li> <li>▶ Place in a suitable, labelled container for waste disposal.</li> </ul>
<b>Major Spills</b>	<p>Moderate hazard.</p> <ul style="list-style-type: none"> <li>▶ Clear area of personnel and move upwind.</li> <li>▶ Alert Fire Brigade and tell them location and nature of hazard.</li> <li>▶ Wear breathing apparatus plus protective gloves.</li> <li>▶ Prevent, by any means available, spillage from entering drains or water course.</li> <li>▶ Stop leak if safe to do so.</li> <li>▶ Contain spill with sand, earth or vermiculite.</li> <li>▶ Collect recoverable product into labelled containers for recycling.</li> <li>▶ Neutralise/decontaminate residue (see Section 13 for specific agent).</li> <li>▶ Collect solid residues and seal in labelled drums for disposal.</li> <li>▶ Wash area and prevent runoff into drains.</li> <li>▶ After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.</li> <li>▶ If contamination of drains or waterways occurs, advise emergency services.</li> </ul>

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

**SECTION 7 Handling and storage****Precautions for safe handling**

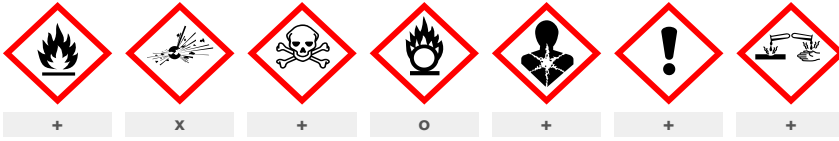
<b>Safe handling</b>	<ul style="list-style-type: none"> <li>▶ Avoid all personal contact, including inhalation.</li> <li>▶ Wear protective clothing when risk of exposure occurs.</li> <li>▶ Use in a well-ventilated area.</li> <li>▶ Avoid contact with moisture.</li> <li>▶ Avoid contact with incompatible materials.</li> <li>▶ <b>When handling, DO NOT eat, drink or smoke.</b></li> <li>▶ Keep containers securely sealed when not in use.</li> <li>▶ Avoid physical damage to containers.</li> <li>▶ Always wash hands with soap and water after handling.</li> <li>▶ Work clothes should be laundered separately. Launder contaminated clothing before re-use.</li> <li>▶ Use good occupational work practice.</li> <li>▶ Observe manufacturer's storage and handling recommendations contained within this SDS.</li> <li>▶ Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.</li> <li>▶ <b>DO NOT allow clothing wet with material to stay in contact with skin</b></li> </ul>
<b>Other information</b>	Consider storage under inert gas.

**Conditions for safe storage, including any incompatibilities**

<b>Suitable container</b>	<ul style="list-style-type: none"> <li>▶ <b>DO NOT use aluminium or galvanised containers</b></li> <li>▶ Polyethylene or polypropylene container.</li> <li>▶ Packing as recommended by manufacturer.</li> <li>▶ Check all containers are clearly labelled and free from leaks.</li> </ul>
<b>Storage incompatibility</b>	<p>Inorganic alkaline earth metal derivative. Derivative of very electropositive metal. Calcium chloride (and its hydrates):</p> <ul style="list-style-type: none"> <li>▶ are incompatible with boric acid, calcium oxide, bromine trifluoride, 2-furan, percarboxylic acid</li> <li>▶ may produce explosive hydrogen gas on contact with zinc</li> <li>▶ catalyse exothermic polymerisation of methyl vinyl ether</li> <li>▶ produce heat on contact with water</li> <li>▶ attack metals</li> </ul> <p>Addition of a quantity of calcium chloride to boiling water has generated heat sufficient to cause a violent steam explosion on several occasions</p>

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▶ In presence of moisture, the material is corrosive to aluminium, zinc and tin producing highly flammable hydrogen gas.



X — Must not be stored together  
O — May be stored together with specific preventions  
+ — 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**

Not Available

Ingredient	Original IDLH	Revised IDLH
calcium chloride	Not Available	Not Available

**MATERIAL DATA**


Sensory irritants are chemicals that produce temporary and undesirable side-effects on the eyes, nose or throat. Historically occupational exposure standards for these irritants have been based on observation of workers' responses to various airborne concentrations. Present day expectations require that nearly every individual should be protected against even minor sensory irritation and exposure standards are established using uncertainty factors or safety factors of 5 to 10 or more. On occasion animal no-observable-effect-levels (NOEL) are used to determine these limits where human results are unavailable. An additional approach, typically used by the TLV committee (USA) in determining respiratory standards for this group of chemicals, has been to assign ceiling values (TLV C) to rapidly acting irritants and to assign short-term exposure limits (TLV STELs) when the weight of evidence from irritation, bioaccumulation and other endpoints combine to warrant such a limit. In contrast the MAK Commission (Germany) uses a five-category system based on intensive odour, local irritation, and elimination half-life. However this system is being replaced to be consistent with the European Union (EU) Scientific Committee for Occupational Exposure Limits (SCOEL); this is more closely allied to that of the USA.

- OSHA (USA) concluded that exposure to sensory irritants can:
- ▶ cause inflammation
  - ▶ cause increased susceptibility to other irritants and infectious agents
  - ▶ lead to permanent injury or dysfunction
  - ▶ permit greater absorption of hazardous substances and
  - ▶ acclimate the worker to the irritant warning properties of these substances thus increasing the risk of overexposure.

**Exposure controls**

Appropriate engineering controls	Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are: Process controls which involve changing the way a job activity or process is done to reduce the risk. Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment. Ventilation can remove or dilute an air contaminant if designed properly. The design of a ventilation system must match the particular process and chemical or contaminant in use. Employers may need to use multiple types of controls to prevent employee overexposure.  General exhaust is adequate under normal operating conditions. Local exhaust ventilation may be required in special circumstances. If risk of overexposure exists, wear approved respirator. Supplied-air type respirator may be required in special circumstances. Correct fit is essential to ensure adequate protection. Provide adequate ventilation in warehouses and enclosed storage areas. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to effectively remove the contaminant.										
	<table border="1"> <thead> <tr> <th>Type of Contaminant:</th> <th>Air Speed:</th> </tr> </thead> <tbody> <tr> <td>solvent, vapours, degreasing etc., evaporating from tank (in still air).</td> <td>0.25-0.5 m/s (50-100 f/min)</td> </tr> <tr> <td>aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)</td> <td>0.5-1 m/s (100-200 f/min.)</td> </tr> <tr> <td>direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)</td> <td>1-2.5 m/s (200-500 f/min.)</td> </tr> <tr> <td>grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)</td> <td>2.5-10 m/s (500-2000 f/min.)</td> </tr> </tbody> </table>	Type of Contaminant:	Air Speed:	solvent, vapours, degreasing etc., evaporating from tank (in still air).	0.25-0.5 m/s (50-100 f/min)	aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers, welding, spray drift, plating acid fumes, pickling (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)	direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)	grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion)	2.5-10 m/s (500-2000 f/min.)
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	Within each range the appropriate value depends on:										

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	Lower end of the range	Upper end of the range
	1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
	2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
	3: Intermittent, low production.	3: High production, heavy use
	4: Large hood or large air mass in motion	4: Small hood-local control only
	<p>Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2 m/s (200-400 f/min) for extraction of solvents generated in a tank 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.</p>	
<b>Individual protection measures, such as personal protective equipment</b>		
<b>Eye and face protection</b>	<ul style="list-style-type: none"> <li>▶ Safety glasses with side shields.</li> <li>▶ Chemical goggles. [AS/NZS 1337.1, EN166 or national equivalent]</li> <li>▶ Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59].</li> </ul>	
<b>Skin protection</b>	See Hand protection below	
<b>Hands/feet protection</b>	<ul style="list-style-type: none"> <li>▶ Wear chemical protective gloves, e.g. PVC.</li> <li>▶ Wear safety footwear or safety gumboots, e.g. Rubber</li> </ul> <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. Application of a non-perfumed moisturiser is recommended.</p> <p>Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:</p> <ul style="list-style-type: none"> <li>· frequency and duration of contact,</li> <li>· chemical resistance of glove material,</li> <li>· glove thickness and</li> <li>· dexterity</li> </ul> <p>Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).</p> <ul style="list-style-type: none"> <li>· When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374, AS/NZS 2161.10.1 or national equivalent) is recommended.</li> <li>· Some glove polymer types are less affected by movement and this should be taken into account when considering gloves for long-term use.</li> <li>· Contaminated gloves should be replaced.</li> </ul> <p>As defined in ASTM F-739-96 in any application, gloves are rated as:</p> <ul style="list-style-type: none"> <li>· Excellent when breakthrough time &gt; 480 min</li> <li>· Good when breakthrough time &gt; 20 min</li> <li>· Fair when breakthrough time &lt; 20 min</li> <li>· Poor when glove material degrades</li> </ul> <p>For general applications, gloves with a thickness typically greater than 0.35 mm, are recommended.</p> <p>It should be emphasised that glove thickness is not necessarily a good predictor of glove resistance to a specific chemical, as the permeation efficiency of the glove will be dependent on the exact composition of the glove material. Therefore, glove selection should also be based on consideration of the task requirements and knowledge of breakthrough times.</p> <p>Glove thickness may also vary depending on the glove manufacturer, the glove type and the glove model. Therefore, the manufacturers technical data should always be taken into account to ensure selection of the most appropriate glove for the task.</p> <p>Note: Depending on the activity being conducted, gloves of varying thickness may be required for specific tasks. For example:</p> <ul style="list-style-type: none"> <li>· Thinner gloves (down to 0.1 mm or less) may be required where a high degree of manual dexterity is needed. However, these gloves are only likely to give short duration protection and would normally be just for single use applications, then disposed of.</li> <li>· Thicker gloves (up to 3 mm or more) may be required where there is a mechanical (as well as a chemical) risk i.e. where there is abrasion or puncture potential</li> </ul> <p>Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.</p>	
<b>Body protection</b>	See Other protection below	
<b>Other protection</b>	<ul style="list-style-type: none"> <li>▶ Overalls.</li> <li>▶ P.V.C apron.</li> <li>▶ Barrier cream.</li> <li>▶ Skin cleansing cream.</li> </ul>	

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▶ Eye wash unit.

## SECTION 9 Physical and chemical properties

### Information on basic physical and chemical properties

<b>Appearance</b>	Clear		
<b>Physical state</b>	Liquid	<b>Relative density (Water = 1)</b>	1.3
<b>Odour</b>	Not Available	<b>Partition coefficient n-octanol / water</b>	Not Available
<b>Odour threshold</b>	Not Available	<b>Auto-ignition temperature (°C)</b>	Not Available
<b>pH (as supplied)</b>	7.4-8.0	<b>Decomposition temperature (°C)</b>	Not Available
<b>Melting point / freezing point (°C)</b>	Not Available	<b>Viscosity (cSt)</b>	Not Available
<b>Initial boiling point and boiling range (°C)</b>	Not Available	<b>Molecular weight (g/mol)</b>	Not Available
<b>Flash point (°C)</b>	Not Available	<b>Taste</b>	Not Available
<b>Evaporation rate</b>	Not Available	<b>Explosive properties</b>	Not Available
<b>Flammability</b>	Not Applicable	<b>Oxidising properties</b>	Not Available
<b>Upper Explosive Limit (%)</b>	Not Available	<b>Surface Tension (dyn/cm or mN/m)</b>	Not Available
<b>Lower Explosive Limit (%)</b>	Not Available	<b>Volatile Component (%vol)</b>	Not Available
<b>Vapour pressure (kPa)</b>	Not Available	<b>Gas group</b>	Not Available
<b>Solubility in water</b>	Miscible	<b>pH as a solution (1%)</b>	Not Available
<b>Vapour density (Air = 1)</b>	Not Available	<b>VOC g/L</b>	Not Available
<b>Heat of Combustion (kJ/g)</b>	Not Available	<b>Ignition Distance (cm)</b>	Not Available
<b>Flame Height (cm)</b>	Not Available	<b>Flame Duration (s)</b>	Not Available
<b>Enclosed Space Ignition Time Equivalent (s/m<sup>3</sup>)</b>	Not Available	<b>Enclosed Space Ignition Deflagration Density (g/m<sup>3</sup>)</b>	Not Available

## SECTION 10 Stability and reactivity

<b>Reactivity</b>	See section 7
<b>Chemical stability</b>	<ul style="list-style-type: none"> <li>▶ Unstable in the presence of incompatible materials.</li> <li>▶ Product is considered stable.</li> <li>▶ Hazardous polymerisation will not occur.</li> </ul>
<b>Possibility of hazardous reactions</b>	See section 7
<b>Conditions to avoid</b>	See section 7
<b>Incompatible materials</b>	See section 7
<b>Hazardous decomposition products</b>	See section 5

## SECTION 11 Toxicological information

### Information on toxicological effects

<b>a) Acute Toxicity</b>	There is sufficient evidence to classify this material as acutely toxic.
<b>b) Skin Irritation/Corrosion</b>	Based on available data, the classification criteria are not met.
<b>c) Serious Eye Damage/Irritation</b>	There is sufficient evidence to classify this material as eye damaging or irritating
<b>d) Respiratory or Skin sensitisation</b>	Based on available data, the classification criteria are not met.
<b>e) Mutagenicity</b>	Based on available data, the classification criteria are not met.
<b>f) Carcinogenicity</b>	Based on available data, the classification criteria are not met.
<b>g) Reproductivity</b>	Based on available data, the classification criteria are not met.
<b>h) STOT - Single Exposure</b>	Based on available data, the classification criteria are not met.

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<b>i) STOT - Repeated Exposure</b>	Based on available data, the classification criteria are not met.
<b>j) Aspiration Hazard</b>	Based on available data, the classification criteria are not met.

<b>Inhaled</b>	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.
<b>Ingestion</b>	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual. 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.. 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. 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. Excessive calcium supplementation can be detrimental to cardiovascular health, especially in men. Oral calcium supplements diminish the absorption of thyroxine when taken within four to six hours of each other. Thus, people taking both calcium and thyroxine run the risk of inadequate thyroid hormone replacement and thence hypothyroidism if they take them simultaneously or near-simultaneously.
<b>Skin Contact</b>	The material may accentuate any pre-existing dermatitis condition Skin contact with the material may damage the health of the individual; systemic effects may result following absorption. Open cuts, abraded or irritated skin should not be exposed to this material Entry into the blood-stream through, for example, cuts, abrasions, puncture wounds or lesions, may produce systemic injury with harmful effects. Examine the skin prior to the use of the material and ensure that any external damage is suitably protected. The material produces moderate skin irritation; evidence exists, or practical experience predicts, that the material either <ul style="list-style-type: none"> <li>▶ produces moderate inflammation of the skin in a substantial number of individuals following direct contact, and/or</li> <li>▶ produces significant, but moderate, 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.</li> </ul> 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.
<b>Eye</b>	When applied to the eye(s) of animals, the material produces severe ocular lesions which are present twenty-four hours or more after instillation.
<b>Chronic</b>	Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems. High blood concentrations of calcium ion may give rise to vasodilation and depress cardiac function leading to hypotension and syncope. Calcium ions enhance the effects of digitalis on the heart and may precipitate digitalis intoxication. Calcium salts also reduce the absorption of tetracyclines In neonates calcification of soft-tissue has been observed following therapeutic administration. Some studies show that large quantities of calcium intake can cause hypercalcaemia, which can in turn lead to renal failure Renal failure can occur within hours or days or, alternatively, settles gradually, evolving over several years until it reaches terminal stages. Similarly, acute renal failure can also develop into chronic forms of the disease. Hypercalcaemia conditions can be associated with normal or reduced calcium serum levels, as the body tends to maintain a balanced metabolism of the mineral, known as the compensation phase. When there is a slight increase in the concentration of ions in the blood, calcium excretion markedly increases, while intestinal absorption decreases After kidney damage has set in, a loss of calcium may occur, thereby decreasing the serum concentration. Serum protein levels may decrease as a result of proteinuria in cases of renal complications. Proteinuria is an indicator of kidney disease and represents an independent risk factor for the progression of such a condition. Increased serum creatinine levels may represent an important parameter, given that kidney diseases are associated with increased serum creatinine levels. When renal pathology occurs, a progressive loss of glomerular filtration begins, resulting in increased plasma creatinine concentrations. During the course of kidney failure, discrete, but constant, increments in plasma creatinine levels occur. Renal disease with albuminuria may also be the cause of hypoalbuminemia in patients with liver disease. In cases of established liver damage, increased calcium urinary excretion may occur. Therefore, a similar increase may cause the decline in serum calcium levels in the current study. Prolonged or repeated skin contact may cause drying with cracking, irritation and possible dermatitis following.

<b>Tradies Choice Master FS Additive</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	Not Available	Not Available
<b>calcium chloride</b>	<b>TOXICITY</b>	<b>IRRITATION</b>
	dermal (rat) LD50: 2630 mg/kg <sup>[2]</sup> Oral (Rabbit) LD50; 500-1000 mg/kg <sup>[1]</sup>	Eye: adverse effect observed (irritating) <sup>[1]</sup> Skin: no adverse effect observed (not irritating) <sup>[1]</sup>



**Tradies Choice Master FS Additive**

**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

<b>Tradies Choice Master FS Additive</b>	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. The disorder is characterized by difficulty breathing, cough and mucus production.
<b>CALCIUM CHLORIDE</b>	The material may produce severe irritation to the eye causing pronounced inflammation. Repeated or prolonged exposure to irritants may produce conjunctivitis. 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 the epidermis. Histologically there may be intercellular oedema of the spongy layer (spongiosis) and intracellular oedema of the epidermis.
<b>Tradies Choice Master FS Additive &amp; CALCIUM CHLORIDE</b>	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 <b>constipation</b> 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). Usually, under these circumstances, bone density is lost and the resulting hypercalcaemia can cause kidney stones and abdominal pain. Some cancers can also cause hypercalcaemia, either by secreting abnormal proteins that act like PTH or by invading and killing bone cells causing them to release calcium. Very high levels of calcium can result in appetite loss, nausea , vomiting, abdominal pain, confusion, seizures, and even coma. for calcium chloride: <b>Acute toxicity:</b> The acute oral toxicity of calcium chloride is low: LD50 in mice is 1940-2045 mg/kg bw, 3798-4179 mg/kg bw in rats, and 500-1000 mg/kg bw in rabbits. The acute oral toxicity is attributed to the severe irritating property of the original substance or its high-concentration solutions to the gastrointestinal tract. In humans, however, acute oral toxicity is rare because large single doses induce nausea and vomiting. The dermal acute toxicity is negligible: LD50 in rabbits >5000 mg/kg bw. No significant change was found by gross necropsy examination except skin lesions at or near the site of administration. Hypercalcaemia may occur only when there exists other factors that alter calcium homeostasis, such as renal inefficiency and primary hyperthyroidism. Irritation/corrosiveness studies conducted under OECD test guidelines indicate that calcium chloride is not/slightly irritating to skin but severely irritating to eyes of rabbits. Prolonged exposure and application of moistened material or concentrated solutions resulted in considerable skin irritation, however. Irritating effect of the substance was observed in human skin injuries caused by incidental contact with the substance or its high-concentration solutions. <b>Repeat dose toxicity:</b> A limited oral repeated dose toxicity study shows no adverse effect of calcium chloride on rats fed on 1000-2000 mg/kg bw/day for 12 months. Calcium and chloride are both essential nutrients for humans and a daily intake of more than 1000 mg each of the ions is recommended. The establishment of the ADI for calcium chloride has not been deemed necessary by JECFA (Joint FAO/WHO Expert Committee on Food Additives) <b>Genotoxicity:</b> Genetic toxicity of calcium chloride was negative in the bacterial mutation tests and the mammalian chromosome aberration test. <b>Reproductive and developmental toxicity:</b> No reproductive toxicity study has been reported. A developmental toxicity study equivalent to an OECD Guideline study, on the other hand, reveals no toxic effects on dams or foetuses at doses up to 189 mg/kg bw/day (mice), 176 mg/kg bw/day (rats) and 169 mg/kg bw/day (rabbits).

<b>Acute Toxicity</b>	✓	<b>Carcinogenicity</b>	✗
<b>Skin Irritation/Corrosion</b>	✗	<b>Reproductivity</b>	✗
<b>Serious Eye Damage/Irritation</b>	✓	<b>STOT - Single Exposure</b>	✗
<b>Respiratory or Skin sensitisation</b>	✗	<b>STOT - Repeated Exposure</b>	✗
<b>Mutagenicity</b>	✗	<b>Aspiration Hazard</b>	✗

**Legend:** ✗ – Data either not available or does not fill the criteria for classification  
✓ – Data available to make classification

**SECTION 12 Ecological information****Toxicity**

<b>Tradies Choice Master FS Additive</b>	<b>Endpoint</b>	<b>Test Duration (hr)</b>	<b>Species</b>	<b>Value</b>	<b>Source</b>
	Not Available	Not Available	Not Available	Not Available	Not Available

**Tradies Choice Master FS Additive**

calcium chloride	Endpoint	Test Duration (hr)	Species	Value	Source
	EC50	48h	Crustacea	52mg/l	1
	EC50	72h	Algae or other aquatic plants	2900mg/l	2
	NOEC(ECx)	0h	Fish	8.879mg/L	4
	EC50	96h	Algae or other aquatic plants	1109.9mg/L	4
	LC50	96h	Fish	3mg/l	1
<b>Legend:</b>	<i>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</i>				

Calcium provides an important link between tectonics, climate and the carbon cycle. In the simplest terms, uplift of mountains exposes Ca-bearing rocks to chemical weathering and releases Ca<sup>2+</sup> into surface water. This Ca<sup>2+</sup> eventually is transported to the ocean where it reacts with dissolved CO<sub>2</sub> to form limestone. Some of this limestone settles to the sea floor where it is incorporated into new rocks. Dissolved CO<sub>2</sub>, along with carbonate and bicarbonate ions, are referred to as dissolved inorganic carbon (DIC).

For Chloride: Although inorganic chloride ions are not normally considered toxic they can exist in effluents at acutely toxic levels. Incidental exposure to inorganic chloride may occur in occupational settings where chemicals management policies are improperly applied. The toxicity of chloride salts depends on the counter-ion (cation) present; that of chloride itself is unknown. Chloride toxicity has not been observed in humans except in the special case of impaired sodium chloride metabolism, e.g. in congestive heart failure. Healthy individuals can tolerate the intake of large quantities of chloride provided that there is an intake of fresh water following ingestion. Although excessive intake of drinking-water containing sodium chloride at concentrations above 2.5 g/L has been reported to produce hypertension, this effect is believed to be related to the sodium ion concentration. Chloride concentrations in excess of about 250 mg/L can give rise to detectable taste in water. Consumers can, however, become accustomed to concentrations in excess of 250 mg/L. No health-based guideline value is proposed for chloride in drinking-water. Chloride is almost completely absorbed in normal individuals. In metal pipes, chloride reacts with metal ions to form soluble salts thus increasing levels of metals in drinking-water. Chloride enhances galvanic corrosion in lead pipes and can also increase the rate of pitting corrosion of metal pipes.

Aquatic Fate: Inorganic chlorine eventually finds its way into aquatic systems and becomes bio-available. Chloride increases the electrical conductivity of water and thus increases its corrosivity.

Ecotoxicity: When excessive inorganic chloride ions are introduced to aquatic environments, the resulting salinity can exceed the tolerances of most freshwater organisms.

**DO NOT** discharge into sewer or waterways.

**Persistence and degradability**

Ingredient	Persistence: Water/Soil	Persistence: Air
	No Data available for all ingredients	No Data available for all ingredients

**Bioaccumulative potential**

Ingredient	Bioaccumulation
	No Data available for all ingredients

**Mobility in soil**

Ingredient	Mobility
	No Data available for all ingredients

**SECTION 13 Disposal considerations****Waste treatment methods**

Product / Packaging disposal	
	<ul style="list-style-type: none"> <li>▶ Containers may still present a chemical hazard/ danger when empty.</li> <li>▶ Return to supplier for reuse/ recycling if possible.</li> </ul> <p>Otherwise:</p> <ul style="list-style-type: none"> <li>▶ If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.</li> <li>▶ Where possible retain label warnings and SDS and observe all notices pertaining to the product.</li> </ul> <p>Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.</p> <p>A Hierarchy of Controls seems to be common - the user should investigate:</p> <ul style="list-style-type: none"> <li>▶ Reduction</li> <li>▶ Reuse</li> <li>▶ Recycling</li> <li>▶ Disposal (if all else fails)</li> </ul> <p>This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.</p> <ul style="list-style-type: none"> <li>▶ <b>DO NOT</b> allow wash water from cleaning or process equipment to enter drains.</li> <li>▶ It may be necessary to collect all wash water for treatment before disposal.</li> <li>▶ In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.</li> <li>▶ Where in doubt contact the responsible authority.</li> <li>▶ Recycle wherever possible.</li> </ul>

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- ▶ Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- ▶ Dispose of by: burial in a land-fill specifically licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material).
- ▶ Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

**SECTION 14 Transport information****Labels Required**

<b>Marine Pollutant</b>	NO
<b>HAZCHEM</b>	Not Applicable

**Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS****Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS****Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS****14.7. Maritime transport in bulk according to IMO instruments****14.7.1. Transport in bulk according to Annex II of MARPOL and the IBC code**

Not Applicable

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

Product name	Group
calcium chloride	Not Available

**14.7.3. Transport in bulk in accordance with the IGC Code**

Product name	Ship Type
calcium chloride	Not Available

**SECTION 15 Regulatory information****Safety, health and environmental regulations / legislation specific for the substance or mixture**

calcium chloride is found on the following regulatory lists

Australia Hazardous Chemical Information System (HCIS) - Hazardous Chemicals

Australian Inventory of Industrial Chemicals (AIIC)

**Additional Regulatory Information**

Not Applicable

**National Inventory Status**

National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	Yes
Canada - DSL	Yes
Canada - NDSL	No (calcium chloride)
China - IECSC	Yes
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	Yes
Korea - KECI	Yes
New Zealand - NZIoC	Yes
Philippines - PICCS	Yes
USA - TSCA	All chemical substances in this product have been designated as TSCA Inventory 'Active'
Taiwan - TCSI	Yes
Mexico - INSQ	Yes
Vietnam - NCI	Yes

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<b>National Inventory</b>	<b>Status</b>
Russia - FBEPH	Yes
<b>Legend:</b>	<p><i>Yes = All CAS declared ingredients are on the inventory</i></p> <p><i>No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.</i></p>

**SECTION 16 Other information**

<b>Revision Date</b>	14/03/2025
<b>Initial Date</b>	14/03/2025

**Other information****Ingredients with multiple cas numbers**

<b>Name</b>	<b>CAS No</b>
calcium chloride	10043-52-4, 139468-93-2, 10035-04-8, 22691-02-7, 7774-34-7, 25094-02-4

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
- DNEL: Derived No-Effect Level
- PNEC: Predicted no-effect concentration
- MARPOL: International Convention for the Prevention of Pollution from Ships
- IMSBC: International Maritime Solid Bulk Cargoes Code
- IGC: International Gas Carrier Code
- IBC: International Bulk Chemical Code
  
- 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
- KECl: 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