
Section 2 – Hazards Identification

GHS Classification:

Health:

Category 1A Carcinogen
Category 1 Specific Target Organ Toxicity (STOT) following repeated exposures
Category 2B Eye Irritation

OSHA defined Hazard: Combustible Dust

Signal Word DANGER



Hazard Statements:

May cause cancer by inhalation.
Causes damage to lungs, kidneys and autoimmune system through prolonged or repeated exposure by inhalation. Causes eye irritation.
May form combustible dust concentrations in air.

Precautionary Statements:

- Do not handle this product until the safety information presented in this SDS has been read and understood.
- **DO NOT BREATHE DUST.** Do not eat, drink or smoke while handling this product. Wash skin thoroughly after handling.
- If in eyes: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do, and continue rinsing. If exposed, concerned, unwell or irritation of the eyes persist: Get medical attention.
- Avoid creating dust when handling, using or storing. Use with adequate ventilation to keep exposure below recommended exposure limits. Wear eye protection and respiratory protection following this SDS, NIOSH guidelines and other applicable regulations.
- Please refer to Section 11 for details of specific health effects of crystalline silica.
- **Prevention:** Prevent dust accumulation to minimize explosion hazard. Keep away from heat/sparks/open flames/hot surfaces. - **NO SMOKING.** Keep container tightly closed. Ground/bond container and receiving equipment.
- **Response:** Take off contaminated clothing and wash before reuse. In case of fire: Use appropriate media to extinguish.
- **Storage:** Store away from incompatible materials.
- **Disposal:** Dispose of contents/container in accordance with local, regional, national or international regulations.

Section 3 – Composition/ Information on Ingredients

Hazardous Ingredients

Name:	Silica, Quartz, SiO ₂
CAS Number:	14808 - 60- 7
Concentration (%)	>=95%

Non-Hazardous Ingredients (Coating)

Name:	Thermoplastic Resin
CAS Number:	Trade Secret
Concentration (%)	<=5%

Section 4 – First Aid Measures

Inhalation – If excessive inhalation of product occurs, remove the person to fresh air. Dust in throat and nasal passages should clear spontaneously. Perform artificial respiration as needed and contact a physician if irritation persists or develops later.

Skin contact – If burned by contact with hot material, cool molten material adhering to skin as quickly as possible with water, and see a physician for removal of adhering material and treatment of burn.

Wash contact areas with soap and water. Remove contaminated clothing. Launder contaminated clothing before reuse.

If abrasion occurs wash with soap and water.

Get medical attention if irritation develops and persists.

Eye contact – Immediately wash the eye with plenty of water for at least 15 minutes, while holding eyelid(s) open. Occasionally lift the eyelid(s) to ensure thorough rinsing. Remove contact lenses, if present and easy to do, and continue rinsing. Beyond flushing, do not attempt to remove material from the eye(s). Contact a physician if irritation persists or develops later.

Ingestion – Rinse mouth thoroughly. If gastrointestinal discomfort occurs, give a large quantity of water. Never attempt to make an unconscious person drink or vomit. Seek medical attention.

Most important symptoms/effects, acute and delayed or indication of immediate medical attention and special treatment needed – Direct contact with eyes may cause temporary irritation. Provide general supportive measures and treat symptomatically.

Signs and Symptoms of Exposure - There are generally no signs or symptoms of exposure to crystalline silica (quartz). Often, chronic silicosis has no symptoms. The symptoms of chronic silicosis, if present, are shortness of breath, wheezing, cough and sputum production. The symptoms of acute silicosis which can occur with exposures to very high concentrations of respirable crystalline silica over a very short time-period, sometimes as short as 6 months, are the same as those associated with chronic silicosis; additionally, weight loss and fever may also occur. The symptoms of scleroderma, an autoimmune disease, include thickening and stiffness of the skin, particularly in the fingers, shortness of breath, difficulty swallowing and joint problems.

Direct skin and eye contact with dust may cause irritation by mechanical abrasion. Inhalation of dust may irritate nose, throat, mucous membranes and respiratory tract by mechanical abrasion. Coughing, sneezing, chest pain, shortness of breath, inflammation of mucous membrane, and flu-like fever may occur following exposures in-excess of appropriate exposure limits. Repeated excessive exposure may cause pneumoconiosis, such as silicosis and other respiratory effects.

Section 5 – Fire Fighting Measures

Extinguishing Media:	Apply extinguishing media carefully to avoid creating airborne dust. Avoid high pressure media which could cause the formation of a potentially explosible dust-air mixture.
Unsuitable extinguishing media:	Do not use water jet as an extinguisher. This will spread the fire.
Specific hazards:	Explosion hazard. Avoid generating dust in the air in insufficient concentrations and in the presence of an ignition source to prevent potential dust explosion hazard.
Special protective equipment and precautions for firefighter's:	Self-contained breathing apparatus and full protective clothing must be worn in case of fire.
Fire fighting equipment/instructions:	In case of fire and/or explosion do not breathe fumes.
Specific methods:	Use standard firefighting procedures and consider the hazards of other involved materials.
General fire hazards:	May form combustible dust concentrations in air.

Section 6 – Accidental Release Measures

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED

Persons involved in cleaning should first follow the precautions defined in Section 7 of the SDS. Spilled materials, where dust can be generated, may overexpose cleanup personnel to respirable crystalline silica-containing dust that may pose inhalation hazards. Wear appropriate personal protective equipment as specified in Section 8. Ensure appropriate respirators are worn during and following clean up or whenever airborne dust is present to ensure worker exposures remain below occupational exposure limits (OELs - Refer to Section 8). Follow respiratory protection selection guidelines as described in Section 8 of this document.

Do not dry sweep spilled material. Collect the material using a method that does not produce dust such as a High-Efficiency Particulate Air (HEPA) vacuum or thoroughly wetting down the dust before cleaning up.

Eliminate all ignition sources (no smoking, flares, sparks, or flames in immediate area). Take precautionary measures against static discharge. Use only non-sparking tools. Avoid dispersal of dust in the air (i.e., clearing dust surfaces with compressed air).

Provide adequate precautions, such as electrical grounding and bonding, or inert atmospheres. Keep away from heat/sparks/open flames/hot surfaces. - No smoking. Explosion-proof vacuum equipment, general and local exhaust ventilation.

Large Spills: Wet down with water and dike for later disposal. Place the silica-containing dust in a covered container appropriate for disposal. Dispose of the silica-containing dust according to federal, state and local regulations.

Small Spills: Sweep up or vacuum up spillage and collect in suitable container for disposal.

Never return spills to original containers for re-use. For waste disposal, see section 13 of the SDS. Avoid discharge into drains, water courses or onto the ground.

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This product is not subject to the reporting requirements of SARA Title III Section 313, and 40 CFR 372.

Section 7 – Handling and Storage

THIS PRODUCT IS NOT TO BE USED FOR ABRASIVE BLASTING. Follow protective controls set forth in Section 8 of this SDS when handling this product.

Dust containing respirable crystalline silica that may be irritant may be generated during processing, handling and storage. Do not breathe dust, which may be created during the handling of this product. Do not rely on vision to determine whether respirable silica is present in the air, as it may be present without a visible cloud. Avoid contact with skin and eyes. Do not store near food or beverages or smoking materials. Avoid standing on piles of materials as they may be unstable.

Good routine housekeeping procedures should be instituted to prevent the accumulation of dust in the workplace and specifically on surfaces. Avoid the creation of respirable dust and significant deposits of material, especially on horizontal surfaces, which may contribute to secondary explosions. Dry powders can build static electricity charges when subjected to the friction of transfer and mixing operations. Provide adequate precautions, such as electrical grounding and bonding, or inert atmospheres. Keep away from heat/sparks/open flames/hot surfaces. No smoking. Avoid prolonged exposure and wear appropriate personal protective equipment.

Use adequate local exhaust ventilation and explosion-proof dust collection equipment. Ensure that the dust collection system is adequate to reduce airborne dust levels to below the appropriate OELs. If the airborne dust levels are above the appropriate OELs, use respiratory protection. Refer to Section 8 - Exposure Controls/Personal Protection for further information.

Keep containers tightly closed in a dry, cool and well-ventilated place. Store away from incompatible materials (see Section 10 of the SDS).

In accordance with OSHA's Hazard Communication Standard (29 CFR 1910.1200, 1915.99, 1917.28, 1918.90, 1926.59, 1928.21), state, and/or local right-to-know laws and regulations, familiarize your employees with this SDS and the information contained herein. Warn your employees, your customers and other third parties (in case of resale or distribution to others) of the potential health risks associated with the use of this product and train them in the appropriate use of personal protective equipment and engineering controls, which will reduce their risks of exposure.

See also ASTM International standard practice E 1132-06, "Standard Practice for Health Requirements Relating to Occupational Exposure to Respirable Crystalline Silica."

For safe handling and use of this product for Hydraulic Fracturing, please see the OSHA/NIOSH Hazard Alert Worker Exposure to Silica during Hydraulic Fracturing DHHS (NIOSH) Publication No. 2012-166 (2012).
http://www.osha.gov/dts/hazardalerts/hydraulic_frac_hazard_alert.pdf

Section 8 – Exposure Controls/Personal Protection

OELs (respirable fraction) in air for dust containing crystalline silica (quartz):

Standard	Exposure Limits
OSHA PEL (8-Hour Time-Weighted Average)	50 µg/m ³
MSHA OEL* (8-Hour Time-Weighted Average)	$\frac{10 \text{ mg/m}^3}{\% \text{ SiO}_2 + 2}$
ACGIH TLV** (8-Hour Time-Weighted Average)	0.025 mg/m ³
NIOSH REL** (10-Hour Time-Weighted Average, 40-hour work week)	0.05 mg/m ³

Crystalline silica is normally measured as respirable dust. The OSHA PEL for dust containing crystalline silica (quartz) is based on the silica content of the respirable dust sample. The OSHA PEL for crystalline silica as tridymite and cristobalite is one-half the PEL for crystalline silica (quartz). The OSHA will begin enforcing most provisions of the standard for construction on September 23, 2017 (29CFR 1926.1153) and will begin enforcing most provisions of the standard for general industry and maritime on June 23, 2018 (29CFR 1910.1053 / 1915.1053).

*Crystalline silica is normally measured as respirable dust. The MSHA standard also presents a formula for calculation of the OEL based on total dust: $30 \text{ mg/m}^3 / (\% \text{ SiO}_2 + 2)$.

Section 8 – Exposure Controls/Personal Protection, continued

** The ACGIH and NIOSH limits are for crystalline silica (quartz), independent of the % silica content of the respirable dust sample. The ACGIH TLV for crystalline silica as cristobalite is equal to the TLV for crystalline silica as quartz. In 2005, ACGIH withdrew the TLV for crystalline silica as tridymite. Refer to Section 10 for thermal stability information for crystalline silica (quartz).

OSHA PEL effective June 23, 2017 for Construction; June 23, 2018 for General Industry/Maritime/Hydraulic Fracturing

OSHA has issued a new final rule on June 23, 2017 for Occupational Exposure to Respirable Crystalline Silica as codified in 29 CFR 1910.1053 for general industry, and 29 CFR 19126.1153 for construction work. This final rule establishes a permissible exposure limit (PEL) for respirable crystalline silica of 0.050 mg/m³ as an 8-hour time-weighted average (TWA) in industries covered by the rule. In addition to the PEL, the rule includes provisions to protect employees such as requirements for exposure assessment, methods for controlling exposure, respiratory protection, medical surveillance, hazard communication, and recordkeeping. OSHA is issuing two separate standards—one for general industry and maritime, and the other for construction—in order to tailor requirements to the circumstances found in these sectors. OSHA has also established a silica Action Level. If a worker's exposure exceeds the Action Level, a concentration of airborne respirable crystalline silica of 0.025 mg/m³ as an 8-hour TWA, the employer must implement monitoring, engineering controls and other requirements codified in the new Occupational Exposure to Respirable Crystalline Silica OSHA standard. It is likely MSHA will follow OSHA's rulemaking and implement this PEL, as well as state OSHA plans. See <https://www.osha.gov/silica/> for more details.

OELs in air for inert/nuisance dust:

Standard	Respirable Dust	Total Dust
MSHA/OSHA PEL (as Inert or Nuisance Dust)	5 mg/m ³	15 mg/m ³
ACGIH TLV (as Particles Not Otherwise Specified)	3 mg/m ³	*10 mg/m ³

Note: The limits for Inert Dust are provided as guidelines. Nuisance dust is limited to particulates not known to cause systemic injury or illness.

* The TLV provided is for inhalable particles not otherwise specified.

California Inhalation Reference Exposure Limit (REL): The California chronic REL for respirable crystalline silica is 3 µg/m³ (as of June 2014). A chronic REL is an airborne level of a chemical at or below which no adverse health effects are anticipated in individuals indefinitely exposed to that level. [Adoption of chronic REL for Silica dated 2/10/05]

Canadian OEL:

Canada Labor Code: 0.025 mg/m³ (respirable)

Alberta, British Columbia: 0.025 mg/m³ (respirable quartz and cristobalite)

Saskatchewan: 0.05 mg/m³ (respirable, cristobalite); 0.05 mg/m³ (respirable, quartz); 0.1 mg/m³ (respirable, Tripoli, as quartz)

Manitoba, Newfoundland, Prince Edward Island: 0.025 mg/m³ (respirable, crystalline silica)

Ontario: 0.05 mg/m³ (respirable cristobalite); 0.1 mg/m³ (quartz, tripoli)

Quebec: 0.05 mg/m³ (respirable, cristobalite, tridymite); 0.1 mg/m³ (quartz, tripoli)

New Brunswick: 0.1 mg/m³ (quartz); 0.05 mg/m³ (cristobalite)

Nova Scotia: 0.025 mg/m³ (quartz, cristobalite)

Yukon: 300 particles/ml measured with a konimeter (quartz, and tripoli); 150 particles/ML measured with a konimeter (cristobalite and tridymite)

Northwest Territories, Nunavut: 0.05 mg/m³ (respirable, cristobalite, tridymite); 0.1 mg/m³ (respirable, quartz, tripoli)

Austria OEL - Maximum allowable concentration 0.15 mg/m³

Japan OEL - Japan Society of Occupational Health Respirable crystalline silica 0.03 mg/m³

Section 8 – Exposure Controls/Personal Protection, continued

Poland OEL TWA -2 mg/m³ (total inhalable dust, containing >50% free crystalline silica);
0.3 mg/m³ (respirable dust, containing >50% free crystalline silica);
4.0 mg/m³ (total inhalable dust, containing 2% to 50% free crystalline silica);
1.0 mg/m³ (respirable dust, containing 2% to 50% free crystalline silica)
10.0 mg/m³ (total inhalable dust, containing <2% free crystalline silica)

United Kingdom OEL – 0.1 mg/m³ (quartz, cristobalite, tridymite)

Mexico – 0.1 mg/m³ (quartz, tripoli containing respirable quartz powder, inhalable)
0.05 mg/m³ (cristobalite, tridymite inhalable)
(Also refer to ACGIH)

Argentina – 0.05 mg/m³ (quartz, cristobalite, tridymite respirable)
0.1 mg/m³ (tripoli, respirable)

Engineering Controls:

Ventilation: Use adequate local exhaust ventilation and explosion-proof dust collection equipment. Ensure that the dust collection system is adequate to reduce airborne dust levels to below the appropriate OELs. Ensure explosion-proof equipment with combustible materials and required ventilation especially in confined space areas.

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

This product is not to be used for abrasive blasting.

Use explosive-proof equipment for combustible material. Provide adequate precautions, such as electrical grounding and bonding, or inert atmospheres. Keep away from heat/sparks/open flames/hot surfaces. No Smoking.

Respiratory Protection:

Consult with OSHA regulations, Canadian CCOHS, NIOSH recommendations and other applicable regulatory agencies to determine the appropriate respiratory protection to be worn during use of this product, and use only such recommended respiratory protection equipment. Avoid breathing dust produced during the use and handling of this product. If the workplace airborne crystalline silica concentration is unknown for a given task, conduct air monitoring to determine the appropriate level of respiratory protection to be worn. Consult with a certified industrial hygienist, your insurance risk manager or the OSHA Consultative Services group for detailed information. Ensure appropriate respirators are worn during and following the task, including clean up or whenever airborne dust is present, to ensure worker exposures remain below OELs. Provisions should be made for a respiratory protection training program (see 29 CFR 1910.134 – Respiratory Protection for minimum program requirements). See also ANSI standard Z88.2 (latest revision) "American National Standard for Respiratory Protection," 29 CFR 1910.134 and 1926.103, and 42 CFR 84.

Respirator Recommendations:

For respirable quartz levels that exceed or are likely to exceed appropriate exposure limits, a NIOSH-approved particulate filter respirator must be worn.

NIOSH recommendations for respiratory protection include:

Up to 0.05 mg/m³:

(APF = 10) Any particulate respirator equipped with an N95, R95, or P95 filter (including N95, R95, and P95 filtering facepieces) except quarter-mask respirators. The following filters may also be used: N99, R99, P99, N100, R100, P100.

Section 8 – Exposure Controls/Personal Protection, continued

Up to 1.25 mg/m³:

(APF = 25) Any powered, air-purifying respirator with a high-efficiency particulate filter (100 series).

(APF = 25) Any supplied-air respirator operated in a continuous-flow mode

Up to 2.5 mg/m³:

(APF = 50) Any air-purifying, full-facepiece respirator with an N100, R100, or P100 filter.

(APF = 50) Any powered, air-purifying respirator with a tight-fitting facepiece and a high-efficiency particulate filter

Up to 25 mg/m³:

(APF = 1000) Any supplied-air respirator operated in a pressure-demand or other positive-pressure mode

Respirator use must comply with applicable standards, which include provisions for a user training program, respirator maintenance and cleaning, respirator fit testing, and other requirements. For additional information contact NIOSH at 1-800-35-NIOSH or visit website: <http://www.cdc.gov/niosh/npg> (search for crystalline silica).

Emergency or planned entry into unknown concentrations or IDLH conditions (50 mg/m³ for crystalline silica-quartz): A self-contained breathing apparatus that has a full-face piece and is operated in a pressure-demand or other positive-pressure mode or a supplied-air respirator that has a full-face piece and is operated in a pressure-demand or other positive-pressure mode in combination with an auxiliary self-contained positive-pressure breathing apparatus.

Escape from unknown or IDLH conditions: An air-purifying, full-face piece respirator with a high-efficiency particulate (100-series) filter or an appropriate escape-type, self-contained breathing apparatus.

Gloves:

Recommended in situations where abrasion from sand may occur.

Eye/Face:

Safety glasses with side shields should be worn as minimum protection. Dust goggles should be worn when excessively (visible) dusty conditions are present or are anticipated. There is a potential for severe eye irritation if exposed to excessive concentrations of dust for those wearing contact lenses.

General Hygiene Considerations:

There are no known hazards associated with this material when used as recommended. Following the guidelines in this SDS is recognized as good industrial hygiene practice. Avoid breathing dust. Avoid skin and eye contact. Wash dust-exposed skin with soap and water before eating, drinking, smoking in designated areas and using toilet facilities. Wash work clothes after each use.

Section 9 – Physical and Chemical Properties

Appearance:	Resin Coated Sand; i.e. Granular Solid, Light Buff to White Sand, coated gloss surface.
Odor:	None
Odor threshold:	None
pH:	Not available
Boiling Point or Range, °F:	2230°C (4046°F) for Quartz
Melting Point or Range, °F:	1710°C (3110°F) for Quartz
Flashpoint:	Not available
Evaporation Rate	Not available
Flammability	Not Available. Coating can produce explosive dust if fractured.

Section 9 – Physical and Chemical Properties, continued

Upper/Lower Explosive Limit:	Not available. Coating can produce explosive dust if fractured.
Vapor Pressure	Not Applicable
Vapor Density:	Not Applicable
Specific Gravity:	2.65 (Quartz)
Solubility in Water:	Negligible
Partition coefficient: n-octanol/water	Not available
Auto ignition Temperature:	Not available
Viscosity	Not applicable

Section 10 – Stability and Reactivity

Chemical Stability:	Dust clouds may be explosive under certain conditions.
Conditions to Avoid	Contact with incompatible materials (see below).
Thermal Stability:	If crystalline silica (quartz) is heated to more than 870°C (1598°F), it can change to a form of crystalline silica known as tridymite, and if crystalline silica (quartz) is heated to more than 1470°C (2678°F), it can change to a form of crystalline silica known as cristobalite.
Incompatibility:	Contact with strong oxidizing agents, such as fluorine, boron trifluoride, chlorine trifluoride, manganese trifluoride, hydrogen fluoride, oxygen difluoride, hydrogen peroxide, acetylene and ammonia may cause fire and/or explosions.
Hazardous Decomposition Products:	Silica will dissolve in hydrofluoric acid and produce a corrosive gas— silicon tetrafluoride. Thermal decomposition or combustion of coating may liberate carbon oxides and other toxic gases or vapors.
Hazardous Polymerization:	Not known to polymerize.

Section 11 – Toxicological Information

CAUTION: Crystalline silica exists in several forms, the most common of which is quartz. Crystalline silica as tridymite and cristobalite are more fibrogenic than crystalline silica as quartz.

Potential Health Effects

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

Inhalation:	Dust may irritate nose, throat, mucous membranes and respiratory tract by mechanical abrasion. Coughing, sneezing, chest pain, shortness of breath, inflammation of mucous membrane, and flu-like fever may occur following exposures in-excess of appropriate exposure limits. Inhalation of vapors/fumes generated by heating of the coating may cause respiratory irritation with throat discomfort, coughing or difficulty breathing.
Eye Contact:	Direct contact with dust may cause irritation by mechanical abrasion. Conjunctivitis may occur. Crystalline silica (quartz) may cause abrasion of the cornea. Fumes released by the coating during thermal processing may cause eye irritation.
Skin Contact:	Has the potential to cause abrasion to skin. Contact with hot material may cause thermal burns.
Ingestion:	No adverse effects expected for incidental ingestion. Ingestion of large amounts may cause gastrointestinal tract irritation and blockage.

Section 11 – Toxicological Information, continued

Medical Conditions Generally

Aggravated by Exposure:

The condition of individuals with existing respiratory system disease(s) (e.g., bronchitis, emphysema, chronic obstructive pulmonary disease) and/or dysfunctions can be aggravated by exposure. Exposure to dust may aggravate existing skin and/or eye conditions. Smoking and obstructive/restrictive lung diseases may also exacerbate the effects of excessive exposure to this product.

ACGIH, MSHA, and OSHA have determined that adverse effects are not likely to occur in the workplace provided exposure levels do not exceed the appropriate exposure limits. Lower exposure limits may be appropriate for some individuals including persons with pre-existing medical conditions as described under medical conditions aggravated by exposure.

A. SILICOSIS

The major concern is silicosis (lung disease), caused by the inhalation and retention of respirable crystalline silica dust. Silicosis leads to conditions such as lung fibrosis and reduced pulmonary function. 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 recognized. In later stages, the critical condition may become disabling and potentially fatal. Restrictive and/or obstructive changes in lung function may occur due to exposure. A risk associated with silicosis is development of pulmonary tuberculosis (silico-tuberculosis). Respiratory insufficiencies due to massive fibrosis and reduced pulmonary function, possibly with accompanying heart failure, are other potential causes of death due to silicosis.

Chronic or Ordinary Silicosis is the most common form of silicosis and can occur after many years of exposure to levels above the OELs for airborne respirable crystalline silica dust. Not all individuals with silicosis will exhibit symptoms (signs) of the disease. Symptoms of silicosis may include (but are not limited to): Shortness of breath; difficulty breathing with or without exertion; coughing; diminished work capacity; diminished chest expansion; reduction of lung volume; heart enlargement and/or failure. 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 may lead to death. Advanced complicated silicosis or PMF can result in heart disease (cor pulmonale) secondary to the lung disease.

Accelerated Silicosis can occur with exposure to high concentrations of respirable crystalline silica over a relatively short period; the lung lesions can appear within five (5) years of the initial exposure. The progression can be rapid. Accelerated silicosis is similar to chronic or ordinary silicosis, except that the lung lesions appear earlier, and the progression is more rapid.

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 a rapidly progressive, incurable lung disease and is typically fatal.

Under normal conditions of intended use, the coating is not expected to be an inhalation hazard. Inhalation of vapors/fumes generated by heating this product may cause respiratory irritation with throat discomfort, coughing or difficulty breathing.

B. CANCER

IARC - The International Agency for Research on Cancer ("IARC") concluded that there is "sufficient evidence in humans for the carcinogenicity of crystalline silica in the form of quartz or cristobalite", there is "sufficient evidence in experimental animals for the carcinogenicity of quartz dust" and that there is "limited evidence in experimental animals for the

Section 11 – Toxicological Information, continued

carcinogenicity of tridymite dust and cristobalite dust." The overall IARC evaluation was that "crystalline silica inhaled in the form of quartz or cristobalite dust is *carcinogenic to humans (Group 1)*." The IARC evaluation noted that not all industrial circumstances studied evidenced carcinogenicity. The monograph also stated that "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 100C, "Silica Dust, Crystalline, in the Form of Quartz or Cristobalite" (2012).

NTP - In its Eleventh Annual Report on Carcinogens, concluded that respirable crystalline silica is known to be a human carcinogen, based on sufficient evidence of carcinogenicity from studies in humans indicating a causal relationship between exposure to respirable crystalline silica and increased lung cancer rates in workers exposed to crystalline silica dust.

OSHA - Crystalline silica is not on the OSHA carcinogen list.

There have been many articles published on the carcinogenicity of crystalline silica, which the reader should consult for additional information; the following are examples of recently published articles: (1) "Dose-Response Meta- Analysis of Silica and Lung Cancer", *Cancer Causes Control*, (20):925-33 (2009); (2) "Occupational Silica Exposure and Lung Cancer Risk: A Review of Epidemiological Studies 1996-2005", *Ann Oncol*, (17) 1039-50 (2006); (3) "Lung Cancer Among Industrial Sand Workers Exposed to Crystalline Silica", *Am J Epidemiol*, (153) 695-703 (2001); (4) "Crystalline Silica and The Risk of Lung Cancer in The Potteries", *Occup Environ Med*, (55) 779-785 (1998); (5) "Is Silicosis Required for Silica-Associated Lung Cancer?", *American Journal of Industrial Medicine*, (37) 252- 259 (2000); (6) " Silica, Silicosis, and Lung Cancer: A Risk Assessment", *American Journal of Industrial Medicine*, (38) 8-18 (2000); (7) "Silica, Silicosis, and Lung Cancer: A Response to a Recent Working Group Report", *Journal of Occupational and Environmental Medicine*, (42) 704-720 (2000).

C. AUTOIMMUNE DISEASES

There is evidence that exposure to respirable crystalline silica (without silicosis) or that the disease silicosis may be associated with the increased incidence of several autoimmune disorders, -- scleroderma, systemic lupus erythematosus, rheumatoid arthritis and diseases affecting the kidneys. For a review of the subject, the following may be consulted: (1) "Antinuclear Antibody and Rheumatoid Factor in Silica-Exposed Workers", *Arh Hig Rada Toksikol*, (60) 185-90 (2009); (2) "Occupational Exposure to Crystalline Silica and Autoimmune Disease", *Environmental Health Perspectives*, (107) Supplement 5, 793-802 (1999); (3) "Occupational Scleroderma", *Current Opinion in Rheumatology*, (11) 490-494 (1999); (4) "Connective Tissue Disease and Silicosis", *Am J Ind Med*, (35), 375-381 (1999).

D. TUBERCULOSIS

Individuals with silicosis are at increased risk to develop pulmonary tuberculosis, if exposed to persons with tuberculosis. The following may be consulted for further information: (1) "Tuberculosis and Silicosis: Epidemiology, Diagnosis and Chemoprophylaxis", *J Bras Pneumol*, (34) 959-66 (2008); (2) *Occupational Lung Disorders*, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994); (3) "Risk of Pulmonary Tuberculosis Relative to Silicosis and Exposure to Silica Dust in South African Gold Miners," *Occup Environ Med*, (55) 496-502 (1998); (4) "Occupational Risk Factors for Developing Tuberculosis", *Am J Ind Med*, (30) 148-154 (1996).

E. KIDNEY DISEASE

There is evidence that exposure to respirable crystalline silica (without silicosis) or that the disease silicosis is associated with the increased incidence of kidney diseases, including end stage renal disease. For additional information on the subject, the following may be consulted: (1) "Mortality from Lung and Kidney Disease in a Cohort of North American Industrial Sand Workers: An Update", *Ann Occup Hyg*, (49) 367-73 (2005); (2) "Kidney Disease and Silicosis", *Nephron*, (85) 14-19 (2000); (3) "End Stage Renal Disease Among Ceramic Workers Exposed to Silica", *Occup Environ Med*, (56) 559-561 (1999); (4) "Kidney Disease and Arthritis in a Cohort Study of Workers Exposed to Silica", *Epidemiology*, (12) 405-412 (2001).

F. NON-MALIGNANT RESPIRATORY DISEASES

NIOSH has cited the results of studies that report an association between dusts found in various mining operations and non-malignant respiratory disease, particularly among smokers, including bronchitis, emphysema, and small airways disease. *NIOSH Hazard Review – Health Effects of Occupational Exposure to Respirable Crystalline Silica*, published in April 2002,

Section 11 – Toxicological Information, continued

available from NIOSH, 4676 Columbia Parkway, Cincinnati, OH 45226, or at <http://www.cdc.gov/niosh/02-129A.html>. Respirable dust containing newly broken particles has been shown to be more hazardous to animals in laboratory tests than respirable dust containing older silica particles of similar size. Respirable silica particles which had aged for sixty days or more showed less lung injury in animals than equal exposures of respirable dust containing newly broken pieces of silica.

Section 12 – Ecological Information

Badger Coated™ Tundra is not known to be ecotoxic.

Section 13 – Disposal Considerations

Disposal Instructions: Collect material and place in covered containers to minimize generation of airborne dust and reclaim or dispose in sealed containers at licensed waste disposal site. Dispose of contents/containers in accordance with Local/regional/national/international regulations.

Hazardous Waste Code: The waste code should be assigned in discussion between the user, the producer and the waste disposal company.

The above information applies to Badger Mining Corporation, Badger Coated™ Tundra product only as sold. The product may be contaminated during use and it is the responsibility of the user to assess the appropriate disposal method in this situation. Under 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.

Section 14 – Transport Information

Badger Coated™ Tundra is not a hazardous material for purposes of transportation under the U. S. Department of Transportation Table of Hazardous Materials, 49 CFR §172.101, and Transportation of Dangerous Goods Regulations in the European Union, Canada, Argentina, Republic of Uzbekistan and Japan. Label as required by the OSHA Hazard Communication standard {29 CFR 1910.1200(f)}, and applicable state and local regulations. Consult applicable international, national, state, provincial or local laws.

IATA Not regulated as dangerous goods.

IMDG Not regulated as dangerous goods.

Section 15 – Regulatory Information

OTHER US REGULATORY INFORMATION:

OSHA: Crystalline Silica is not listed as a carcinogen.

SARA Title III: Section 311 and 312: Immediate health hazard and delayed health hazard.

TSCA: 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 §302.4 EPCRA (Emergency Planning and Community Right to Know Act): Crystalline silica (quartz) is not an extremely hazardous substance under regulations of the Emergency Planning and Community Right to Know Act, 40 CFR Part 355, Appendices A and B and is not a toxic chemical subject to the requirements of Section 313.

Clean Air Act: Crystalline silica (quartz) mined and processed by Badger Mining Corporation was not processed with or does not contain any Class I 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). (The FDA standard primarily applies to products containing silica used in the coatings of food contact surfaces).

Section 15 – Regulatory Information

OTHER US REGULATORY INFORMATION:

Superfund Amendments and Reauthorization Act of 1986 (SARA)

Hazard categories: (Coating)

Immediate Hazard - No

Delayed Hazard - No

Fire Hazard - Yes

Pressure Hazard - No

Reactivity Hazard - No

Section 16 – Other Information

Definitions of Acronyms/Abbreviations

ACGIH: American Conference of Governmental Industrial Hygienists ANSI:

American National Standards Institute

APF: Assigned Protection Factor

California REL: California Inhalation Reference Exposure Limit CAS:

Chemical Abstracts Service

CCOHS: Canadian Centre for Occupational Health and Safety CEPA:

Canadian Environmental Protection Agency

CERCLA: Comprehensive Environmental Response, Compensation and Liability Act CFR:

US Code of Federal Regulations

CPR: Controlled Products Regulation

DHHS: Department of Health and Human Services DSL:

Domestic Substances List

EC: European Chemicals

EPA: Environmental Protection Agency

EPCRA: Emergency Planning and Community Right to Know Act FDA:

Food and Drug Administration

GHS: Globally Harmonized System HEPA:

High-Efficiency Particulate Air

IARC: International Agency for Research on Cancer IDLH:

Immediately Dangerous to Life and Health MSHA: Mine

Safety and Health Administration

NFPA: National Fire Protection Association

NIOSH: National Institute for Occupational Safety and Health, US Department of Health and Human Services

NIOSH REL: NIOSH Recommended Exposure Limit

NPRI: National Pollutant Release Inventory NTP:

National Toxicology Program

OEL: Occupational Exposure Limit

OSHA: Occupational Safety and Health Administration, US Department of Labor PEL:

Permissible Exposure Limit

PMF: Progressive Massive Fibrosis

RCRA: Resource Conservation and Recovery Act

SARA Title III: Title III of the Superfund Amendments and Reauthorization Act, 1986 SDS:

Safety Data Sheet

STOT: Specific Target Organ Toxicity TLV:

Threshold Limit Value

TSCA: Toxic Substance Control Act TWA:

Time-Weighted Average

WHMIS: Workplace Hazardous Materials Information System

Section 16 – Other Information, continued

User's Responsibility: The OSHA Hazard Communication Standard 29 CFR 1910.1200 requires that this SDS be made available to your employees who handle or may be exposed to this product. Educate and train your employees regarding applicable precautions. Instruct your employees to handle this product properly.

Disclaimer: The information contained in this document applies to this specific material as supplied. It may not be valid for this material if it is used in combination with other materials. It is the user's responsibility to satisfy oneself as to the suitability and completeness of this information for one's own particular use. Since the actual use of the product described herein is beyond our control, Badger Mining Corporation, assumes no liability arising out of the use of the product by others. Appropriate warnings and safe handling procedures should be provided to handlers and users.

An electronic version of this SDS is available at www.badgerminingcorp.com. More information on the effects of crystalline silica exposure may be obtained from OSHA (phone number: 1-800-321-OSHA; website: <http://www.osha.gov>) or from NIOSH (phone number: 1-800-35-NIOSH; website: <http://www.cdc.gov/niosh>). For more information regarding and relating to combustible dust can be obtained from the National Fire Protection Association (NFPA), the Code/Standard is in *NFPA 654: Standard for the Prevention of Fire and Dust Explosions from Manufacturing, Processing, and Handling of Combustible Particulate Solids* and *The NFPA Guide to Combustible Dust* which relates the standards as referenced by OSHA and can be obtained by contacting the NFPA Organization (phone number: 1-800-344-3555; website: www.nfpa.org).

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