

CERAMIC FIBER PRODUCTS

MATERIAL SAFETY DATA SHEET(MSDS)

Date: Jan 01 2014

1. CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Group: REFRACTORY CERAMIC FIBER PRODUCT

Chemical Name: VITREOUS ALUMINOSILICATE FIBER

Synonyms: RCF, ceramic fiber, synthetic vitreous fiber (SVF),
man-made vitreous fiber (MMVF), man-made mineral fiber (MMMMF)

Trade Names: CCEWOOL®; CCEWOOL® ceramic fiber; Refractory Blanket
Blanket, Modules, Strips, Bulk, Engineered Fiber (all grades)

Manufacturer/Supplier:

Zibo Double Egret Thermal Insulation Co.,Ltd.

South of Shangzhuang Sibaoshan Town Zibo Development Zone Shandong China

2. COMPOSITION / INFORMATION ON INGREDIENTS

COMPONENTS

Refractories, Fibers, Aluminosilicate

3. HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

WARNING!

POSSIBLE CANCER HAZARD BY INHALATION.

CHRONIC EFFECT

There has been no increased incidence of respiratory disease in studies examining occupationally exposed workers. In animal studies, long term laboratory exposure to doses hundreds of times higher than normal occupational exposures has produced fibrosis, lung cancer and mesothelioma in rats or hamsters. The fibers used in those studies were specially sized to maximize rodent respirability.

OTHER POTENTIAL EFFECTS

TARGET ORGANS:

Respiratory Tract (nose and throat), Eyes, Skin

RESPIRATORY TRACT (nose and throat) IRRITATION:

If inhaled in sufficient quantity, may cause temporary, mild mechanical irritation to respiratory tract. Symptoms may include scratchiness of the nose or throat, cough or chest discomfort.

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EYE IRRITATION:

May cause temporary, mild mechanical irritation. Fibers may be abrasive; prolonged contact may cause damage to the outer surface of the eye.

SKIN IRRITATION:

May cause temporary, mild mechanical irritation. Exposure may also result in inflammation, rash or itching.

GASTROINTESTINAL IRRITATION:

Unlikely route of exposure.

MEDICAL CONDITIONS AGGRAVATED BY EXPOSURE:

Pre-existing medical conditions, including dermatitis, asthma or chronic lung disease may be aggravated by exposure; individuals who have a history of allergies may experience greater amounts of skin and respiratory irritation. Although studies, involving occupationally exposed workers, have not identified any increased incidence of respiratory disease, results from animal testing have been used as the basis for hazard classification. In each of the following cases, the conclusions are qualitative only and do not rest upon any quantitative analysis suggesting that the hazard actually may occur at current occupational exposure levels.

4. FIRST AID MEASURES**RESPIRATORY TRACT (nose and throat) IRRITATION:**

If respiratory tract irritation develops, move the person to a dust free location. See Section 8 for additional measures to reduce or eliminate exposure.

EYE IRRITATION:

If eyes become irritated, flush immediately with large amounts of lukewarm water for at least 15 minutes. Eyelids should be held away from the eyeball to ensure thorough rinsing. Do not rub eyes.

GASTROINTESTINAL IRRITATION:

If gastrointestinal tract irritation develops, move the person to a dust free environment.

NOTES TO PHYSICIANS:

Skin and respiratory effects are the result of temporary, mild mechanical irritation; fiber exposure does not result in allergic manifestations.

5. HANDLING AND STORAGE**STORAGE**

Store in original container in a dry area. Keep container closed when not in use.

HANDLING

Handle ceramic fiber carefully. Limit use of power tools unless in conjunction with local exhaust. Use hand tools whenever possible. Frequently clean the work area with HEPA filtered vacuum or wet sweeping to minimize the accumulation of debris. Do not use compressed air for clean-up.

EMPTY CONTAINERS

Product packaging with plastic & carton. not effect container.

6. DISPOSAL CONSIDERATIONS

WASTE MANAGEMENT

To prevent waste materials from becoming airborne during waste storage, transportation and disposal, a covered container or plastic bagging is recommended.

7. ECOLOGICAL INFORMATION

No ecological concerns have been identified.

8. TOXICOLOGICAL INFORMATION

HEALTH DATA SUMMARY

Epidemiological studies of RCF production workers have indicated no increased incidence of respiratory disease nor other significant health effects. In animal studies, long-term, high-dose inhalation exposure resulted in the development of respiratory disease in rats and hamsters.

EPIDEMIOLOGY

The University of Cincinnati is conducting an ongoing epidemiologic investigation. The evidence obtained from employees in U. S. RCF manufacturing facilities is as follows:

- 1) There is no evidence of any fibrotic lung disease (interstitial fibrosis) from evaluations of chest X-rays.
- 2) There is no evidence of an elevated incidence of lung disease among RCF manufacturing employees.
- 3) In early studies, an apparent statistical “trend” was observed, in the exposed population, between RCF exposure duration and some measures of lung function. The observations were clinically insignificant. If these observations were made on an individual employee, the results would be interpreted as being within the normal (predicted) respiratory range. A more recent longitudinal study of employees with 5 or more pulmonary function tests found that there was no effect on lung function associated with RCF production experience. Initial data (circa 1987) seemed to indicate an interactive effect between smoking and RCF exposure; more recent data, however, found no interactive effect. Nevertheless, to promote good health, RCF employees are still actively encouraged not to smoke.
- 4) Pleural plaques (thickening along the chest wall) have been observed in a small number of RCF employees. Some studies appear to show a relationship between the occurrence of pleural plaques on chest radiographs and the following variables: (a) years since RCF production hire date; (b) duration of RCF production employment; and (c) cumulative RCF exposure. The best evidence to date indicates that pleural plaques are a marker of exposure only. Pleural plaques are not associated with pulmonary impairment. The pathogenesis of pleural plaques remains incompletely understood; however, the mechanism appears to be an inflammatory response caused by inhaled fibers.

TOXICOLOGY

A number of toxicological studies designed to identify any potential health effects from RCF exposure have been completed. In one study, conducted by the Research and Consulting Company, (Geneva, Switzerland), rats and hamsters were exposed to 30 mg/m³ (about 200 fibers/cc) of specially-prepared RCF for 6 hours/day, 5 days/week, for up to 24 months. In rats, a statistically significant increase in lung tumors was observed; two mesotheliomas (cancer of the pleural lining between the chest wall and lung) were also identified. Hamsters did not develop lung tumors; however, interstitial fibrosis and mesothelioma was found. Some, in the scientific community, have concluded that the “maximum tolerated dose” was exceeded and that significant particle contamination was a confounding issue; therefore, these study findings may not represent

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