

MAGNESIUM TRISILICATE

GHS Safety Data Sheet

Version No:2.0

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Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

MAGNESIUM TRISILICATE

OTHER NAMES

Mg₂O₈Si₃, "H₂O.xMg₂O₈Si₃ (hydrated form)", "magnesium silicon oxide", "magnesium silicate", "magnesium mesotrisilicate",
magnesium salt 1:2",
"mineral thixotrope inorganic"

PRODUCT USE

Occurs in nature as the minerals meerschaum, parasepiolite and sepiolite.
May be prepared for industrial, commercial and medical use.
Antacid and adsorbent. Antacid action is slower than that of alkali carbonates and oxides but is sustained and therefore the material is useful in the management of gastric and duodenal ulcers. The hydrated silica gel formed in the presence of gastric juices is effective as an adsorbent.
Also used as an odour adsorbent, decolourising agent and antioxidant.
Should not be confused with other magnesium silicates such as magnesium silicate, magnesium orthosilicate, magnesium metasilicate, serpentine (antigorite and chrysotile forms). Asbestos and talc are also forms of magnesium silicate.

SUPPLIER

Company: S D FINE- CHEM LIMITED

Address:

315- 317, T.V. INDUSTRIAL ESTATE,
248, WORLI,

MUMBAI- 400030.INDIA.

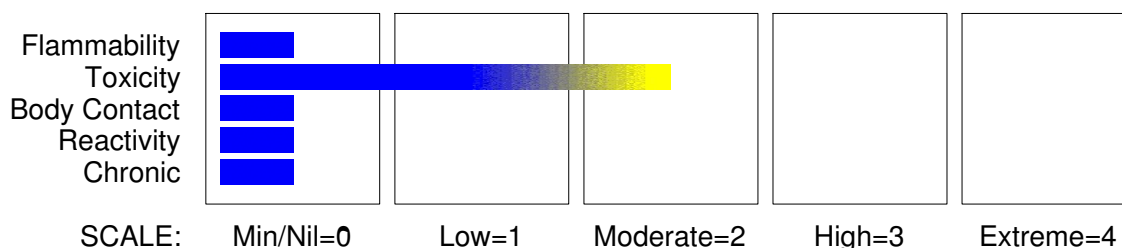
technical@sdfine.com

Telephone: 91- 22- 24959898

Telephone: 91- 22- 24959899

Fax: 91- 22- 24937232

HAZARD RATINGS



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Section 2 - HAZARDS IDENTIFICATION

EMERGENCY OVERVIEW

HAZARD

Not hazardous
No hazards determined by using GHS criteria

PRECAUTIONARY STATEMENTS

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
magnesium trisilicate	14987-04-3	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

Rinse mouth out with plenty of water.

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Seek medical advice.

EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- 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.
- If pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin or hair contact occurs:

- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED

- If dust is inhaled, remove from contaminated area.
- Encourage patient to blow nose to ensure clear passage of breathing.
- If irritation or discomfort persists seek medical attention.
- If fumes or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- 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.

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Section 4 - FIRST AID MEASURES

- Transport to hospital, or doctor.

NOTES TO PHYSICIAN

Magnesium is present in the blood, as a normal constituent, at concentrations between 1.6 to 2.2 meq/l. Some 30% is plasma bound. At serum magnesium levels of 3-4 mEq/l, signs of CNS depression, loss of reflexes, muscular tone and power, and bradycardia occur. Cardiac arrest (sometimes fatal) and/or respiratory paralysis can occur at plasma levels of 10-15 meq/l. For acute or short term repeated exposures to magnesium;

- Symptomatic hypermagnesaemia appears rarely in the absence of intestinal or renal disease.
- Elevated magnesium levels may cause hypocalcaemia because of decreased parathyroid hormone activity and decreased end-organ responsiveness.
- Patients with severe hypermagnesemia may develop sudden respiratory arrest and must be watched closely for apnoea.
- Use fluids, then vasopressors for hypotension. Frequently hypotension responds to calcium administration.
- Induce emesis or administer lavage if patient presents within 4 hours of ingestion. Use sodium cathartics, with caution, in presence of cardiac or renal failure.
- Activated charcoal is not useful.
- Calcium is an antagonist of magnesium action and is an effective antidote when serum levels exceed 5MEg/L and the patient exhibits symptoms. The adult dose of calcium gluconate is 10 ml of a 10% solution over several minutes. [Ellenhorn and Barceloux: Medical Toxicology].

Section 5 - FIRE FIGHTING MEASURES

EXTINGUISHING MEDIA

There is no restriction on the type of extinguisher which may be used.

FIRE FIGHTING

Product is not combustible. No special firefighting procedures required. Use fire fighting procedures suitable for surrounding area.

FIRE/EXPLOSION HAZARD

Non combustible Not considered to be a significant fire risk.

FIRE INCOMPATIBILITY

None known.

Section 6 - ACCIDENTAL RELEASE MEASURES

EMERGENCY PROCEDURES

MINOR SPILLS

- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Wear impervious gloves and safety glasses.
- Use dry clean up procedures and avoid generating dust.
- Sweep up or
- Vacuum up (consider explosion-proof machines designed to be grounded during storage and use).
- Place spilled material in clean, dry, sealable, labelled container.

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Section 6 - ACCIDENTAL RELEASE MEASURES

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Control personal contact by using protective equipment and dust respirator.
- Prevent spillage from entering drains, sewers or water courses.
- Avoid generating dust.
- Sweep, shovel up. Recover product wherever possible.
- Put residues in labelled plastic bags or other containers for disposal.
- If contamination of drains or waterways occurs, advise emergency services.

EMERGENCY RESPONSE PLANNING GUIDELINES (ERPG)

The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour WITHOUT experiencing or developing

life-threatening health effects is:

magnesium trisilicate 500 mg/m³

irreversible or other serious effects or symptoms which could impair an individual's ability to take protective action is:

magnesium trisilicate 10 mg/m³

other than mild, transient adverse effects without perceiving a clearly defined odour is:

magnesium trisilicate 2 mg/m³

The threshold concentration below which most people will experience no appreciable risk of health effects:

magnesium trisilicate 2 mg/m³

American Industrial Hygiene Association (AIHA)

Ingredients considered according to the following cutoffs

Very Toxic (T+)	$\geq 0.1\%$	Toxic (T)	$\geq 3.0\%$
R50	$\geq 0.25\%$	Corrosive (C)	$\geq 5.0\%$
R51	$\geq 2.5\%$		
else	$\geq 10\%$		

where percentage is percentage of ingredient found in the mixture

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



+ + + + + +

+: May be stored together

O: May be stored together with specific preventions

X: Must not be stored together

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

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

Avoid generating and breathing dust.

- Limit all unnecessary personal contact.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.

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Section 7 - HANDLING AND STORAGE

- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

SUITABLE CONTAINER

Multi-wall paper container NOTE: Bags should be stacked, blocked, interlocked, and limited in height so that they are stable and secure against sliding or collapse.

- Check that containers are clearly labelled.
- Packaging as recommended by manufacturer.

STORAGE INCOMPATIBILITY

Avoid storage with acids.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

EMERGENCY EXPOSURE LIMITS

Material	Revised IDLH Value (mg/m3)	Revised IDLH Value (ppm)
magnesium trisilicate	3, 000	

MATERIAL DATA

These "dusts" have little adverse effect on the lungs and do not produce toxic effects or organic disease. Although there is no dust which does not evoke some cellular response at sufficiently high concentrations, the cellular response caused by P.N.O.C.s has the following characteristics:

- the architecture of the air spaces remain intact,
- scar tissue (collagen) is not synthesised to any degree,
- tissue reaction is potentially reversible.

Extensive concentrations of P.N.O.C.s may:

- seriously reduce visibility,
- cause unpleasant deposits in the eyes, ears and nasal passages,
- contribute to skin or mucous membrane injury by chemical or mechanical action, per se, or by the rigorous skin cleansing procedures necessary for their removal. [ACGIH]

This limit does not apply:

- to brief exposures to higher concentrations
- nor does it apply to those substances that may cause physiological impairment at lower concentrations but for which a TLV has as yet to be determined.

This exposure standard applies to particles which

- are insoluble or poorly soluble* in water or, preferably, in aqueous lung fluid (if

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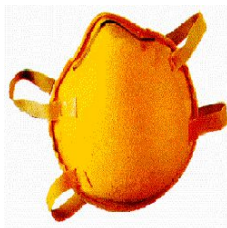
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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

data is available) and

- have a low toxicity (i.e.. are not cytotoxic, genotoxic, or otherwise chemically reactive with lung tissue, and do not emit ionizing radiation, cause immune sensitization , or cause toxic effects other than by inflammation or by a mechanism of lung overload).

PERSONAL PROTECTION



EYE

- Safety glasses with side shields; or as required,
- Chemical goggles.
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens 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].

HANDS/FEET

- Impervious gloves.
- PVC gloves.
- Safety footwear.

OTHER

- Overalls.
- Eyewash unit.

RESPIRATOR

Protection Factor	Half- Face Respirator	Full- Face Respirator	Powered Air Respirator
10 x ES	P1 Air- line*	- -	PAPR- P1 -
50 x ES	Air- line**	P2	PAPR- P2
100 x ES	-	P3	-
		Air- line*	-
100+ x ES	-	Air- line**	PAPR- P3

* - Negative pressure demand ** - Continuous flow.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

For further information consult
your

Occupational Health and Safety Advisor.

ENGINEERING CONTROLS

Use in a well-ventilated area or Local exhaust ventilation may be required for safe working, i.e. to keep exposures below required standards, otherwise PPE is required.

- Local exhaust ventilation is required where solids are handled as powders or crystals; even when particulates are relatively large, a certain proportion will be powdered by

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Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

mutual friction.

- Exhaust ventilation should be designed to prevent accumulation and recirculation of particulates in the workplace.
- If in spite of local exhaust an adverse concentration of the substance in air could occur, respiratory protection should be considered. Such protection might consist of:
 - (a): particle dust respirators, if necessary, combined with an absorption cartridge;
 - (b): filter respirators with absorption cartridge or canister of the right type;
 - (c): fresh-air hoods or masks
- Build-up of electrostatic charge on the dust particle, may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh circulating air required to efficiently remove the contaminant.

Type of Contaminant:

direct spray, spray painting in shallow booths, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)
grinding, abrasive blasting, tumbling, high speed wheel generated dusts (released at high initial velocity into zone of very high rapid air motion).

Air Speed:

1- 2.5 m/s (200- 500 f/min.)

2.5- 10 m/s (500- 2000 f/min.)

Within each range the appropriate value depends on:

Lower end of the range

- 1: Room air currents minimal or favourable to capture
- 2: Contaminants of low toxicity or of nuisance value only
- 3: Intermittent, low production.
- 4: Large hood or large air mass in motion

Upper end of the range

- 1: Disturbing room air currents
- 2: Contaminants of high toxicity
- 3: High production, heavy use
- 4: Small hood- local control only

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 4-10 m/s (800-2000 f/min) for extraction of crusher dusts generated 2 metres 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.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

APPEARANCE

Odourless, tasteless, slightly hygroscopic white powder free of gritty particles; does not mix with water. Interacts slowly with dilute mineral acids with formation of magnesium salt of the acid and precipitation of colloidal silica.

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Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

Molecular Weight: 260.86

Melting Range (°C): Not available

Solubility in water (g/L): Immiscible

pH (1% solution): Not applicable

Volatile Component (%vol): Negligible

Relative Vapour Density (air=1): Not applicable

Lower Explosive Limit (%): Not applicable

Autoignition Temp (°C): Not applicable

State: Divided solid

Boiling Range (°C): Not applicable

Specific Gravity (water=1): Not available

pH (as supplied): Not applicable

Vapour Pressure (kPa): Negligible

Evaporation Rate: Not applicable

Flash Point (°C): None

Upper Explosive Limit (%): Not applicable

Decomposition Temp (°C): Not available

Section 10 - CHEMICAL STABILITY AND REACTIVITY INFORMATION

CONDITIONS CONTRIBUTING TO INSTABILITY

Product is considered stable and hazardous polymerisation will not occur.

Section 11 - TOXICOLOGICAL INFORMATION

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

Accidental ingestion of the material may be damaging to the health of the individual.

Considered to be non toxic.

Considered an unlikely route of entry in commercial/industrial environments.

Magnesium salts are generally absorbed so slowly that oral administration causes few toxic effects with purging being the most significant. If evacuation fails due to bowel obstruction or atony, mucosal irritation and absorption may result.

Systemically the magnesium ion produces electrolyte imbalance, central nervous system depression, neurological and cardiac involvement, reflex abolition and death from respiratory paralysis. These effects are rare in the absence of intestinal or renal disorders.

Early signs and symptoms of magnesium intoxication include nausea, vomiting, malaise and confusion. Deep tendon reflexes may be diminished. central nervous system depression may progress to coma and paralysis of the release of acetylcholine at myoneuronal junctions. Central nervous system depression may be compounded by depressed function of the respiratory musculature. Hypotension may also ensue as a result of peripheral vasodilation and/ or decreased cardiac output secondary to conduction defects. Bradycardia is common, leading to eventual arrest in diastole.

EYE

Although the material is not thought to be an irritant (as classified by EC Directives), direct contact with the eye may produce transient discomfort characterised by tearing or conjunctival redness (as with windburn).

SKIN

The material is not thought to produce adverse health effects or skin irritation following contact (as classified by EC Directives using animal models). Nevertheless,

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Section 11 - TOXICOLOGICAL INFORMATION

good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.
Not considered to cause discomfort through normal use.

INHALED

The material is not thought to produce adverse health effects or irritation of the respiratory tract (as classified by EC Directives using animal models). Nevertheless, good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

CHRONIC HEALTH EFFECTS

Principal routes of exposure are usually by inhalation of generated dust and eye contact. Overuse or long-term use of magnesium trisilicate may produce a siliceous calculus.

TOXICITY AND IRRITATION

No significant acute toxicological data identified in literature search.

Section 12 - ECOLOGICAL INFORMATION

No data for magnesium trisilicate.

Section 13 - DISPOSAL CONSIDERATIONS

- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Management Authority for disposal.
- Bury residue in an authorised landfill.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION

HAZCHEM: None

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS:UN, IATA, IMDG

Section 15 - REGULATORY INFORMATION

REGULATIONS

magnesium trisilicate (CAS: 14987-04-3) is found on the following regulatory lists;
CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

magnesium trisilicate (CAS: 39365-87-2) is found on the following regulatory lists;

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Section 15 - REGULATORY INFORMATION

CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

magnesium trisilicate (CAS: 1343-90-4) is found on the following regulatory lists;
CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP
International Agency for Research on Cancer (IARC) Carcinogens
OECD Representative List of High Production Volume (HPV) Chemicals

No data available for magnesium trisilicate as CAS: 69851-37-2, CAS: 19040-52-9, CAS: 12533-11-8, CAS: 1332-80-5.

Section 16 - OTHER INFORMATION

INGREDIENTS WITH MULTIPLE CAS NUMBERS

Ingredient Name	CAS
magnesium trisilicate	14987- 04- 3, 39365- 87- 2 , 1343- 90- 4, 69851- 37- 2, 19040- 52- 9, 12533- 11- 8, 1332- 80- 5

The above information is believed to be accurate and represent the best information currently available to us, but does not represent any warranty expressed or implied of the properties of the product. User should make their own investigation to determine the suitability of the information for their particular purpose.

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