

PG905 • Delphinium Blue Lowfire Glaze

Section I: Manufacturer Information

Name:	Georgies Ceramic & Clay Co.	Date Prepared:	1 October 2013
Address:	756 NE Lombard Portland OR 97211	Last Revision:	1 October 2013
Phone:	503.283.1353 or 800.999.2529	Prepared By:	Christy Runyan
Emergency:	503.283.1353 or 800.999.2529		

Section II: Hazardous Ingredients

<u>Hazardous Component</u>	<u>OSHA PEL</u>	<u>ACGIH TLV</u>	<u>Other Limits Recommended</u>	<u>% Weight</u>
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Other Information:

Silica & quartz are harmful only when prolonged and/or excessive respiration of airborne dust occurs. Free quartz can change structure to form TRIDYMITE (above 870 °C) or CRISTOBALITE (over 1470 °C) which have greater health hazards than quartz.

Section III: Physical Data

Boiling Point:	n/a	Vapor Pressure:	n/a
Melting Point:	n/a	Vapor Density:	n/a
Freezing Point:	n/a	Specific Gravity:	2.0
Water solubility:	Negligible	Appearance & Odor:	Grey-white liquid with earthy odor.
pH (Acid/Alkali):	0.0		

Section IV: Fire & Explosion Hazard Data

Flash Point:	Nonflammable.	Extinguishing Media:	
Method Used:	n/a	Firefighting Procedure:	Will not burn.
UEL Flammable Limit:	n/a	Fire/Explosion Hazards:	None.
LEL Flammable Limit:	n/a		

Section V: Reactivity Data

Conditions to Avoid: Free quartz can change structure to form TRIDYMITE (over 870 °C) or CRISTOBALITE (over 1470 °C) which have greater health hazards than quartz.

Chemical Incompatibilities: Hydrofluoric acid dissolves this clay, and the endothermic chemical interaction produces silicon tetrafluoride.

Stability: Stable; hazardous polymerization will not occur.

Disclaimer

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Please send comments or questions to
safety@georgies.com.

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Section VI: Health Hazard Data

Routes of Entry:	Inhalation, Ingestion, Skin contact
Exposure Symptoms:	Cough, dyspnea, wheeze, impaired pulmonary function, or progressive symptoms if inhaled. Itching on skin contact. May aggravate existing lung or skin conditions.
Health Hazards: (Acute or Chronic)	Prolonged exposure to dust may cause fibrosis of the lung (silicosis), a progressive pulmonary fibrosis. Silicosis is chronic and slow-developing: symptoms may be delayed 10 years or more.
Carcinogenicity:	None reported. (NTP: No. IARC Monograph: No. OSHA regulated: No.)

Section VI-A: Emergency & First Aid Procedures

Dust exposure:	Move to fresh air. Consult physician as necessary.
Eye contact:	Wash eyes immediately with clean water. Consult physician as necessary or if eye irritation persists.
Skin Contact:	Wash with soap & water. Consult physician as necessary or if skin irritation persists.
Ingestion:	

Section VII: Precautions for Safe Handling

If Released or Spilled:	Clean up and collect, minimizing dust generation. Use wet or dustless systems. Causes slippery surfaces when wet.
Waste Disposal:	May be buried in approved land disposal facility in accordance with applicable local, state or federal regulations.
Handling & Storage:	If dust concentrations exceed PEL or TLV limits, use NIOSH-approved dust respirators and goggles. Maintain adequate ventilation in storage areas.
Other Precautions:	Practice good housekeeping. Maintain proper containment or storage of material in sealed or closed containers.

Section VIII: Control Measures

Respiratory Protection:	Up to 5x PEL, use any dust respirator. Up to 10x PEL, use any except single use or 1/4 mask. Up to 50x PEL, use a high-efficiency particulate mask with full face piece as approved by NIOSH.
Ventilation:	We recommend local exhaust, but there are no special requirements or conditions for these systems.
Eye Protection:	Goggles recommended if dust concentration exceeds PEL or TLV.
Protective Gloves:	Optional.
Other PPE:	None required.
Work Practices:	Spills should be cleaned up promptly, and use good housekeeping practices to minimize dust generation.

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