U.S. SILICA COMPANY
SAFETY DATA SHEET

1. IDENTIFICATION

Product identifier: Kaolin B or Kaolin P; contains crystalline silica (quartz)

Chemical Name or Synonym:
Hydrous aluminum silicate (kaolin); Crystalline silica (quartz)

Recommended use of the chemical and restrictions on use: (non-exhaustive list) ceramics, glazes, coatings, rubber production.

Manufacturer:
U.S. Silica Company
8490 Progress Drive, Suite 300
Frederick, MD 21701
U.S.A.

Phone: 800-243-7500
Emergency Phone: 301-682-0600
Fax: 301-682-0690

2. HAZARD(S) IDENTIFICATION

Classification:

<table>
<thead>
<tr>
<th>Physical</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Hazardous</td>
<td>Carcinogen Category 1A</td>
</tr>
<tr>
<td></td>
<td>Specific Target Organ Toxicity – Repeated Exposure Category 1</td>
</tr>
</tbody>
</table>

Label Elements:

DANGER
May cause cancer by inhalation.
Causes damage to lungs through prolonged or repeated exposure by inhalation.

Response:
If exposed or concerned: Get medical advice.

Disposal:
Dispose of contents/containers in accordance with local regulation

Prevention
Obtain special instructions before use.
Do not handle until all safety precautions have been read and understood.
Do not breathe dust.
Do not eat, drink or smoke when using this product.
Wear safety glasses or goggles.
In case of inadequate ventilation wear respiratory protection.

3. COMPOSITION / INFORMATION ON INGREDIENTS

<table>
<thead>
<tr>
<th>Component</th>
<th>CAS No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrous aluminum silicate (kaolin clay)</td>
<td>1332-58-7</td>
<td>85-93%</td>
</tr>
<tr>
<td>Crystalline Silica (quartz)</td>
<td>14808-60-7</td>
<td>7-15%</td>
</tr>
</tbody>
</table>

4. FIRST-AID MEASURES

Inhalation: First aid is not generally required. If irritation develops from breathing dust, move the person from the overexposure and seek medical attention if needed.
Skin contact: First aid is not required.

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Eye contact: Wash immediately with plenty of water. Do not rub eyes. If irritation persists, seek medical attention.

Ingestion: First aid is not required.

Most important symptoms/effects, acute and delayed: Particulates may cause abrasive eye injury. May dry the skin. Inhalation of dust may cause respiratory tract irritation. Symptoms of exposure may include cough, sore throat, nasal congestion, sneezing, wheezing and shortness of breath. Prolonged inhalation of respirable crystalline silica above certain concentrations may cause lung diseases, including silicosis and lung cancer.

Indication of immediate medical attention and special treatment, if necessary: Immediate medical attention is not required.

5. FIRE-FIGHTING MEASURES

Suitable (and unsuitable) extinguishing media: Use extinguishing media appropriate for surrounding fire.

Specific hazards arising from the chemical: Product is not flammable, combustible or explosive.

Special protective equipment and precautions for fire-fighters: None required.

6. ACCIDENTAL RELEASE MEASURES

Personal precautions, protective equipment, and emergency procedures: Wear appropriate protective clothing and respiratory protection (see Section 8). Do not generate airborne dust during clean-up.

Environmental precautions: No specific precautions. Report releases to regulatory authorities if required by local, state and federal regulations.

Methods and materials for containment and cleaning up: Do not dry sweep. Do not use compressed air to clean spilled product. Use water spraying/flushing or ventilated or HEPA filtered vacuum cleaning system, or wet before sweeping. Dispose of in closed containers.

7. HANDLING AND STORAGE

Precautions for safe handling:
Do not generate dust. Do not breathe dust. Do not rely on your sight to determine if dust is in the air. Respirable crystalline silica dust may be in the air without a visible dust cloud. Use adequate exhaust ventilation and dust collection to reduce dust and respirable crystalline silica dust levels to below the permissible exposure limit (“PEL”) or other applicable limit (if lower than the PEL). Maintain and test ventilation and dust collection equipment. Use all available work practices to control dust exposures, such as water sprays. Practice good housekeeping. Do not permit dust to collect on walls, floors, sills, ledges, machinery, or equipment. Keep airborne dust concentrations below permissible exposure or other applicable limits.

Where necessary to reduce exposures below the PEL or other applicable limit (if lower than the PEL), wear a respirator approved for silica containing dust when using, handling, storing or disposing of this product or bag. See Section 8, for further information on respirators. Do not alter the respirator. Do not wear a tight-fitting respirator with facial hair such as a beard or mustache that prevents a good face to face piece seal between the respirator and face. Maintain, clean, and fit test respirators in accordance with applicable standards. Wash or vacuum clothing that has become dusty.

Participate in training, exposure monitoring, and health surveillance programs to monitor any potential adverse health effects that may be caused by breathing respirable crystalline silica. The OSHA Hazard Communication
Standard, 29 CFR Sections 1910.1200, 1915.1200, 1917.28, 1918.90, 1926.59 and 1928.21, and state and local worker or community "right-to-know" laws and regulations should be strictly followed.

**Conditions for safe storage, including any incompatibilities:** Use dust collection to trap dust produced during loading and unloading. Keep containers closed and store bags to avoid accidental tearing, breaking, or bursting.

### 8. EXPOSURE CONTROLS / PERSONAL PROTECTION

#### Exposure guidelines:

<table>
<thead>
<tr>
<th>Component</th>
<th>OSHA PEL</th>
<th>ACGIH TLV</th>
<th>NIOSH REL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrous aluminum silicate</td>
<td>5 mg/m³ TWA (respirable dust)</td>
<td>2 mg/m³ TWA (respirable dust)</td>
<td>5 mg/m³ TWA (respirable dust)</td>
</tr>
<tr>
<td></td>
<td>15 mg/m³ TWA (total dust)</td>
<td></td>
<td>15 mg/m³ TWA (total dust)</td>
</tr>
<tr>
<td>Crystalline silica (quartz)</td>
<td>10 mg/m³ %SiO₂ + 2 TWA (respirable dust)</td>
<td>0.025 mg/m³ TWA (respirable dust)</td>
<td>0.05 mg/m³ TWA (respirable dust)</td>
</tr>
<tr>
<td></td>
<td>30 mg/m³ %SiO₂ + 2 TWA (total dust)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If crystalline silica (quartz) is heated to more than 870°C, quartz can change to a form of crystalline silica known as tridymite; if crystalline silica (quartz) is heated to more than 1470°C, quartz can change to a form of crystalline silica known as cristobalite. The OSHA PEL for crystalline silica as tridymite or cristobalite is one-half of the OSHA PEL for crystalline silica (quartz).

**Appropriate engineering controls:** Use adequate general or local exhaust ventilation to maintain concentrations in the workplace below the applicable exposure limits listed above.

**Respiratory protection:** If it is not possible to reduce airborne exposure levels to below the OSHA PEL or other applicable limit with ventilation, use the table below to assist you in selecting respirators that will reduce personal exposures to below the OSHA PEL. This table is part of the OSHA Respirator Standard 29CFR1910.134(d). **Assigned protection factor (APF)** means the workplace level of respiratory protection that a respirator or class of respirators is expected to provide to employees when the employer implements a continuing, effective respiratory protection program as specified by the Standard. For example, an APF of 10 means that the respirator should reduce the airborne concentration of a particulate by a factor of 10, so that if the workplace concentration of a particulate was 150 ug/m³, then a respirator with an APF of 10 should reduce the concentration of particulate to 15 ug/m³. In additional a cartridge change-out schedule must be developed based on the concentrations in the workplace.

#### Assigned Protection Factors

<table>
<thead>
<tr>
<th>Type of respirator¹,²</th>
<th>Quarter mask</th>
<th>Half mask</th>
<th>Full facepiece</th>
<th>Helmet/hood</th>
<th>Loose-fitting facepiece</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Air-Purifying Respirator</td>
<td></td>
<td>5</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Powered Air-Purifying Respirator (PAPR)</td>
<td>............</td>
<td>50</td>
<td>1,000</td>
<td>⁴⁻25/1,000</td>
<td>25</td>
</tr>
<tr>
<td>3. Supplied-Air Respirator (SAR) or Airline Respirator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date of preparation/revision:** May 4, 2015
4. Self-Contained Breathing Apparatus (SCBA)

- Demand mode
  - Pressure-demand or other positive-pressure mode
  - Demand mode
  - Pressure-demand or other positive-pressure mode

<table>
<thead>
<tr>
<th>Mode</th>
<th>APF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand</td>
<td>10</td>
</tr>
<tr>
<td>Continuous flow</td>
<td>50</td>
</tr>
<tr>
<td>Pressure demand</td>
<td>1,000</td>
</tr>
<tr>
<td>25/1,000</td>
<td>25</td>
</tr>
</tbody>
</table>

Notes:

1. Employers may select respirators assigned for use in higher workplace concentrations of a hazardous substance for use at lower concentrations of that substance, or when required respirator use is independent of concentration.

2. The assigned protection factors in Table 1 are only effective when the employer implements a continuing, effective respirator program as required by this section (29 CFR 1910.134), including training, fit testing, maintenance, and use requirements.

3. This APF category includes filtering facepieces, and half masks with elastomeric facepieces.

4. The employer must have evidence provided by the respirator manufacturer that testing of these respirators demonstrates performance at a level of protection of 1,000 or greater to receive an APF of 1,000. This level of performance can best be demonstrated by performing a WPF or SWPF study or equivalent testing. Absent such testing, all other PAPRs and SARs with helmets/hoods are to be treated as loose-fitting facepiece respirators, and receive an APF of 25.

5. These APFs do not apply to respirators used solely for escape. For escape respirators used in association with specific substances covered by 29 CFR 1910 subpart Z, employers must refer to the appropriate substance-specific standards in that subpart. Escape respirators for other IDLH atmospheres are specified by 29 CFR 1910.134 (d)(2)(ii).

Skin protection: Maintain good industrial hygiene. Protection recommended for workers suffering from dermatitis or sensitive skin.

Eye protection: Safety glasses with side shields or goggles recommended if eye contact is anticipated.

Other: None known.

9. PHYSICAL AND CHEMICAL PROPERTIES

Appearance (physical state, color, etc.): White or off-white powder.

Odor: None.

<table>
<thead>
<tr>
<th>Property</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Odor threshold</td>
<td>Not applicable</td>
</tr>
<tr>
<td>pH</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Melting point/freezing point</td>
<td>3155-3245°F/1735-1790°C</td>
</tr>
<tr>
<td>Boiling point/range</td>
<td>Not determined</td>
</tr>
<tr>
<td>Flash point</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Evaporation rate</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Flammable limits LEL</td>
<td>Not applicable</td>
</tr>
<tr>
<td>UEL</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Vapor pressure</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Vapor density</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Relative density</td>
<td>2.61g/cc</td>
</tr>
<tr>
<td>Solubility/ies</td>
<td>Insoluble in water, soluble in hydrochloric acid and perchloric acid</td>
</tr>
<tr>
<td>Partition coefficient n-octanol/water</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Auto-ignition temperature</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>
10. STABILITY AND REACTIVITY

Reactivity: Not reactive under normal conditions of use.
Chemical stability: Stable
Possibility of hazardous reactions: Contact with powerful oxidizing agents, such as fluorine, chlorine trifluoride and oxygen difluoride, may cause fires.
Conditions to avoid: Avoid generation of dust in handling and use.
Incompatible materials: Powerful oxidizers such as fluorine, chlorine trifluoride, and oxygen difluoride and hydrofluoric acid.
Hazardous decomposition products: Silica will dissolve in hydrofluoric acid and produce a corrosive gas, silicon tetrafluoride.

11. TOXICOLOGICAL INFORMATION

Acute effects of exposure:
Inhalation: Inhalation of dust may cause respiratory tract irritation. Symptoms of exposure may include cough, sore throat, nasal congestion, sneezing, wheezing and shortness of breath.
Ingestion: Ingestion is an unlikely route of exposure. If dust is swallowed, it may irritate the mouth and throat.
Skin contact: May dry the skin.
Eye contact: Particulates may cause abrasive injury.

Chronic effects: Prolonged inhalation of respirable crystalline silica may cause lung disease, silicosis, lung cancer and other effects as indicated below.

A. SILICOSIS
Silicosis can exist in several forms, chronic (or ordinary), accelerated, or acute:

Chronic or Ordinary Silicosis is the most common form of silicosis, and can occur after many years (10 to 20 or more) of prolonged repeated inhalation of relatively low levels of airborne respirable crystalline silica dust. 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. Complicated silicosis or PMF symptoms, if present, are shortness of breath and cough. 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 secondary to the lung disease (cor pulmonale).

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

Acute Silicosis can occur after the repeated inhalation of very high concentrations of respirable crystalline silica over a short time period, sometimes as short as a few months. The symptoms of acute silicosis include progressive shortness of breath, fever, cough, weakness and weight loss. Acute silicosis is fatal.
B. CANCER
IARC - The International Agency for Research on Cancer ("IARC") concluded that “crystalline silica in the form of quartz or cristobalite dust is carcinogenic to humans (Group 1)". For further information on the IARC evaluation, see IARC Monographs on the Evaluation of Carcinogenic Risks to Humans, Volume 100C, "A Review of Human Carcinogens: Arsenic, Metals, Fibres and Dusts " (2011).

NTP classifies “Silica, Crystalline (respirable size)” as Known to be a human carcinogen.

C. AUTOIMMUNE DISEASES
Several studies have reported excess cases of several autoimmune disorders -- scleroderma, systemic lupus erythematosus, rheumatoid arthritis -- among silica-exposed workers.

D. TUBERCULOSIS
Individuals with silicosis are at increased risk to develop pulmonary tuberculosis, if exposed to tuberculosis bacteria. Individuals with chronic silicosis have a three-fold higher risk of contracting tuberculosis than similar individuals without silicosis.

E. KIDNEY DISEASE
Several studies have reported excess cases of kidney diseases, including end stage renal disease, among silica-exposed workers. For additional information on the subject, the following may be consulted: "Kidney Disease and Silicosis", Nephron, Volume 85, pp. 14-19 (2000).

F. NON-MALIGNANT RESPIRATORY DISEASES
The reader is referred to Section 3.5 of the NIOSH Special Hazard Review cited below for information concerning the association between exposure to crystalline silica and chronic bronchitis, emphysema and small airways disease. There are studies that disclose an association between dusts found in various mining occupations and non-malignant respiratory diseases, particularly among smokers. It is unclear whether the observed associations exist only with underlying silicosis, only among smokers, or result from exposure to mineral dusts generally (independent of the presence or absence of crystalline silica, or the level of crystalline silica in the dust).

Sources of information:
The NIOSH Hazard Review - Occupational Effects of Occupational Exposure to Respirable Crystalline Silica published in April 2002 summarizes and discusses the medical and epidemiological literature on the health risks and diseases associated with occupational exposures to respirable crystalline silica. The NIOSH Hazard Review is available from NIOSH - Publications Dissemination, 4676 Columbia Parkway, Cincinnati, OH 45226, or through the NIOSH web site, www.cdc.gov/niosh/topics/silica, then click on the link “NIOSH Hazard Review: Health Effects of Occupational Exposure to Respirable Crystalline Silica”.

The US Occupational Safety and Health Administration (OSHA) published a summary of respirable crystalline silica health effects in connection with OSHA’s Proposed Rule regarding occupational exposure to respirable crystalline silica. The summary was published in the September 12, 2013 Federal Register, which can be found at www.federalregister.gov/articles/2013/09/12/2013-20997/occupational-exposure-to-respirable-crystalline-silica.

Numerical measures of toxicity:
Crystalline Silica (quartz): LD50 oral rat >22,500 mg/kg
Kaolin: LD50 oral rat >5000 mg/kg.

12. ECOLOGICAL INFORMATION
Ecotoxicity:  Kaolin clay and crystalline silica are not known to be ecotoxic.
Persistence and degradability:  Kaolin clay is not degradable.
Bioaccumulative potential:  Kaolin clay is not bioaccumulative.
Mobility in soil:  Kaolin clay is not mobile in soil.
Other adverse effects:  No data available

13. DISPOSAL CONSIDERATIONS

Discard any product, residue, disposable container or liner in full compliance with national regulations.

14. TRANSPORT INFORMATION

The following applies to all modes of transportation.

UN number:  None
UN proper shipping name:  Not regulated
Transport hazard classes(es):  None
Packing group, if applicable:  None
Environmental hazards:  None

Transport in bulk (according to Annex II of MARPOL 73/78 and the IBC Code):  Not determined
Special precautions:  None known.

15. REGULATORY INFORMATION

UNITED STATES (FEDERAL AND STATE)

TSCA Status:  All ingredients are listed on the EPA TSCA inventory or exempt.

RCRA:  This product is not classified as a hazardous waste under the Resource Conservation and Recovery Act, or its regulations, 40 CFR §261 et seq.

CERCLA:  This product is not classified as a hazardous substance under regulations of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA), 40 CFR §302.
Emergency Planning and Community Right to Know Act (SARA Title III):  This product contains the following chemicals subject to SARA 302 or SARA 313 reporting: None above the de minimus concentrations.

Clean Air Act:  This product is not processed with or does not contain any Class I or Class II ozone depleting substances.

California Proposition 65:  Crystalline silica (airborne particles of respirable size) is classified as a substance known to the State of California to be a carcinogen.

California Inhalation Reference Exposure Level (REL):  California established a chronic non-cancer effect REL of 3 µg for silica (crystalline, respirable). A chronic REL is an airborne level of a substance at or below which no non-cancer health effects are anticipated in individuals indefinitely exposed to the substance at that level.

Massachusetts Toxic Use Reduction Act:  Silica, crystalline (respirable size, <10 microns) is “toxic” for purposes of the Massachusetts Toxic Use Reduction Act.

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Pennsylvania Worker and Community Right to Know Act: Kaolin and Quartz are hazardous substances under the Act, but it is not a special hazardous substance or an environmental hazardous substance.

Texas Commission on Environmental Quality: The Texas CEQ has established chronic and acute Reference Values and short term and long term Effects Screening Levels for crystalline silica (quartz). The information can be accessed through www.tceq.texas.gov.

CANADA

Domestic Substances List: U. S. Silica Company products, as naturally occurring substances, are on the Canadian DSL.

WHMIS Classification: D2A, because of the crystalline silica content of the material.

OTHER NATIONAL INVENTORIES

Australian Inventory of Chemical Substances (AICS): All of the components of this product are listed on the AICS inventory or exempt from notification requirements.

China: All of the components of this product are listed on the IECSC inventory or exempt from notification requirements.

Japan Ministry of International Trade and Industry (MITI): All of the components of this product are existing chemical substances as defined in the Chemical Substance Control Law Registry Number 1-548.

Korea Existing Chemicals Inventory (KECI) (set up under the Toxic Chemical Control Law): Listed on the ECL.

New Zealand: All of the components of this product are listed on the HSNO inventory or exempt from notification requirements.

Philippines Inventory of Chemicals and Chemical Substances (PICCS): Listed for PICCS.

Taiwan: All of the components of this product are listed on the CSNN inventory or exempt from notification requirements.

16. OTHER INFORMATION

Hazardous Material Information System (HMIS):
Health *
Flammability 0
Physical Hazard 0
Protective Equipment E
* Chronic hazard: For further information on health effects, see Sections 2, 8 and 11 of this SDS.

National Fire Protection Association (NFPA):
Health 0
Flammability 0
Instability 0

Web Sites with Information about Effects of Crystalline Silica Exposure:

Date of preparation/revision: May 4, 2015
The U. S. Silica Company web site will provide updated links to OSHA and NIOSH web sites addressing crystalline silica issues: [http://www.ussilica.com/why-us-silica](http://www.ussilica.com/why-us-silica). Click on “OSHA Info Center”.

The U.S. National Institute for Occupational Safety and Health (NIOSH) and Occupational Safety and Health Administration (OSHA) maintain sites with information about crystalline silica and its potential health effects. For NIOSH, [http://www.cdc.gov/niosh/topics/silica](http://www.cdc.gov/niosh/topics/silica); for OSHA, [http://www.osha.gov/dsg/topics/silicacrystalline/](http://www.osha.gov/dsg/topics/silicacrystalline/).

The IARC Monograph that includes crystalline silica, Volume 100C, can be accessed in PDF form at the IARC web site, [http://monographs.iarc.fr/ENG/Monographs/vol100C/index.php](http://monographs.iarc.fr/ENG/Monographs/vol100C/index.php).

### U. S. Silica Company Disclaimer

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