

U.S. SILICA COMPANY

Material Safety Data Sheet

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Product Name: Silica Sand and Ground Silica

Product Description: Crystalline Silica

1. Identification of the substance/preparation and of the company/undertaking

1.1. Identification of the substance or preparation

Product Name/Trade Names:

Sand and Ground Silica Sand (flour) sold under various names: ASTM TESTING SANDS • GLASS SAND • FLINT SILICA • DM-SERIES • F-SERIES • FOUNDRY SANDS • FJ-SERIES • H-SERIES • L-SERIES • N-SERIES • NJ SERIES • OK-SERIES • P-SERIES • T-SERIES • HYDRAULIC FRACING SANDS • MIN-U-SIL® Fine Ground Silica • MYSTIC WHITE® • #1 DRY • #1 SPECIAL • PENN SAND® • Q-ROK® • SIL-CO-SIL® Ground Silica • MICROSIL® • Supersil® • MASON SAND • GS SERIES • PER-SPEC

Chemical Name or Synonym:

Silicon Dioxide (SiO₂). Sand, Silica Sand, Quartz, Crystalline Silica, Flint, Ground Silica (flour).

White or tan sand or ground silica with no odor.

1.2. Use of the Substance / Preparation

Main Applications (non-exhaustive list): abrasives, brick, ceramics, foundry castings, glass, grout, hydraulic frac (proppant) sand, mortar, paint and coatings, silicate chemistry, silicone rubber, thermoset plastics.

1.3. Company / Producer

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. Hazards Identification

2.1. EMERGENCY OVERVIEW:

The U. S. Silica Company material is a white or tan sand, or ground sand. It is not flammable, combustible or explosive. It does not cause burns or severe skin or eye irritation. A single exposure will not result in serious adverse health effects. Crystalline silica (quartz) is not known to be an environmental hazard.

Crystalline silica (quartz) is incompatible with hydrofluoric acid, fluorine, chlorine trifluoride or oxygen difluoride.

2.2. OSHA REGULATORY STATUS

This material is considered hazardous under the OSHA Hazard Communications Standard (29 CFR 1910.1200).

2.3. POTENTIAL HEALTH EFFECTS:

2.3.1. Inhalation:

a. Silicosis: Respirable crystalline silica (quartz) can cause silicosis, a fibrosis (scarring) of the lungs.

Silicosis may be progressive; it may lead to disability and death.

b. Lung Cancer: Crystalline silica (quartz) inhaled from occupational sources is classified as carcinogenic to humans.

c. Tuberculosis: Silicosis increases the risk of tuberculosis.

d. Autoimmune and Chronic Kidney Diseases: Some studies show excess numbers of cases of scleroderma, connective tissue disorders, lupus, rheumatoid arthritis, chronic kidney diseases and end-stage kidney disease in workers exposed to respirable crystalline silica.

e. Non-Malignant Respiratory Diseases (other than silicosis): Some studies show an increased incidence in chronic bronchitis and emphysema in workers exposed to respirable crystalline silica.

2.3.2. Eye Contact:

Crystalline silica (quartz) may cause abrasion of the cornea.

2.3.3. Skin Contact:

Not applicable.

2.3.4. Ingestion:

Not applicable.

2.3.5. Chronic Effects:

The adverse health effects -- silicosis, lung cancer, autoimmune and chronic kidney diseases, tuberculosis, and non-malignant respiratory diseases-- are chronic effects.

2.3.6. Signs and Symptoms of Exposure:

Generally, there are no signs or symptoms of exposure to crystalline silica (quartz).

2.3.7. Medical Conditions Generally Aggravated by Exposure:

The condition of individuals with lung disease (e.g., bronchitis, emphysema, chronic obstructive pulmonary disease) can be aggravated by exposure.

See Section 11, Toxicological Information, for additional detail on potential adverse health effects.

6. Accidental Release Measures

6.1. Personal precautions:

Avoid dust formation. In case of dust exposure, wear protective equipment specified in Section 8 of this Safety Data Sheet.

Environmental precautions: No specific precautions. Discard any product, residue, disposable container or liner in compliance with regulatory requirements.

Methods for cleaning up: Avoid dry sweeping. Use water spraying / flushing or ventilated vacuum cleaning system. Use closed containers.

7. Handling and Storage

7.1. Handling

Avoid dust formation. Do not breathe dust. Use adequate exhaust ventilation and dust collection. Keep airborne dust concentrations below permissible national exposure limits. 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. In case of insufficient ventilation, wear a respirator approved for silica dust when using, handling, storing or disposing of this product or bag. See Section 8, for further information on respirators. Practice good housekeeping. Do not permit dust to collect on walls, floors, sills, ledges, machinery, or equipment. Maintain, clean, and fit test respirators in accordance with EN standards. Maintain and test ventilation and dust collection equipment. Wash or vacuum clothing that has become dusty.

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.

DO NOT USE U.S. SILICA COMPANY MATERIALS FOR SAND BLASTING.

7.2. Storage

Ensure trapping of dust produced during loading and unloading. Keep containers closed and store bags as to avoid accidental bursting.

7.3. Specific uses

Apply safe handling recommendations in Section 7.1.

8. Exposure Controls / Personal Protection

8.1. Local Exhaust Ventilation:

Use sufficient local exhaust ventilation to reduce the level of respirable crystalline silica to below the OSHA PEL. See ACGIH "Industrial Ventilation, A Manual of Recommended Practice" (latest edition).

8.2. Respiratory Protection:

If it is not possible to reduce airborne exposure levels to below the OSHA PEL 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 NIOSH Respirator Selection Logic, 2004, Chapter

III, Table 1, "Particulate Respirators". The full document can be found at www.cdc.gov/niosh/nppt/topics/respirators; the user of this MSDS is directed to that site for information concerning respirator selection and use. The assigned protection factor (APF) is the minimum anticipated level of protection provided by each type of respirator worn in accordance with an adequate respiratory protection program. 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.

Assigned protection factor ¹	Type of Respirator (Use only NIOSH-certified respirators)
10	Any air-purifying elastomeric half-mask respirator equipped with appropriate type of particulate filter. ² Appropriate filtering facepiece respirator. ^{2,3} Any air-purifying full facepiece respirator equipped with appropriate type of particulate filter. ² Any negative pressure (demand) supplied-air respirator equipped with a half-mask.
25	Any powered air-purifying respirator equipped with a hood or helmet and a high efficiency (HEPA) filter. Any continuous flow supplied-air respirator equipped with a hood or helmet.
50	Any air-purifying full facepiece respirator equipped with N-100, R-100, or P-100 filter(s). Any powered air-purifying respirator equipped with a tight-fitting facepiece (half or full facepiece) and a high-efficiency filter. Any negative pressure (demand) supplied-air respirator equipped with a full facepiece. Any continuous flow supplied-air respirator equipped with a tight-fitting facepiece (half or full facepiece). Any negative pressure (demand) self-contained respirator equipped with a full facepiece.
1,000	Any pressure-demand supplied-air respirator equipped with a half-mask.

1. The protection offered by a given respirator is contingent upon (1) the respirator user adhering to complete program requirements (such as the ones required by OSHA in 29CFR1910.134), (2) the use of NIOSH-certified respirators in their approved configuration, and (3) individual fit testing to rule out those respirators that cannot achieve a good fit on individual workers.
 2. Appropriate means that the filter medium will provide protection against the particulate in question.
 3. An APF of 10 can only be achieved if the respirator is qualitatively or quantitatively fit tested on individual workers.

8.3. Exposure controls

8.3.1. Occupational exposure controls / guidelines

Component	CAS No.	Percentage (by wt.)	OSHA PEL		ACGIH TLV		NIOSH REL		Unit
			TWA	STEL	TWA	STEL	TWA	STEL	
Crystalline Silica (quartz)	14808-60-7	99.0 – 99.9%	$\frac{10}{\% \text{ SiO}_2 + 2}$	None	0.025	None	0.05	None	mg / m ³

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

Engineering Controls:

Ventilation must be adequate to maintain the ambient workplace atmosphere below the exposure limit(s) outlined in Section 8.1 of this Safety Data Sheet.

Respiratory Protection

In case of exposure to dust, and in any case if such exposure is above regulatory limits (see above), wear a personal respirator as outlined in Section 8.2 above.

Eye / Face Protection:

If eye contact while using product may be anticipated, wear appropriate safety glasses with side shields or chemical goggles as described by European Standard EN 166.

Skin Protection

Wear chemical resistant gloves (such as latex or neoprene) and protective clothing to minimize skin contact. Substance may have drying effect on skin. Maintain good industrial hygiene. Protection recommended for workers suffering from dermatitis or sensitive skin.

8.3.2. Environmental Exposure Controls

No special requirements. There is no reported ecotoxicity for silica, a naturally occurring substance abundantly present in nature.

9. Physical and Chemical Properties

9.1. **General Information**

Physical State: White or tan sand: granular, crushed or ground to a powder.
Odor: None

9.2. **Important Health, Safety and Environmental Information**

pH: 6 - 8
Specific Gravity: 2.65 g/cc
Melting Point: 3110°F/1710°C
Freezing Point: Not Applicable
Boiling Point: 4046°F/2230°C
Flashpoint: Not Applicable
Flammability: Not Applicable
Explosive properties: Not Applicable
Oxidizing properties: contact with powerful oxidizing agents such as fluorine, chlorine trifluoride, and oxygen difluoride may cause fires.
Vapor Pressure: None
Relative Density: Not Applicable
Solubility: Silica will dissolve in hydrofluoric acid and produce a corrosive gas, silicon tetrafluoride
Water Solubility: Insoluble
Percent Volatiles by Volume: Not Applicable
Viscosity: Not Applicable
Vapor density: Not Applicable
Molecular Weight: 60.08
Evaporation rate: Not Applicable

10. Stability and Reactivity

10.1. **Chemical Stability:**
Stable

10.2. Conditions to Avoid:

Contact with powerful oxidizing agents such as fluorine, chlorine trifluoride, and oxygen difluoride may cause fires

10.3. Materials / Chemicals to Be Avoided:

Contact with powerful oxidizing agents, such as fluorine, chlorine trifluoride and oxygen difluoride, may cause fires.

10.4. Hazardous Decomposition Products:

Silica will dissolve in hydrofluoric acid and produce the corrosive gas silicon tetrafluoride (SiF₄).

10.5. Hazardous Polymerization:

Will not occur.

11. Toxicological Information

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

A. SILICOSIS

The major concern is silicosis, caused by the inhalation and retention of respirable crystalline silica dust. Silicosis can exist in several forms, chronic (or ordinary), accelerated, or acute. Chronic or Ordinary Silicosis (often referred to as Simple Silicosis) is the most common form of silicosis, and can occur after many years of exposure to 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. 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 secondary to the lung disease (cor pulmonale). 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 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 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 fatal.

B. CANCER

IARC - The International Agency for Research on Cancer ("IARC") concluded that there was "*sufficient evidence* in humans for the carcinogenicity of crystalline silica in the forms of quartz or cristobalite from occupational sources", and that there is "*sufficient evidence* in experimental animals for the carcinogenicity of quartz and cristobalite." The overall IARC evaluation was that "crystalline silica inhaled in the form of quartz or cristobalite from occupational sources is *carcinogenic to humans (Group 1)*." The IARC evaluation noted that "carcinogenicity was not detected in all industrial circumstances studies. 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 68, "Silica, Some Silicates..." (1997).

The EU Scientific Committee for Occupational Exposure Limits (SCOEL) concluded in June 2002 (SCOEL Sum Doc. 94-final): "The main effect in humans of inhalation of respirable silica dust is silicosis. There is sufficient information to conclude that the relative risk of lung cancer is increased in persons with silicosis (and apparently, not in employees without silicosis exposed to silica dust in quarries and in the ceramic industry). Therefore preventing the onset of silicosis will also reduce the cancer risk."

C. AUTOIMMUNE DISEASES

Several studies have reported excess cases of several autoimmune disorders, -- scleroderma, systemic lupus erythematosus, rheumatoid arthritis -- among silica-exposed workers. For a review of the subject, the following may be consulted: "Occupational Exposure to Crystalline Silica and Autoimmune Disease", Environmental Health Perspectives, Volume 107, Supplement 5, pp. 793-802 (1999); "Occupational Scleroderma", Current Opinion in Rheumatology, Volume 11, pp. 490-494 (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: Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994); "Risk of pulmonary tuberculosis relative to silicosis and exposure to silica dust in South African gold miners," Occup Environ Med., Volume 55, pp.496-502 (1998).

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* should be consulted for additional information, and citations to published studies on health risks and diseases associated with occupational exposure 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".

12. Ecological Information

12.1. Ecotoxicological Information:

Crystalline silica (quartz) is not known to be ecotoxic; i.e., there are no data that suggests that crystalline silica (quartz) is toxic to birds, fish, invertebrates, microorganisms or plants.

13. Disposal Considerations

13.1. Waste Disposal Method:

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

13.2. Container Handling and Disposal:

Dispose of container and unused contents in accordance with national regulations.

14. Transportation Information

Shipping Name:

ADR/RID/IMO/ICAO /US DOT	Proper Shipping Name	Not Regulated
	Hazard Class	Not Regulated
	ID Number	Not Regulated
	Packaging Group	Not Regulated

Crystalline silica (quartz) is not a hazardous material for purposes of transportation under the U. S. Department of Transportation Table of Hazardous Materials, 49 CFR §172.101.

15. Regulatory Information

Silica sand has no harmonized classification & labeling under Directives 67/548/EEC and 1999/45/EC. Because the respirable fraction is high (10% and more) in ground silica (flour), the preparation is self-classified as Xn (harmful). In such case, the following risk and safety phrases are applicable.

Risk Phrases:

R 48/20: Harmful: danger of serious damage to health by prolonged exposure through inhalation.

Safety Phrases:

S 22: Do not breathe dust

S 38: In case of insufficient ventilation, wear suitable respiratory equipment.

UNITED STATES (FEDERAL AND STATE)

TSCA No.: 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.

Emergency Planning and Community Right to Know Act (SARA Title III): Crystalline silica (quartz) is not an extremely hazardous substance under Section 302 and is not a toxic chemical subject to the requirements of Section 313.

Clean Air Act: Crystalline silica (quartz) mined and processed by U.S. Silica Company is 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)(xxvi).

NTP: Respirable crystalline silica, primarily quartz dusts occurring in industrial and occupational settings, is classified as Known to be a Human Carcinogen.

OSHA Carcinogen: Crystalline silica (quartz) is not listed.

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 REL of 3 µg for silica (crystalline, respirable). A chronic REL is an airborne level of a substance at or below which no adverse 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.

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

CANADA

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

WHMIS Classification: D2A

OTHER

EINECS No.: 238-878-4

EEC Label (Risk/Safety Phrases): R 48/20, S22, S38

CLP Label (Hazard Class/Hazard Statement/Precaution Statements):
STOT RE 1/ H372/ P260, P285, P501

IARC: Crystalline silica (quartz) is classified in IARC Group 1.

Australian Inventory of Chemical Substances (AICS): All of the components of this product are listed on the AICS 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 with registry number 9212-5667.

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

National, state, provincial or local emergency planning, community right-to-know or other laws, regulations or ordinances may be applicable--consult applicable national, state, provincial or local laws.

16. Other Information

16.1 Hazardous Material Information System (HMIS):

Health	*
Flammability	0
Reactivity	0
Protective Equipment	E

* For further information on health effects, see Sections 2, 8 and 11 of this MSDS.

16.2 National Fire Protection Association (NFPA):

Health	0
Flammability	0
Reactivity	0

16.3 Web Sites with Information about Effects of Crystalline Silica Exposure:

The U. S. Silica Company web site will provide updated links to OSHA and NIOSH web sites addressing crystalline silica issues: www.u-s-silica.com, click on "Info Center", then click on "Health & Safety".

U. S. Silica Company Disclaimer

The information and recommendations contained herein are based upon data believed to be up-to-date and correct. However, no guarantee or warranty of any kind, express or implied, is made with respect to the information contained herein. We accept no responsibility and disclaim all liability for any harmful effects that may be caused by purchase, resale, use or exposure to our silica. Customers and users of silica must comply with all applicable health and safety laws, regulations, and orders. In particular, they are under an obligation to carry out a risk assessment for the particular work places and to take adequate risk management measures in accordance with the national implementation legislation of EU Directives 89/391 and 98/24.