

# “PREMIUM COLORED GLASS SAND”



Safety Data Sheet  
Silica Sand Products

Developed 12/5/2016

## 1. Identification

Product identifier: Silica Sand or Ground Silica; crystalline silica (quartz)

Product Name/Trade Names: Flint Sand, Colored Glass Sand, Sand, and Silica Sand.

Chemical Name or Synonym: Crystalline Silica (Quartz), Sand, Silica Sand, Ground Silica, Fine Ground Silica, Silica Flour.

Recommended use of the chemical and restrictions on use: (non-exhaustive list): brick, ceramics, foundry castings, glass, grout, silicate chemistry, silicone rubber, thermoset plastics.

Do not use U.S. Mine Corporation sand, or sand products for sand blasting.

Manufacturer: U.S. Mine Corporation  
8625 Highway 124  
P. O. Box 580  
Ione, CA 95640

Customer Service: (530) 676-7873  
Emergency Contact: (530) 676-7873

## 2. Hazard(s) Identification

**Physical Health:** Not Hazardous

**Carcinogen:** Category 1A

**Specific Target Organ Toxicity:** Repeated Exposure Category 1

**Danger:** May cause cancer by inhalation. Causes damage to lungs through prolonged or repeated exposure by inhalation.

**Response:** If medical condition persisted, get medical advice.

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

**Prevention:** 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 protective gloves and safety glasses or goggles. In case of inadequate ventilation wear respiratory protection.

### 3. COMPOSITION / INFORMATION ON INGREDIENTS

Component CAS No. Percent Crystalline Silica (quartz) 14808-60-7 95-99.9

### 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.

**Eye contact:** Wash immediately with plenty of water. Do not rub eyes. Particulates may cause abrasive eye injury. If irritation persists, seek medical attention.

**Ingestion:** First aid is not required. Most important symptoms/effects, acute and delayed:

**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. Firefighting Measures

**Flammability:** Non-Flammable

**Flash Point:** Not Applicable

**Auto-ignition Temperature:** Not Applicable



**Hazardous Combustion Products:** Not Applicable

**Fire Hazards in the Presence of Various Substances:** Not flammable

**Extinguishing Agents:** No special suppressants are required

**Protective Equipment:** No special measures required

## 6. Accidental Release Measures

**Personal precautions, protective equipment, and emergency procedures:** Wear appropriate protective clothing and respiratory protection (see Section 8 below). Avoid generating 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:** Avoid dry sweeping. Do not use compressed air to clean spilled sand or ground silica. 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:** Avoid generating 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 respirable crystalline silica dust levels to below the permissible exposure limit ("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 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.

Do Not Use U.S. Mine Corporation Sand for Sand Blasting

**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:***

Component	OSHA PEL	ACGIH TLV	NIOSH REL
Crystalline Silica (quartz)	<u>10mg/m<sup>3</sup></u> %SiO <sub>2</sub> +2 TWA (respirable dust)	0.025 mg/m <sup>3</sup> TWA (respirable dust)	0.05 mg/m <sup>3</sup> TWA (respirable dust)
	<u>30 gm/m<sup>3</sup></u> %SiO <sub>2</sub> + 2 TWA (total dust)		

**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 NIOSH Respirator Selection Logic, 2004, Chapter III, Table 1, "Particulate Respirators". The full document can be found at [www.cdc.gov/niosh/npptl/topics/respirators](http://www.cdc.gov/niosh/npptl/topics/respirators); the user of this SDS is directed to that site for information concerning respirator selection and use. The assigned protection factor

(APF) is the maximum 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/m<sup>3</sup>, then a respirator with an APF of 10 should reduce the concentration of particulate to 15 ug/m<sup>3</sup>. In using chemical cartridges, consideration must be given to selection of the correct cartridge for the chemical exposure and the maximum use concentration for the cartridge. In addition a cartridge change-out schedule must be developed based on the concentrations in the workplace.

Assigned protection factor 1	<b>Type of Respirator</b> (Use only NIOSH-certified respirators)
10	Any air-purifying elastomeric half-mask respirator equipped with appropriate type of particulate filter. <sup>2</sup> Appropriate filtering facepiece respirator. <sup>2,3</sup> Any air-purifying full facepiece respirator equipped with appropriate type of particulate filter. <sup>2</sup> 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
<ol style="list-style-type: none"> <li>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 29CFR 1910.134), (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.</li> <li>2. Appropriate means that the filter medium will provide protection against the particulate in question.</li> <li>3. An APF of 10 can only be achieved if the respirator is qualitatively or quantitatively fit tested on individual workers.</li> </ol>	

**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 tan sand: granular. **Odor:** None. **Odor threshold:** Not determined. **pH:** 6-8. **Melting point/freezing point:** 3110°F/1710°C. **Boiling point/range:** 4046°F/2230°C. **Flash point:** Not applicable. **Evaporation rate:** Not applicable. **Flammable limits:** LEL: Not applicable **UEL:** Not applicable **Vapor pressure:** Not applicable **Vapor density:** Not applicable **Relative density:** 2.65 **Solubility(ies):** Insoluble in water **Partition coefficient:** n-octanol/water: Not applicable **Auto-ignition temperature:** Not determined. **Decomposition temperature:** Not determined **Viscosity:** Not applicable. **Flammability (solid, gas):** Not applicable

## 10. Reactivity and Stability

**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 in an unlikely route of exposure. If dust is swallowed, it may irritate the mouth and throat. **Skin contact:** No adverse effects are expected. **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.



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

**A. 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, Fibers 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](http://www.cdc.gov/niosh/topics/silica), then click on the link "NIOSH Hazard Review: Health Effects of Occupational Exposure to Respirable Crystalline Silica".

For a more recent review of the health effects of respirable crystalline silica, the reader may consult Fishman's Pulmonary Diseases and Disorders, Fourth Edition, Chapter 57. "Coal Workers' Lung Diseases and Silicosis".

Finally, 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





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found at: [www.federalregister.gov/articles/2013/09/12/2013-20997/occupational-exposure-to-respirable-crystalline-silica](http://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

**12. Ecological Information**

**Ecotoxicity:** Crystalline silica (quartz) is not known to be ecotoxic. Persistence and degradability: Silica is not degradable. **Bio-accumulative potential:** Silica is not bio-accumulative. **Mobility in soil:** Silica 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 Federal, State and Local regulations.

**14. Transportation Information**

Follow local, state, and federal guidelines and regulations.

**15. Regulatory Information**

CALIFORNIA PROPOSITION 65: This product contains substances known to the State of California to cause cancer and/or birth defects or other reproductive harm.

TSCA Status: Crystalline silica (quartz) appears on the EPA TSCA inventory under the CAS No. 14808-60-7.

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: 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): This product contains the following chemicals subject to SARA 302 or SARA 313 reporting: None above the "de minimus" concentrations.

Clean Air Act: Crystalline silica (quartz) mined and processed by U.S. Mine Corporation 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).

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.

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](http://www.tceq.texas.gov).

## **16. Other Information**

This SDS was developed with all of the available information 12/5/2016

Websites with Information about Effects of Crystalline Silica Exposure:

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>; for OSHA, <http://www.osha.gov/dsg/topics/silicacrystalline/index>.

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/PDFs/index.php>.

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