MATERIAL SAFETY DATA SHEET

SECTION 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

Product Names/Trade Names: Silica Sand sold under various names: ASTM TESTING SANDS, GLASS SAND, FLINT SILICA, P-SERIES FOUNDRY SANDS, H-SERIES, L-SERIES, N-SERIES, OK-SERIES, P-SERIES, T-SERIES, HYDRAULIC FRACING SANDS, MIN-U-SIL®, MYSTIC WHITE®, #1 DRY, #1 SPECIAL, PENN SAND®, Q-ROK®, SIL-CO-SIL®, SILURIAN FILTER SAND, SUPERSIL®.

Synonyms/Common Names: Sand, Silica Sand, Quartz, Crystalline Silica, Flint, Ground Silica.

Manufacturer's Name: J. S. Silica Company
P.O. Box 187
Berkeley Springs, WV 25411

Emergency Telephone Number: 304-258-2500
304-258-8295 (fax)

Date Prepared: July 15, 1997

SECTION 2 - COMPOSITION/INFORMATION ON INGREDIENTS

Hazardous Ingredient: Crystalline silica (quartz), typically 99.2% to 99.9%

Chemical Formula: \( \text{SiO}_2 \)

CAS#: 14808-60-7

OSHA PEL: Exposure to airborne crystalline silica shall not exceed an 8-hour time-weighted average limit as stated in 29 CFR §1910.1000 Table Z-1-A, Air Contaminants, specifically:

\[ \frac{10 \text{ mg/m}^3}{\text{SiO}_2} \]

ACGIH TLV: Crystalline Silica (quartz)
TLV-TWA = 0.1 mg/m³ Respirable Crystalline Silica (quartz)
See Threshold Limit Value and Biological Exposure Indices for American Conference of Governmental Industrial Hygienists (latest edition).

Other Recommended Limits: National Institute for Occupational Safety and Health (NIOSH). Recommended standard maximum permissible concentration=0.05 mg/m³ (respirable free silica) as determined by a full-shift sample up to 10-hour working day, 40-hour work week. See NIOSH Criteria for a Recommended Standard Occupational Exposure to Crystalline Silica.

CAUTION: Crystalline silica exists in several forms, the most common of which is quartz. If crystalline silica (quartz) is heated to more than 870°C it can change to a form of crystalline silica known as tridymite, and if crystalline silica (quartz) is heated to more than 1470°C, it can change to a form of crystalline silica known as cristobalite. Crystalline silica as tridymite and cristobalite are more fibrogenic than crystalline silica as quartz. The OSHA PEL for crystalline silica as tridymite and cristobalite is one-half the PEL for crystalline silica (quartz); the ACGIH TLV for crystalline silica as tridymite and cristobalite is one-half the TLV for crystalline silica as quartz.

SECTION 3 - HAZARD IDENTIFICATION

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.

POTENTIAL HEALTH EFFECTS:

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

c. **Scleroderma**  There is evidence that exposure to respirable crystalline silica or that the disease silicosis is associated with the increased incidence of scleroderma, an autoimmune disorder manifested by a fibrosis (scarring) of the skin and internal organs.

d. **Tuberculosis**  Silicosis increases the risk of tuberculosis.

e. **Nephrotoxicity**  There are several studies suggesting that exposure to respirable crystalline silica or that the disease silicosis is associated with the increased incidence of kidney disorders.

**Eye Contact:**  Crystalline silica (quartz) may cause abrasion of the cornea.

**Skin Contact:**  Not applicable.

**Ingestion:**  Not applicable.

**Chronic Effects:**  The adverse health effects -- silicosis, cancer, scleroderma, tuberculosis, and nephrotoxicity -- are chronic effects.

**Signs and Symptoms of Exposure:**  There are generally no signs or symptoms of exposure to crystalline silica (quartz). Often, chronic silicosis has no symptoms. The symptoms of chronic silicosis, if present, are shortness of breath, wheezing, cough and sputum production. The symptoms of acute silicosis are the same; additionally, weight loss and fever are associated with acute silicosis. The symptoms of scleroderma include thickening and stiffness of the skin, particularly in the fingers, shortness of breath, difficulty swallowing and joint problems.

**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.

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**SECTION 4 - FIRST-AID MEASURES**

**Inhalation:**  No specific first-aid is necessary since the adverse health effects associated with exposure to crystalline silica (quartz) result from chronic exposures. If there is a gross inhalation of crystalline silica (quartz), remove the person immediately to fresh air, give artificial respiration as needed, seek medical attention as needed.

**Eye Contact:**  Wash immediately with water. If irritation persists, seek medical attention.

**Skin Contact:**  Not applicable.

**Ingestion:**  Not applicable.

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**SECTION 5 - FIRE FIGHTING MEASURES**

**Flammability:**  Crystalline silica (quartz) is non-flammable and non-explosive  

**Extinguishing Media:**  None required

**Flash Point:**  None  

**Special Fire Fighting Procedures:**  N/A

**Flammable Limits:**  None  

**Unusual Fire and Explosion Hazards:**  None

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**SECTION 6 - ACCIDENTAL RELEASE MEASURES**

**Spills:**  Use dustless methods (vacuum) and place into closable container for disposal, or flush with water. Do not dry sweep. Wear protective equipment specified below.

**Waste Disposal Method:**  See Section 13.
SECTION 7 - HANDLING AND STORAGE

Precautions During Handling and Use: Do not breath dust. Use adequate ventilation and dust collection. Keep airborne dust concentrations below PEL. 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 OSHA regulations. Maintain and test ventilation and dust collection equipment. Wash or vacuum clothing which has become dusty. See also control measures in Section 8.

Precautions During Storage: Avoid breakage of bagged material or spills of bulk material. See control measures in Section 8.

Do not use U. S. Silica Company materials for sandblasting.

The OSHA Hazard Communication Standard, 29 CFR Sections 1910.1200, 1915.99, 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. WARN YOUR EMPLOYEES (AND YOUR CUSTOMERS IN CASE OF RESALE) BY POSTING AND OTHER MEANS OF THE HAZARDS AND THE REQUIRED OSHA PRECAUTIONS. PROVIDE TRAINING FOR YOUR EMPLOYEES ABOUT THE OSHA PRECAUTIONS.

See also American Society for Testing and Materials (ASTM) standard practice E 1132-86, "Standard Practice for Health Requirements Relating to Occupational Exposure to Quartz Dust."

SECTION 8 - EXPOSURE CONTROLS/PERSONAL PROTECTION

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

Respiratory Protection: The following chart specifies the types of respirators which may provide respiratory protection for crystalline silica.

<table>
<thead>
<tr>
<th>CONDITION Particulate Concentration</th>
<th>MINIMUM RESPIRATORY PROTECTION*</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x PEL or less</td>
<td>Any particulate respirator.</td>
</tr>
<tr>
<td>10 x PEL or less</td>
<td>Any particulate respirator, except single-use or quarter-mask respirator. Any fume respirator or high efficiency particulate filter respirator. Any supplied-air respirator. Any self-contained breathing apparatus.</td>
</tr>
<tr>
<td>50 x PEL or less</td>
<td>A high efficiency particulate filter respirator with a full facepiece. Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.</td>
</tr>
<tr>
<td>500 x PEL or less</td>
<td>A powered air-purifying respirator with a high efficiency particulate filter. A Type C supplied-air respirator operated in pressure-demand or other positive pressure or continuous-flow mode.</td>
</tr>
<tr>
<td>Greater than 500 x PEL or entry and escape from unknown concentrations</td>
<td>Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode. A combination respirator which includes a Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure continuous-flow mode and an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive pressure mode.</td>
</tr>
</tbody>
</table>

*Use only NIOSH-approved or MSHA-approved equipment. See 29 CFR §1910.134 and 42 CFR §84.

See also ANSI standard Z88.2 (latest revision) "American National Standard for Respiratory Protection"
SECTION 9 - PHYSICAL AND CHEMICAL PROPERTIES

Appearance: White or tan sand; granular, crushed, or ground

Boiling Point: 4046°F

Vapor Pressure (mm Hg): None

Vapor Density (Air = 1): None

Solubility in Water: Insoluble in water

Odor: None

Specific Gravity (Water = 1): 2.65

Melting Point: 3110°F

Evaporation Rate (Butyl Acetate = 1): None

SECTION 10 - STABILITY AND REACTIVITY

Stability: Crystalline silica (quartz) is stable.

Incompatibility (Materials to Avoid): Contact with powerful oxidizing agents such as fluorine, chlorine trifluoride, oxygen difluoride, may cause fires.

Hazardous Decomposition or Byproducts: Silica will dissolve in hydrofluoric acid and produce a corrosive gas - silicon tetrafluoride.

Hazardous Polymerization: Will not occur.

SECTION 11 - TOXICOLOGICAL INFORMATION

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 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 the initial exposure. The progression can be rapid. Accelerated silicosis is similar to chronic or ordinary silicosis, except that the lung lesions appear earlier and the 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).

NTP - The National Toxicology Program, in its Sixth Annual Report on Carcinogens, concluded that "silica, crystalline (respirable) may reasonably be anticipated to be a carcinogen, based on sufficient evidence in experimental animals and limited evidence in humans.

OSHA - Crystalline silica (quartz) is not regulated by the U. S. Occupational Safety and Health Administration as a carcinogen.

There is substantial literature on the issues of the carcinogenicity of crystalline silica, which the reader should consult for additional information. A summary of the literature is set forth in "Exposure to crystalline silica and risk of lung cancer; the epidemiological evidence", Thorax, Volume 51, pp. 97-102 (1996). The official statement of the American Thoracic Society on the issue of silica carcinogenicity was published in "Adverse Effects of Crystalline Silica Exposure", American Journal of Respiratory and Critical Care Medicine, Volume 155, pp. 761-765 (1997). The official statement concluded that "The available data support the conclusion that silicosis produces increased risk for bronchogenic carcinoma. The cancer risk may also be increased by smoking and other carcinogens in the workplace. Epidemiologic studies provide convincing evidence for increased cancer risk among tobacco smokers with silicosis. Less information is available for never-smokers and for workers exposed to silica but who do not have silicosis. For workers with silicosis, the risks for lung cancer are relatively high and consistent among countries and investigators. Silicosis should be considered a condition that predisposes workers to an increased risk of lung cancer." Id. at 763.

C. SCLERODERMA

There is evidence that exposure to respirable crystalline silica or that the disease silicosis is associated with the increased incidence of scleroderma, an immune system disorder manifested by a fibrosis (scarring) of the lungs, skin and other internal organs. Recently, the American Thoracic Society noted that "there is persuasive evidence relating scleroderma to occupational silica exposures in setting where there is appreciable silicosis risk." The following may be consulted for additional information on silica, silicosis and scleroderma (also known as progressive systemic sclerosis): Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994), "Adverse Effects of Crystalline Silica Exposure", American Journal of Respiratory and Critical Care Medicine, Volume 155, pp. 761-765 (1997).

D. TUBERCULOSIS


E. NEPHROTOXICITY

There are several recent studies suggesting that exposure to respirable crystalline silica or that the disease silicosis is associated with the increased incidence of Kidney disorders. The following may be consulted for additional information on silica, silicosis and nephrotoxicity: Occupational Lung Disorders, Third Edition, Chapter 12, entitled "Silicosis and Related Diseases", Parkes, W. Raymond (1994). "Further evidence of human silica nephrotoxicity in occupationally exposed workers", British Journal of Industrial Medicine, Vol. 50, No. 10, pp. 907-912 (1993), "Adverse Effects of Crystalline Silica Exposure", American Journal of Respiratory and Critical Care Medicine, Volume 155, pp. 761-765 (1997).

SECTION 12 - ECOLOGICAL INFORMATION

Crystalline silica (quartz) is not known to be ecotoxic; i.e., there is no data which suggests that crystalline silica (quartz) is toxic to birds, fish, invertebrates, microorganisms or plants. For additional information on crystalline silica (quartz), see Sections 9 (physical and chemical properties) and 10 (stability and reactivity) of this MSDS.

SECTION 13 - DISPOSAL CONSIDERATIONS

General: The packaging and material may be landfilled; however, material should be covered to minimize generation of airborne dust.

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.
The above applies to materials as sold by U.S. Silica Company. The material may be contaminated during use, and it is the responsibility of the user to assess the appropriate disposal of the used material.

SECTION 14 - TRANSPORT INFORMATION

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.

SECTION 15 - REGULATORY INFORMATION

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: 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 was 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)(xvi).

NTP: Respirable crystalline silica (quartz) is classified as a probable carcinogen.

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

California Proposition 65: Crystalline silica (quartz) is classified as a substance known to the state of California to be a carcinogen.

CANADA

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

WHMIS Classification: D-2A

OTHER

FINECS No.: 231-545-4

EEC Label (Risk/Safety Phrases): R 48/20, R 40/20, S22, S38

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

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.

SECTION 16 - OTHER INFORMATION

Hazardous Material Information System (HMIS):

<table>
<thead>
<tr>
<th>Health</th>
<th>Flammability</th>
<th>Reactivity</th>
<th>Protective Equipment</th>
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* For further information on health effects, see Sections 3 and 11 of this MSDS.
National Fire Protection Association (NFPA):

Health 0
Flammability 0
Reactivity 0

Warning Label Text:

WARNING
Contains Silica Dust
Can Cause Silicosis and Cancer
Avoid Breathing Dust

HAZARDS

Silica dust can cause severe and permanent lung damage and other diseases.

- Breathing silica dust can cause silicosis, a lung disease that can lead to serious breathing difficulties and death. Silicosis also increases the risk of tuberculosis.
- Breathing silica dust can cause cancer.
- Breathing silica dust may cause scleroderma, a scarring of the skin and internal organs.

Breathing silica dust may not cause noticeable injury or illness, even though permanent lung damage may be occurring.

PRECAUTIONS

Avoid breathing dust. Use with adequate and properly maintained dust collection systems to keep silica dust below permissible limits.

Avoid creating dust when using, handling, storing, or disposing of this product or bag.

- Do not dry sweep product. Wet product with water or use a dustless method (vacuum) to clean spills.
- Do not allow dust to collect on floors, sills, ledges, machinery, or equipment.

Do not rely on your sight to determine if dust is in the air. Silica may be in the air without a visible dust cloud. If dust cannot be kept below permissible limits, wear a respirator approved for silica dust when using, handling, storing or disposing of this product or bag.

DO NOT USE FOR SANDBLASTING!

See U. S. Silica Company Material Safety Data Sheet in Your Employer’s Possession for More Information on Hazards and Precautions
CAS#14808-60-7

Web Sites With Information About Effects of Crystalline Silica Exposure:

http://www.msha.gov - The Mine Safety Health Administration Home Page, which contains general (not mining specific) information on silicosis. Click on “Silicosis Prevention”.


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The information and recommendations contained herein are based upon data believed to be 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 which may be caused by purchase, resale, use or exposure to our silica. Customers-users of silica must comply with all applicable health and safety laws, regulations, and orders, including the OSHA Hazardous Communication Standard.