

Everflex SupaPrime

Premium moisture-curing polyurethane primer for Porous Substrates

Description

Everflex SupaPrime is a single-part, rapid-curing, moisture-curing polyurethane primer, suitable for Porous Substrates.

Everflex SupaPrime is designed to enhance the bond with Adheseal's range of Sealants.

Uses

- For use over porous substrates
- Primer for Adheseal Polyurethane, Hi-Flex MS and Silicone ranges of sealants and adhesives
- Primer for Everflex waterproof membranes.
- Enhancing the bond to timber and masonry surfaces

Benefits

- Fast drying
- Very low viscosity
- Excellent adhesion to most common porous building materials (preliminary tests suggested)
- Ready to use, Single pack, user-friendly
- Non-corrosive
- Deep penetration into the substrate, providing exceptional adhesion
- Proven long-term durability and resilience
- Suitable for internal & external applications
- Resists mould & mildew in hot and humid environments.



Acceptable Substrates

- Concrete after a curing period of 28 days
- 3:1 sand cement screed or C-Bed
- Masonry/render after a curing period of at least 4 days
- Cement sheeting/underlay / external weatherboard / blue board
- Pre-cast concrete, once the release agent has been removed/ dissipated
- Wet area plasterboard / Villaboard
- Timber flooring, including structural plywood Type A (PAA JAS-ANZ)
- Brickwork, Hebel (aggregate block)

Suitable Primer For:

- Hiflex MS range of sealants.
- PU15, PU25, PU240 & PU50 Polyurethane sealants
- S100, N40 & N70 Silicone sealants
- Everflex WPUV & HVUV
- Everflex WPM Fast cure
- Everflex Aqua-Ban

Adheseal Everflex Supaprime - TDS

Limitations

- Do not apply when temperatures are below 10 °C or above 35 °C
- Limited UV resistance (not designed for long-term UV exposure and must be overcoated)
- Do not apply on damp, wet or contaminated substrates, if it is raining or if rain is imminent
- Not suitable for areas subject to hydrostatic pressure or rising damp, Everflex VBS or Megapoxy H is recommended.

Application

Surface preparation:

All surfaces must be structurally sound, stable, dry, clean, and free of dust, loose, flaking, friable material and free from oils, grease, form release agents, curing compounds, and any other surface contamination that may hinder adhesion.

If mechanical preparation is required, prepare the floor using recommended methods, such as dry diamond grinding to provide a roughened, clean, sound, and open porous surface. Thoroughly vacuum loose material and dust. Do not use solvents or acid etching to clean the subfloor. Substrate must be free from surface water and continual dampness. Concrete must be allowed to cure for at least 28 days. Sand cement screeds to be a 3:1 ratio, and cement render must be allowed to cure for at least 4 days prior to application. Failure to do so may result in poor adhesion and subsequent delamination.

To prime concrete surfaces. Apply by brush and or roller, ensuring the entire area is completely primed. The primer should stay wet on the surface for 2 minutes. Exceptionally porous substrates may require a second coat of Primer 2001. Allow 60 minutes for curing.

To determine whether a substrate is Porous or non-Porous:

To determine whether the substrate is porous or non-porous, dispense water onto the substrate in question to form a puddle, the size of a 1-dollar coin. If the water absorbs into the substrate in less than two minutes, the substrate is porous. If the puddle remains, the substrate is non-porous.

Coverage

Approximately 5 to 10m per litre. Coverage rate varies depending on substrate porosity.

Colour

Transparent Amber in Colour.

Cure Time

Allow the primer to dry to a translucent film (approx. 0.5-1 hour @ 23°C). Once Everflex SupaPrime is tacky, not wet, coatings/compounds can be applied over the primer. Please note that all cure times vary depending on atmospheric conditions and porosity of the substrate.

Clean Up.

While the product is still wet, tools and spills can be efficiently cleaned with Acetone. For cured product removal, consider using mechanical means.

Packaging

1 Litre PRIMESUPA/1. 4 Litre PRIMESUPA/4

Physical Properties:	
Type of product	Polyurethane primer
Curing system	Moisture Cure
Appearance	Translucent Amber in Colour
Density (specific gravity)	1.12-1.16
Consistency	Liquid
Brookfield Viscosity at 25°C (cps)	30-60
Pot Life	10—15 Minutes
Application temperature	5oc—35oc
Application Humidity	Below 85%
Storage: Cool, dry between	5oc—35oc
Tack Free (to touch) @25oc and 60RH	1—2 Hours
Consumption	5—10m2 per litre
Solids content	30-34%
Shelf life	12 Months
Clean up	Xylene
Flash Point	>93oc
Standard MVT (ASTM E 96-80)	perms 0.032

Note:

Before application, refer to all relevant TDS's and SDS's detailed product specifications & application instructions.

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Specification:

The information contained in this TDS is typical but does not constitute a full specification, as conditions and specific requirements may vary from project to project. The instructions should be considered as a minimum requirement. The applicator or contractor must use their skill, knowledge, and experience to carry out additional works as may be necessary to meet the requirements of the project. Specifications for specific projects should be sought from the company in writing.

Conditions Of Use and Disclaimer:

The information contained in this TDS is given in good faith based upon our current knowledge and does not imply warranty, express or implied. The information is provided, and the product is sold on the basis that the product is used for its intended purpose and is used in a proper workman-like manner in accordance with the instructions of the TDS in suitable and safe working conditions. Under no circumstances will the Company be liable for loss, consequential or otherwise, arising from the use of the product.

Health and Safety

First aid measures

Inhalation: If fumes or combustion products are inhaled remove from contaminated area. Lay patient down. Keep warm and rested. Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures. Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary. Transport to hospital, or doctor, without delay. Following uptake by inhalation, move person to an area free from risk of further exposure. Oxygen or artificial respiration should be administered as needed. Asthmatic-type symptoms may develop and may be immediate or delayed up to several hours. Treatment is essentially symptomatic. A physician should be consulted.

Skin Contact: Quickly but gently, wipe material off skin with a dry, clean cloth. Immediately remove all contaminated clothing, including footwear. Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre. Transport to hospital, or doctor.

Eye contact: Wash out immediately with fresh running water.

Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

Ingestion: IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. For advice, contact a Poisons Information Centre or a doctor. Urgent hospital treatment is likely to be needed. In the meantime, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise: INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means. Avoid giving milk or oils. Avoid giving alcohol. If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

PPE for First Aiders: Wear rubber boots, overalls, gloves, respirator. Use with adequate ventilation. If inhalation risk exists wear organic vapour/particulate respirator meeting the requirements of AS/NZS 1715 and AS/NZS 1716. Available information suggests that gloves made from nitrile should be suitable for intermittent contact. However, due to variations in glove construction and local conditions, the user should make a final assessment. Always wash your hands before smoking, eating, drinking or using the toilet. Wash contaminated clothing and other protective equipment before storing or re-using.

Notes to physician: Treat symptomatically. Effects may be delayed.



Signal Word

Danger

Brisbane North 26 Wolverhampton St, Stafford QLD 4053
Brisbane South 8 Moss St, Slacks Creek QLD 4127
Sunshine Coast 18 Kessling Ave, Kunda Park QLD 4556
Gold Coast 12 Distribution AV Molendinar QLD 4214

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