

Silica Safety Checklist

As part of our commitment to the safety and health of all workers on our jobsites, and our compliance with OSHA regulations, we require all our subcontractors to fill out this form and provide it to the superintendent on each jobsite where you perform work for us. If you need further information on this subject, please refer to OSHA §1926.1153 Respirable crystalline silica which can be found at www.osha.gov. Please use additional sheets as necessary to provide required information.

Section I: Potential Exposure

Does your company perform tasks that may expose your employees to Crystalline Silica?		
Yes <input type="checkbox"/>	continue with Section II	No <input type="checkbox"/> skip to Section IV

Section II: Exposure Control Plan

1. Does your company have a Silica Exposure Control Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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2. Please list the competent person who will administer this plan:	
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3. Select method of compliance:

Please check one	<p>OSHA Table 1: Please list the tasks you perform and the methods from Table 1 you will follow to control employee exposure:</p> <input type="checkbox"/>
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Please check one	<p>Alternative Exposure Control Methods (must include measuring silica): Please list the tasks you perform and a summary of the controls you will use, including, dust controls, respirators, housekeeping, etc.:</p> <input type="checkbox"/>
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4. Will these tasks require the use of respirators?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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a. Do you have a respiratory protection plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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b. Have your employees been trained, medically evaluated and fit tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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5. How will you restrict access to either non-qualified employees or other subcontractors onsite to the areas where silica exposure is possible?
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6. Have you trained your employees in the aspects of your exposure control plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section III: Certification of Compliance

I agree that the above statements are accurate and our company will comply with all OSHA Crystalline Silica requirements.

Name		Title	
Company		Date	
Signature			

Section IV: Certification of Non-Exposure

I certify that my employees perform no work that will potentially expose them to Crystalline Silica. I will train my employees to avoid areas where other subcontractors are working to avoid exposure.

Name		Title	
Company		Date	
Signature			