WRITTEN EXPOSURE CONTROL PLAN

Company: ________________________________ Date: ________________

Name of Competent Person: ____________________ Contact Info: _____________________

Jobsite/Project: ________________________________

Brief description of the work / task: ______________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Materials (check all that apply):

[ ] Brick / Block  [ ] Granite
[ ] Concrete  [ ] Tile
[ ] Mortar / grout  [ ] Fiber-cement Board
[ ] Rock  [ ] Soil
[ ] Stone  [ ] Other: _______________________________

Tasks (check all that apply):

[ ] Cutting/sawing  [ ] Sacking/patching
[ ] Drilling  [ ] Roofing
[ ] Jackhammering/chipping  [ ] Polishing
[ ] Grinding  [ ] Abrasive sandblasting
[ ] Milling  [ ] Mixing/pouring
[ ] Earthmoving  [ ] Sweeping/cleaning up
[ ] Demolishing/disturbing  [ ] Other: _______________________________
[ ] Sanding

Describe the specific tasks that will be performed that involve exposure to respirable crystalline silica:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Equipment (check all that apply):

[ ] Hand-held saw with vacuum  [ ] Hand-held angle grinder with vacuum
[ ] Hand-held saw with water  [ ] Tuckpointing grinder with vacuum
[ ] Stationary masonry saw with vacuum  [ ] Walk behind milling machine with water
[ ] Stationary masonry saw with water  [ ] Portable mixing station with vacuum
[ ] Walk-behind saw with water  [ ] Dust collector/vacuum for sweeping
[ ] Handheld/stand mounted drill with vacuum  [ ] Grading or excavating in enclosed cab
[ ] Jackhammer/chipping tool with vacuum  [ ] Grading or excavating with water
[ ] Jackhammer/chipping tool with water  [ ] Other: _______________________________

Describe the specific equipment (including all components) that will be used on the job: ______________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Work Practice Controls (check all that apply):

Wet cutting:

[ ] Operate and maintain tools in accordance with manufacturer’s instructions
[ ] Check flow rates to minimize release of visible dust
[ ] Ensure spray nozzle is working properly
[ ] Apply water at the point of dust generation
[ ] Check spray nozzle and hoses to ensure they are not clogged or damaged
[ ] Check all hoses and connections to ensure they are intact
[ ] Rinse or replace water filters as needed
[ ] Replace water when it gets gritty or begins to silt up with dust
[ ] Other: ______________________________________________________________________

Vacuum Dust Collection System:

[ ] Operate and maintain tools in accordance with manufacturer’s instructions
[ ] Check shrouds and hoses to ensure they are not clogged or damaged
[ ] Check all hoses and connections to ensure they are intact
[ ] Ensure that the vacuum has enough suction to capture dust at the cutting point
[ ] Change or clean filter(s) in accordance with the manufacturer’s instructions
[ ] Empty dust collection bags often to avoid overfilling
[ ] Keep blade flush against the surface whenever possible
[ ] Other: ______________________________________________________________________

Tasks performed indoors or in enclosed areas:

[ ] Provide exhaust to minimize the accumulation of visible airborne dust.
  [ ] Portable fans (box fans, floor fans, and axial fans)
  [ ] Portable ventilation systems
  [ ] Other systems that increase air movement

Describe the work practice controls that will be used on the job: _________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Respirator Protection (check all that apply):

[ ] “N-95” dust mask respirator  [ ] Powered air-purifying respirator
[ ] Half-facepiece elastomeric respirator  [ ] Other: ______________________________
[ ] Full-face elastomeric respirator

**Ensure that all employees who wear a respirator are medically fit to wear a respirator, have been fit-tested and trained on the proper way to wear the respirator and are clean-shaven.

Describe the specific respirators that will be used to limit employee exposure: ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Housekeeping Controls (check all that apply):

[ ] Wet sweeping of work surfaces  [ ] No dry sweeping
[ ] Use Sweeping compound  [ ] No compressed air
[ ] HEPA-filtered vacuuming of work surfaces  [ ] Other: ______________________________
[ ] Dispose of used vacuum bags in a container

Describe the specific housekeeping measures that will be used to limit employee exposure: ________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Restrict Access (check all that apply):

[ ] Schedule certain tasks when others are not around
[ ] Post warning signs, cones or barrier tape
[ ] Tell employees to stay out of areas where dust is generated if they do not need to be in the area
[ ] Move employees to areas where they are not exposed to dust if possible
[ ] Other: ______________________________

Describe the specific procedures to restrict access to work areas to minimize the number of employees exposed to silica dust:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________