

## Silica Task Specific Written Exposure Control Plan

Date: \_\_\_\_\_ Job Site / Location: \_\_\_\_\_

Description of Task: \_\_\_\_\_

How long will the task be performed per day:  Less than 4 hours  Four hours or more

Location:  Interior or enclosed work  Exterior work

Following Table 1 Requirements?  Y  N or Using Objective Data?  Y  N

Engineering Controls to Be Used (Make/model): \_\_\_\_\_

Any deviation from Table 1 = air monitoring is required. Engineering controls must be used at all times!

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Water hose or spray can | <input type="checkbox"/> Commercial dust collection system                         | <input type="checkbox"/> Equipment maintained to minimize dust emissions  |
| <input type="checkbox"/> Continuous water feed   | <input type="checkbox"/> Dust shrouds or cowls on tool                             | <input type="checkbox"/> Ventilation $\geq$ 25 cfm/inch of wheel diameter |
| <input type="checkbox"/> Surfactant used         | <input type="checkbox"/> HEPA Vacuum w/ cyclone pre-separator/self-cleaning filter | <input type="checkbox"/> Other: (Enter above)                             |

Work Practices: \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cleaned/spare filters  | <input type="checkbox"/> Power source available                               | <input type="checkbox"/> Operator's manual available                                      |
| <input type="checkbox"/> Cleaned/spare hoses    | <input type="checkbox"/> Hoses with no holes, kinks, permanent bends, crushed | <input type="checkbox"/> Shrouds/cowls fit correctly and not damaged                      |
| <input type="checkbox"/> Good connections       | <input type="checkbox"/> Monitor filters or water flow for effectiveness      | <input type="checkbox"/> Follow manufacturer's instruction for filter cleaning/change out |
| <input type="checkbox"/> Water source available | <input type="checkbox"/> Water/exhaust ventilation lines safe from damage     | <input type="checkbox"/> Other: (Enter above)   |

Respiratory Protection (APF = Assigned Protection Factor)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> No Respirator | <input type="checkbox"/> NIOSH Dust Mask (APF 10) | <input type="checkbox"/> ½ Mask with Particulate Filters (APF 10) |
|--|---|---|

Procedures Used to Restrict Access to Work Area: \_\_\_\_\_

A restricted area (tape/signs) is required when operator or spotter must wear respirator.

Containment, off-shift work or isolation is required when activity exceeds PEL.

- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> None needed | <input type="checkbox"/> Barricades               | <input type="checkbox"/> Enclosures           |
| <input type="checkbox"/> Signs/Tape  | <input type="checkbox"/> Notify/clear other staff | <input type="checkbox"/> Off-shift work       |
| <input type="checkbox"/> Spotters    | <input type="checkbox"/> Isolate area             | <input type="checkbox"/> Other: (Enter above) |

**Housekeeping:** \_\_\_\_\_

(Avoid dry sweeping and no using compressed air or leaf blower for housekeeping)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Shop Vacuum for wet debris  | <input type="checkbox"/> HEPA Vacuum with self-cleaning filter for dry material                 | <input type="checkbox"/> Clean dust-control equipment and tools prior to storage                      |
| <input type="checkbox"/> Water hose to clean surfaces/area/equipment                             | <input type="checkbox"/> HEPA Vacuum for dust removal on clothing/equipment                     | <input type="checkbox"/> Bag and dispose of disposable suits/gloves/mask/respirator filters after use |
| <input type="checkbox"/> Silica material from wet saw spray cleaned prior to departure           | <input type="checkbox"/> Dispose of vacuum bags/filters/debris in plastic bags/ tied            |   |
| <input type="checkbox"/> Slurry, wet debris, dry fall or splatter cleaned periodically while wet | <input type="checkbox"/> Slurry transferred to bucket/drums with sealed lid for removal offsite | <input type="checkbox"/> Other: (Enter above)   |

**Objective data use (Optional) –  Y  N (If yes, list air monitoring or other data)**

(Objective data means information, such as air monitoring data from industry-wide surveys or calculations based on the composition of a substance, demonstrating employee exposure to respirable crystalline silica associated with a product or material or specific process, task, or activity. The data must reflect workplace conditions closely resembling or with a higher exposure potential than the processes, types of material, control methods, work practices, and environmental conditions in the employer's current operations.)

**Air Monitoring or Source Data:** \_\_\_\_\_

Conditions from the source data are equivalent to the work conditions?  Y  N

**Additional Notes:**

_____	_____	_____
Person Completing the Control Plan - Signature	Print Name	Position or Title/Dept

_____	_____	_____
Competent Person/Reviewer Signature	Print Name	Position or Title/Dept

**Review this plan after work is completed & archive the document with EHS.**

**Note the review date and comments here:**