

## Site Specific Silica Exposure Plan

Location:		Date:	
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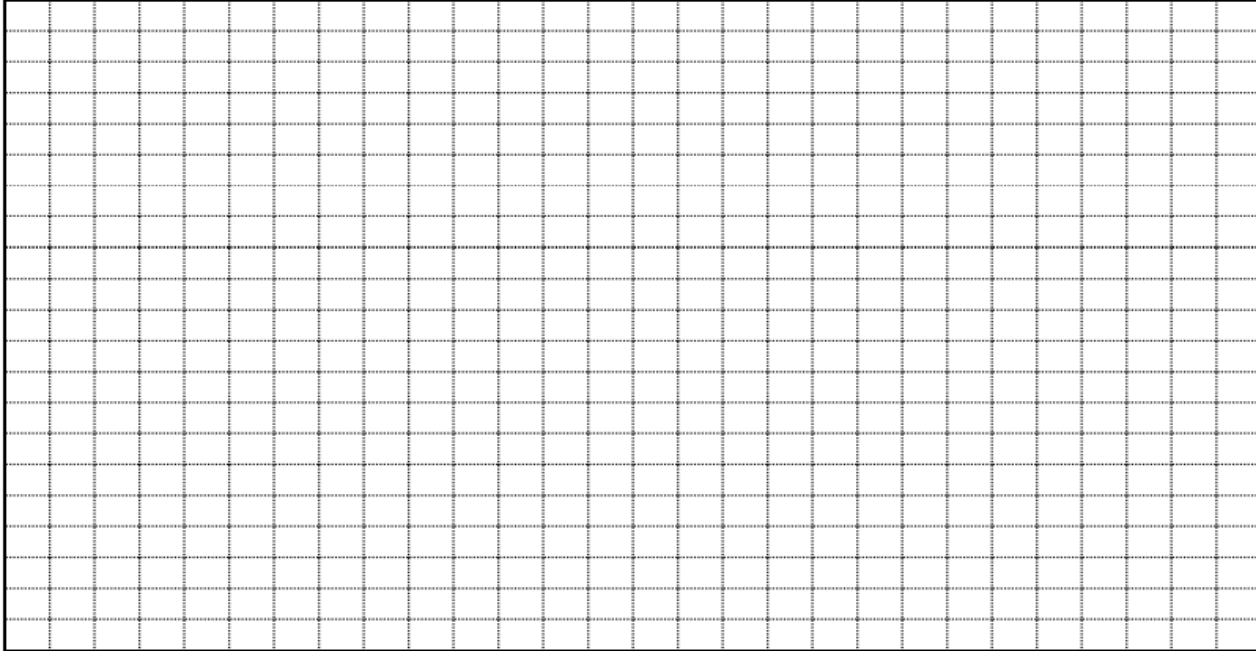
Work Description:

Primary Silica Control Options <i>(Check those options used and explain use if needed)</i>	
<input type="checkbox"/> Substitution Controls <i>(Using Procedures or Products that do no create Silica; must review SDS)</i>	
Other Means of Demo:	
Different Products:	
Other Substitutions:	
<input type="checkbox"/> Engineering Controls <i>(When using ventilation, draw air out and don't expose others to exhaust dusts)</i>	
Vacuuming:	
Wetting:	
Ventilation:	
Isolation:	
Other Means:	
<input type="checkbox"/> Administration Controls <i>(Reducing Exposure by Work Schedules, Timing or Planning Options)</i>	
Control Points:	
Work Schedule:	
Other Means:	

Secondary Silica Control Options <i>(Check those Options used and explain use if needed)</i>					
Personal Protective Equipment					
Half Face Respirator:	<input type="checkbox"/>	Cartridge Type:		Fit Tests Confirmed:	<input type="checkbox"/>
Full Face Respirator:	<input type="checkbox"/>	Cartridge Type:		Fit Tests Confirmed:	<input type="checkbox"/>
Supplies Air Units:					
Coveralls Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Hygiene and decontamination options ( Reducing exposures after work has stopped or during breaks)					
Water or Washing Facilities on Site	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Vacuuming Clothing / Self:					
Safe Work Procedures and othe details:					

## Site Specific Silica Exposure Plan

### Ventilation plan (sketch)




Show direction of airflow including makeup air locations and discharge air outlets

Area or Location in Building of Ventilation Plan	
Date Plan was Reviewed by Workers and Posted for Workers	
Types of Negative Air Fans and No's * Indicate on Plan by Number the Location of the Negative Air Fans	

Ventilation Safety Checklist			
Makeup air free of possible contaminants	<input type="checkbox"/>	Workers not placed between contaminants created and	
Exhaust fan operation has failure warning	<input type="checkbox"/>	exhaust inlet ports	<input type="checkbox"/>
Dilution fans not stirring up dust	<input type="checkbox"/>	Discharge air nto affecting others	<input type="checkbox"/>
Wetting of materials used to keep dust down	<input type="checkbox"/>	All workers equipped with approved respirators	<input type="checkbox"/>
Others	<input type="checkbox"/>	Others	<input type="checkbox"/>

*Note: Attach additional sheets if needed or other documents if required due to hazrds or work conditions.*

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Print Supervisor's Name

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Supervisor's Signature