

Respirable Crystalline Silica Exposure Control Form

Central Michigan University

	Initial		Non-Initial					
Departme	ent:	Date:						
Person Co	Person Completing Exposure Control/Competent Person:							
Employee	e Name:							
CMU Glo	bbal ID:	Employee ID:_						
Work site	Work site/location:							
Description of Task (tools used, duration, supplies, etc):								
Products	Used:							
	Part 590, 1910.1053 General Industry (References Table 1)							
	Part 690, 1926.1153 Construction (Includes Table 1)							
Administ	trative Controls:							
Personal	Protective Equipment:							
Engineer	ing Controls:							

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

(Wet methods, continuous water feed, local exhaust ventilation w/ HEPA filters, commercially available shrouds, commercial dust collection system, cyclone pre-separator/filter cleaning system, surfactant used, and ventilation ≥ 25 cfm/inch of wheel diameter, enclosed cab w/ fresh climate-controlled air to operator, employees outside of cabs applying water/dust suppressants, equipment maintained to minimize dust emissions.)

Department:	Date:						
Work Practices:							
(Maintain equipment functionality – cleaned/spare filters, hoses to start; good connections; hoses with no holes, kinks, permanent bends, crushed; power source available; water source available, ensure ventilation is ≥ 25 cfm/inch of wheel diameter; water/exhaust ventilation lines safe from damage; shrouds/cowls fit correctly and not damaged; follow Manufacturer's instruction for filter cleaning/change out.)							
Respiratory protection:							
(e.g. Use respirator with APF = 10 the entire time the task is being performed – See Table 1)							
See Part 451 – Respiratory Protection rule (1910.134) and CMU Respiratory Plan for information on selection, training and fit testing requirements, and proper use instruction for respirators (i.e., no facial hair interfering with the respirator sealing surface).							
Housekeeping:							
Dust containing silica on work surfaces/equipment must be cleaned up using wet methods or HEPA equipped vacuum, No use of compressed air or dry sweeping for removing dust and debris containing silica, dispose of used vacuum bags in a closed sealed container). Procedures Used to Restrict Access to Work Area (Construction = required, GI = optional):							
	onstruction – requireu, Gr – optionarj.						
(Signage, barricades, enclosures, spotters, work when area is cleared of other contractors to reduce risk of exposure.)							

Name of Competent Person: Signature: Date: Name of Employee: Signature: Date:	Department:		Date:						
Name of Competent Person: Signature: Date:									
	Additional Comments/ Recommendations:								
Name of Employee: Signature: Date:	Name of Competent Person:	Signature:		Date:					
	Name of Employee:	Signature:		Date:					