

Written Silica Exposure Control Plan - Sample

Company: _____ Date: _____

Person Completing the Plan, Title: _____

Competent Person: _____

Job site/location: _____

Description of Task: _____

(Routine task, new task, Indoors/outdoors, task found on Table 1?)

Engineering 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.)

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: _____

(Use respirator with APF = 10 the entire time the task is being performed – See Table 1)

See Part 451 – Respiratory Protection rule 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 of 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 = optional, GI = required if exposures exceed the permissible exposure limit, PEL): _____

(Signage, barricades, enclosures, spotters, work when area is cleared of other contractors to reduce risk of exposure.)

Objective data use (Optional) – Yes or NO

Data Source: _____

Data conditions from the source exactly matches the work conditions? **Yes or No**
(Same conditions, equipment, process, controls, material silica %, environmental.)

Review and update this plan annually.

Keep a copy of this plan at the jobsite.

Provide this plan of action to the General Contractor.

Review this plan with all involved employees.

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