HEALTH HAZARDS

Silica: Table 1 Task Check

Date: _____ Equipment / ID: _____

Inspected by: _____ Result: PASS / FAIL

Fill this in before the task starts. Follow Table 1 fully and you do not need to measure exposure for that task — miss a control and you do.

1. The task

[ ] Task named and found in Table 1: _____ [ ] Indoors or outdoors: _____ [ ] Expected duration: under 4 hours / over 4 hours.

2. The control

[ ] Integrated water delivery running continuously at the blade or point of impact, OR [ ] shroud with a dust-collection system rated for the tool, filter clean and installed. [ ] Where Table 1 offers both, the one chosen is the one being used properly.

3. Respiratory protection

[ ] Respirator required for this task and duration: yes / no. [ ] Assigned protection factor needed: _____ [ ] Worker is fit-tested, medically cleared and clean-shaven at the seal.

4. Housekeeping

[ ] No dry sweeping and no compressed air where a vacuum or wet method is feasible. [ ] HEPA vacuum available. [ ] Debris and slurry contained, not tracked through the site.

5. The paperwork that makes it legal

[ ] Written exposure control plan on site. [ ] Competent person named for this task: _____ [ ] Workers on this task told which control applies and why. [ ] Medical surveillance offered to anyone required to wear a respirator 30 or more days a year.

Before you sign:

- Which Table 1 row are we working to today?
- Who is the competent person on site right now?
- Is the water or the vacuum actually running, or just installed?

SILICA: TABLE 1 TASK CHECK

Sign-off

Everyone who took part signs below. Keep this sheet with your site safety file.

#	Name (print)	Signature
1		
2		
3		
4		
5		
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12		