



SILICA HAZARD ASSESSMENT

*This form is to be completed by all contractors as part of their site specific safety plan and submitted to Power Construction. Any controls established by the contractor are expected to be adhered to for the specific task. If contractor provides their own form that meets or exceeds this information, the contractor may submit that form in lieu of this document.

PROJECT NAME: _____ **DATE:** _____

COMPLETED BY: _____

CONTRACTOR: _____ **TRADE(S):** _____

OPERATION: (Select all that Apply)

<input type="checkbox"/> Drilling/Coring	<input type="checkbox"/> Sanding	<input type="checkbox"/> Mechanically Cutting	<input type="checkbox"/> Chipping/Hammering
<input type="checkbox"/> Grinding	<input type="checkbox"/> Material Dumping	<input type="checkbox"/> Power Actuated Tools	<input type="checkbox"/> Hand Cutting, Sawing, or Demolition
<input type="checkbox"/> Mixing/Patching	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Other:	<input type="checkbox"/> N/A

*Provide brief description of operation and work practices

*Contractor verifies no work disturbing silica-containing materials.

MATERIAL:

<input type="checkbox"/> Concrete/Cement Products	<input type="checkbox"/> Masonry	<input type="checkbox"/> Tile	<input type="checkbox"/> Stone
<input type="checkbox"/> Fireproofing	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Terrazzo	<input type="checkbox"/> Mortar/Grout
<input type="checkbox"/> Brick	<input type="checkbox"/> Clay Products	<input type="checkbox"/> Sand	<input type="checkbox"/> Other:

***If any selected, attach a copy of company's silica control program and SDS.**

CONTROL MEASURES: (Select all that Apply)

<input type="checkbox"/> Attachment & Vacuum	<input type="checkbox"/> Water Delivery (Integrated or Spray)	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Restricting Access – Describe Below	<input type="checkbox"/> Other:
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*Describe tools, methods and/or PPE:

***If using methods outside of table 1, the contractor must provide a copy of air sampling results specific to that operation.**

ADDITIONAL COMMENTS:

Describe the work, activities that may generate respirable crystalline silica

***This completed form does not take the place of each company's written exposure control plan required by 1926.1153. The contractor is solely responsible for completing the required training on these hazards and control measures for their own employees and tier subcontractors.**