

Project Initiation Checklist for “Best Practice” Silica Management:

Guidelines for Use

The following document is intended for safety and health personnel who need assistance in developing safe work practices for employees exposed to silica dust. The checklist provides an easy way to quickly determine whether the most common elements of a silica management program are sufficient or deficient. The checklist covers “best practice” methods regarding engineering controls, training, respiratory protection, training, and risk evaluation. It is important to note that not all of the checklist items listed are required under an OSHA regulation, but instead reflect what might be considered a “best practice.” Additionally, the checklist items are not entirely comprehensive of a specific OSHA regulation, and therefore should not be used solely to determine compliance with specific OSHA standards.



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Project Name & Location:

Project Manager:

Project Customer:

Review Date:

Background			
Work Scope:			
Estimated number of employees:			
Tools			
What tools will be used on-site?			
Risk Evaluation			
	Yes	No	Comments
Is there silica on the jobsite that could be released into the air? (<i>Release can result from either use of raw material (i.e., portland cement) or through completion of work activities on a substrate (e.g., cutting, crushing, chipping, blasting, polishing, sanding, grinding).</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
Has any air monitoring been performed to determine airborne exposure levels? <i>*If yes, please supply date, result, and task monitored.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
If air monitoring has previously been completed, did it include measurement of the task that could create the highest potential exposure?	<input type="checkbox"/>	<input type="checkbox"/>	

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Training			
	Yes	No	Comments
Have employees received training on the hazards of exposure to silica dust (<i>training may be completed under Hazard Communication training</i>)? <i>*If yes, is the training documented in writing (or verified by employee interviews)?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Have employees received training on the controls and/or work practices they are supposed to use to reduce exposure to silica dust? <i>*If yes, is the training documented?</i>	<input type="checkbox"/>	<input type="checkbox"/>	
If employees will be using locally ventilated or exhausted tools (e.g. tool with vacuum attachment), does the training on this tool type include (but is not limited to): <ul style="list-style-type: none"> • Proper shroud maintenance • Proper disposal techniques of debris (i.e. emptying vacuum bag or container) • Limitations of the control 	<input type="checkbox"/>	<input type="checkbox"/>	
If employees will be using water to suppress the dust generated from the tool or activity, does the training on this control type include (but is not limited to): <ul style="list-style-type: none"> • Amount of water to be used • Application of water to the cut site • How long water should be applied for 	<input type="checkbox"/>	<input type="checkbox"/>	
Have employees been trained on what steps to take to protect themselves should the controls they anticipate to use NOT be available?	<input type="checkbox"/>	<input type="checkbox"/>	
Controls			
	Yes	No	Comments
Have controls for suppression or collection of silica dust been determined for this job?	<input type="checkbox"/>	<input type="checkbox"/>	
Is someone responsible for implementation of the silica control program on the jobsite? <i>*If yes, please state who is responsible and their job qualifications.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Can employees demonstrate knowledge of proper use of the chosen controls?	<input type="checkbox"/>	<input type="checkbox"/>	
If controls are being used, have exposure levels been verified through air monitoring? <i>(Verification monitoring could be obtained through company-performed sampling, use of a state OSHA consultation program, insurance carrier, private consultant, etc.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Respiratory Protection Program			
	Yes	No	Comments
Do employees wear respirators at any time to complete any type of task? (Includes but is not limited to: disposable “dust masks”, N95’s, filtering facepieces, ½ masks)	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees required to use respirators during the completion of specific tasks? <ul style="list-style-type: none"> • If yes, has a written respiratory protection program been developed? • If yes, have employees required to use a respirator completed the medical questionnaire form (Appendix C of OSHA’s Respiratory Protection Standard, 29 CFR 1910.134), and has it been reviewed by a licensed health care professional? • If yes, have employees required to use a respirator been fit-tested with either a qualitative (e.g. saccharin/bitrex solution or irritant smoke) or quantitative method (e.g. Portacount)? • If yes, has the fit test been completed in the last year (provide date)? • If yes, do employees perform a user seal check each time they put the respirator on? • If yes, are employees either clean shaven or do not have facial hair that will come in contact with the seal or valves of the respirator and impact proper functioning of the respirator? • If yes, are employees cleaning and storing respirators in a clean and sanitary manner to prevent damage? • If yes, have employees received training on the use of their respirator? (Initially and annually) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Do employees wear disposable respirators (e.g. disposable “dust masks”, N95’s, filtering facepieces) on a voluntary basis only ? <ul style="list-style-type: none"> • If yes, have employees received training on Appendix D of OSHA’s Respiratory Protection Standard, 29 CFR 1910.134 or 29 CFR 1926.52? <ul style="list-style-type: none"> ○ If yes, has this training been documented? ○ If yes, can employees demonstrate proper use of the respirator? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

<ul style="list-style-type: none"> If yes, do you have air monitoring results documenting levels below OSHA's permissible exposure limit (PEL) for crystalline silica dust? 	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Do employees wear any other type of non-disposable respirator on a voluntary basis only?</p> <ul style="list-style-type: none"> If yes, have employees received training on Appendix D of OSHA's Respiratory Protection Standard, 29 CFR 1910.134 or 29 CFR 1926.52? <ul style="list-style-type: none"> If yes, has this training been documented? If yes, can employees demonstrate proper use of the respirator? If yes, have the employees completed the medical questionnaire form (Appendix C of OSHA's Respiratory Protection Standard, 29 CFR 1910.134), and has it been reviewed by a licensed health care professional? If yes, is a limited written respirator program in place to include proper storage, proper cleaning, and Appendix C? 	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments