# OSHA Silica Dust Control Plan & Exposure Monitoring Template

## 1.0 Form Objective & Regulatory Context

This Silica Dust Control Plan & Exposure Monitoring Template documents compliance with OSHA 29 CFR 1926.1153 (Respirable Crystalline Silica) and applicable WorkSafeBC requirements. It tracks engineering controls, work practices, and exposure monitoring results to ensure worker protection from silica dust hazards.

Use this form to record daily dust control measures, document air monitoring data, and identify corrective actions when exposures exceed the Permissible Exposure Limit (PEL) of 50 µg/m³ as an 8-hour TWA.

## 2.0 Administrative Details

Date: _____

Project / Location: _____

Supervisor Name: _____

Competent Person Name: _____

Work Task (e.g., cutting, grinding, drilling): _____

Material Being Worked (e.g., concrete, brick, stone): _____

## 3.0 Audit / Inspection Items

☐ Pass ☐ Fail - Verify wet methods or dust collection system is operational and used for all tasks.

☐ Pass ☐ Fail - Confirm HEPA vacuum or dust extractor is attached to tools (e.g., saws, grinders).

☐ Pass ☐ Fail - Check that water spray or misting system is adequate to suppress visible dust.

☐ Pass ☐ Fail - Inspect local exhaust ventilation (LEV) for proper airflow and filter condition.

☐ Pass ☐ Fail - Ensure workers are using approved respirators (e.g., N95 or half-face) when controls are insufficient.

☐ Pass ☐ Fail - Verify that housekeeping uses wet methods or HEPA vacuum—no dry sweeping or compressed air.

☐ Pass ☐ Fail - Review exposure monitoring records for the last 12 months (if applicable).

☐ Pass ☐ Fail - Confirm that silica training has been completed by all exposed workers.

☐ Pass ☐ Fail - Check that regulated areas are clearly posted and access is restricted.

☐ Pass ☐ Fail - Record any changes in work process or materials that may affect silica exposure.

## 4.0 Corrective Actions & Deficiencies

Issue Description: _____

Immediate Action Taken: _____

Root Cause Analysis: _____

Corrective Action Plan: _____

Assigned To: _____

Due Date: _____

Status (Open / Closed): _____

## 5.0 Sign-off & Authorization

Competent Person Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Safety Manager Signature (if applicable): _____ Date: _____

Date of Review: _____ Date: _____