**Crystalline Silica Exposure Control Work Plan**

A Crystalline Silica Exposure Control Plan is required when respirable crystalline silica exposure is assumed or known to be at or above 25 μg/m3TWA8e of respirable crystalline silica in air.

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| **Department**  Click to enter text. | **Location (building, room)** Click to enter text. | |
| **Description of work**  Click to enter text. | | **Work Order #** Click to enter text. |

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| **Project schedule** | Expected start date: Click to enter date | Expected completion date: Click to enter date | | | | |
| **How long will crystalline silica-containing material be disturbed?** | | |  | **≤ 4 hr./shift** |  | **> 4 hr./shift** |

* **Workers must read and understand this Crystalline Silica Exposure Control Work Plan and be trained in crystalline silica work practices and the systems and equipment that will be used.**
* **Retain this Crystalline Silica Exposure Control Work Plan at the worksite for the duration of work activities.**
* **If any of the project conditions change, revise the exposure control work plan to address the changes.**
* **Additional hazards unrelated to crystalline silica must be assessed and controlled – contact EH&S or your department safety representative for assistance.**

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| **1. Tools and equipment used to disturb crystalline silica-containing material** | | | | | | | | | | | | | |
| [**WAC 296-840 Table 1**](https://www.lni.wa.gov/safety/rules/chapter/840/WAC296-840.PDF) **equipment** | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | Stationary masonry saw |  | | Vehicle-mounted drilling rig |  | Large drivable milling machine (half-lane and larger) | |  | Hand-held saw |  | | Jackhammers and hand-held powered chipping tools | |  | Hand-held power saw (fiber cement board) |  | | Hand-held grinders for mortar removal |  | Crushing machine | |  | Walk-behind saw | |  | Drivable saw |  | | Hand-held grinder (other than mortar removal) |  | Heavy equipment/utility vehicle (hoe-ram, rock ripping) used to abrade/fracture/demo | |  | Rig-mounted core saw or drill | |  | Hand-held and stand-mounted drill |  | | Walk-behind milling machine and floor grinders |  | Heavy equipment/utility vehicle for grading and excavating | |  | Dowel drilling rig |  | | Small drivable milling machine (less than half-lane) |  | Stationary masonry saw | | **Non – WAC Table 1 equipment** | | | | | | | |  | Sledgehammer | |  | Other: Click to enter text. | | | |  | Mechanical sieve | |  | |  | Manual sieve | | | | | | | | | | | | | | | |
| **2. Precautions for warning and protecting building occupants and others** | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Work area secured |  | Signage |  | Building coordinator notified | |  | Plastic barriers in place |  | Ventilation diffusors/grills covered |  | Danger tape | |  | Other: Click to enter text. | | | | | | | | | | | | | | | | | | |
| **3. Exposure controls and work practices to minimize worker exposures** | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Integrated water delivery system |  | HEPA dust collection system (grinders need 25 cfm or greater per inch of wheel diameter) |  | Negative pressure enclosure | |  | Negative air machine |  | HEPA vacuum cleaner |  | Water hose | |  | Exhaust ventilation |  | Enclosed cab or booth  (See WAC 296-840-110) |  | Dust collector/HEPA vacuum tool attachment | |  | Outdoors only |  | Other: Click to enter text. | | | | | | | | | | | | | | | | |
| **4. Personal protective equipment** | | | | | | | | | | | | | |
|  | HEPA respirator | | |  | Disposable gloves | | | | |  | Hearing protection | | |
|  |  | Half-face | |  | Disposable hoods | | | | |  | Disposable coveralls | | |
|  |  | Full-face | |  | Safety glasses | | | | |  | Shoe covers | | |
|  |  | PAPR | |  | Safety goggles | | | | |  | Hard hat | | |
|  |  | N95 | |  | Face shield | | | | |  | High visibility clothing | | |
|  |  | Other: Click to enter text. | |  |  | | | | |  |  | | |
| **5. Air monitoring** | | | | | | | | | | | | | |
|  | WAC Table 1 (no monitoring needed) | | | | | |  | | Previous air monitoring has shown that employee exposures are below the Action Level and PEL for this task. | | | | |
|  | Arranged with EH&S (No initial NEA) | | | | | |  | | | | |
| **6. Employee(s) trained to work under this plan (attach additional sheets if necessary)** | | | | | | | | | | | | | |
| **Name** | | | **Employee number** | | | **Current training (within last year)** | | | | | | | |
| Click to enter text. | | |  | | |  | | Respirable crystalline silica | | | |  | Respiratory protection |
| Click to enter text. | | |  | | |  | | Respirable crystalline silica | | | |  | Respiratory protection |
| Click to enter text. | | |  | | |  | | Respirable crystalline silica | | | |  | Respiratory protection |
| Click to enter text. | | |  | | |  | | Respirable crystalline silica | | | |  | Respiratory protection |
| **7. Clean-up and wash-up procedures** | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Work Area:** | | **No Compressed Air Cleaning**  **No Dry Sweeping** | | |  | Wet cleaning | |  | HEPA vacuuming | |  | Other: Click to enter text. | | | | **Personnel:** | |  |  | |  | Water |  |  | |  | Soap | |  | Clean towels | |  | Other: Click to enter text. | | | | | | | | | | | | | | | | |
| **8. Waste disposal** | | | | | | | | | | | | | |
|  | Consult with EH&S Environmental Programs (contact: [chmwaste@uw.edu](mailto:chmwaste@uw.edu)) for waste disposal determination for contaminated crystalline silica waste. | | | | | | | | | | | | |

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| **9. I certify that all required precautions including, but not limited to, wearing of proper protective equipment and clothing, participation in a medical surveillance program if necessary, and the procedures referenced above will be followed during this project. These employees have received appropriate training in the tasks to be performed and understand the risks associated with working with crystalline silica-containing material.** | | | |
| **Name of project manager, supervisor, or lead** |  | **Signature** | **Date** |
| Click to enter text. | |  | Click to enter date |
| **10. Reviewed by Competent Person (name)\*** | | | |
| Click to enter text. | |  | Click to enter date |

\*Project manager, supervisor, or lead may also be the Competent Person, if they meet the definition of a Competent Person.

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| **THIS EXPOSURE CONTROL WORK PLAN MUST BE AVAILABLE AT THE JOB SITE.** |