

Silica Exposure Control Permit

Date Completed:			
Crew Foreman:		Competent Person:	
Customer Site/Project #:			
Worker(s):			
Scope of work to be completed:			
Work start date:		Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years	
Workers trained in (training records must be available for review):			
Proper use of equipment	Y <input type="checkbox"/> N <input type="checkbox"/>	Proper use of admin & work practice controls	Y <input type="checkbox"/> N <input type="checkbox"/>
Proper use of engineering controls	Y <input type="checkbox"/> N <input type="checkbox"/>	Proper use of PPE	Y <input type="checkbox"/> N <input type="checkbox"/>
Proper disposal methods	Y <input type="checkbox"/> N <input type="checkbox"/>	Other (fall protection, confined spaces, etc.)	Y <input type="checkbox"/> N <input type="checkbox"/>
Respirators			
Required: Y <input type="checkbox"/> N <input type="checkbox"/>	Available: Y <input type="checkbox"/> N <input type="checkbox"/>	Fit-tested: Y <input type="checkbox"/> N <input type="checkbox"/>	
Documents to be attached to control plan (<input checked="" type="checkbox"/> if present)			
<input type="checkbox"/> TSTI <input type="checkbox"/> SDS <input type="checkbox"/> Training records			
Supervisor Signature		Position:	Date:

