**Silica Employee Exposure Monitoring Checklist**

This inspection covers silica exposure and monitoring standards according to OSHA guidelines. It can be used by safety professionals and other personnel when working in environments with silica exposure.

By:

Date:

Time:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Is there silica in the workplace that can be released into the workplace air? | Yes | No | N/A | Comments |
| 1. If "yes", have you made a written determination that states whether any employee may be exposed to airborne concentrations of silica? | Yes | No | N/A | Comments |

## If "yes" to 2, does the written determination include at least the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Any information, observations, or calculations that would indicate employee exposure? | Yes | No | N/A | Comments |
| 1. If employees are exposed to toxic material, statement that exposure is at or above the Permissible Exposure Limit for crystalline quartz? | Yes | No | N/A | Comments |
| 1. Date of determination, work being performed, location within the worksite, identification of employees possibly exposed? | Yes | No | N/A | Comments |
| 1. Any concentration measurements (area or personal) taken? Any comments from medical examinations that may point to possible exposures? | Yes | No | N/A | Comments |
| 1. Any comments from medical examinations that may point to possible exposures? | Yes | No | N/A | Comments |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Is there any reasonable possibility of any employee being exposed above the Permissible Exposure Limit according to the written determination? | Yes | No | N/A | Comments |
| 1. If "yes", have you measured the exposure of the employee (s) most likely to have the greatest exposure (maximum risk employees)? | Yes | No | N/A | Comments |
| 1. If "no", have you repeated Step 2 and succeeding steps each time there has been a change in production, process, or control measures that could result in an increase in airborne concentrations of any material in Step 2? | Yes | No | N/A | Comments |

## If any exposure measurement indicates exposure above the Permissible Exposure Limit, have you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Identified all employees so exposed? | Yes | No | N/A | Comments |
| 1. Sampled those employees so identified? | Yes | No | N/A | Comments |
| 1. Classified all employees according to noncompliance exposure, possible overexposure, or compliance exposure? | Yes | No | N/A | Comments |

## Have you taken the following actions, depending on employee classification:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Resampled employees with noncompliance exposures within 1 month and decided whether controls are to be instituted? | Yes | No | N/A | Comments |
| 1. Resampled employees with possible overexposures within 2 months and reclassified them if appropriate? | Yes | No | N/A | Comments |
| 1. Resampled employees with compliance exposures every 2 months (or if changes occurred in the operation) and reclassified them if appropriate? | Yes | No | N/A | Comments |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Have employees with exposures exceeding Federal standards been informed? | Yes | No | N/A | Comments |
| 1. Have all employee exposure measurements been properly recorded and filed? | Yes | No | N/A | Comments |
| 1. Have you instituted appropriate controls for those exposed employees needing them? | Yes | No | N/A | Comments |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Write Comments or Remarks here: | | | | |