

| Instructions | | | | |
|---|--|--|--|-----------------|
| <p>1. Use this form to collect information on employee(s) exposure from one product or material, or process, task, or activity. The information will be used for recordkeeping purposes and includes information requested in paragraphs (j)(1)(ii), air monitoring data, and (j)(2)(ii), objective data, of the construction standard (29 CFR 1926.1153).</p> <p>2. Exposure assessment must reflect the exposures of employees on each shift, for each job classification, in each work area.</p> <p>3. Reassess exposures whenever a change in the production, process, control equipment, personnel, or work practices may reasonably be expected to result in new or additional exposures at or above the action level, or when the employer has any reason to believe that new or additional exposures at or above the action level have occurred.</p> | | | | |
| Purpose | | | | |
| <input type="checkbox"/> Air Monitoring Data <input type="checkbox"/> Initial <input type="checkbox"/> Re-sampling | | <input type="checkbox"/> Objective Data, Source: _____ <input type="checkbox"/> Reassessment, Change in: _____ | | |
| Date | Contractor | Region | | Site |
| | | <input type="checkbox"/> Northeast (NE) <input type="checkbox"/> Southeast (SE) <input type="checkbox"/> Southwest (SW) <input type="checkbox"/> West (W) <input type="checkbox"/> Midwest (MW) | | |
| Employees Represented by Monitoring | | | | |
| Name | ID | Job Class | PPE Used | Monitored (Y/N) |
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| Job Description | | | | |
| | | | | |
| Type of Work Being Performed | | | | |
| Task | Time Performed (%) | Task | Time Performed (%) | |
| <input type="checkbox"/> Cutting (C) | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | <input type="checkbox"/> Mixing Concrete (MC) | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | |
| <input type="checkbox"/> Grinding (G) | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | <input type="checkbox"/> Mixing Mortar (MM) | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | |
| <input type="checkbox"/> Drilling (D) | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | <input type="checkbox"/> Terrazzo Work (TW) | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | |
| <input type="checkbox"/> Other: | | | <input type="checkbox"/> <25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> >75 | |
| Base Material | | Silica Content of Base Material | | |
| <input type="checkbox"/> Block (BL) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Brick (BR) <input type="checkbox"/> Concrete (C) | | <input type="checkbox"/> From bulk sample _____ <input type="checkbox"/> From estimate (MSDS or list) _____ <input type="checkbox"/> Unknown | | |
| Tool(s) Used | | PPE Used | | |
| Make: _____ Model: _____ | | <input type="checkbox"/> Dust Mask (DM) <input type="checkbox"/> Half Face (HF) <input type="checkbox"/> Full Face (FF) <input type="checkbox"/> Protective Clothing (PC) <input type="checkbox"/> Glove (G) <input type="checkbox"/> Other: _____ | | |

| Control Method(s) | |
|---|--|
| <input type="checkbox"/> None (N) <input type="checkbox"/> Dry (D) <input type="checkbox"/> Natural Ventilation (NV) <input type="checkbox"/> General Mechanical (GM) <input type="checkbox"/> Local Exhaust Ventilation - with HEPA vacuum (LE-HEPA) <input type="checkbox"/> Local Exhaust Ventilation - with shop vac or other vacuum (LE-OTHER) <input type="checkbox"/> Wet Method - Continuous Drip (WM-CD) <input type="checkbox"/> Wet Method - Continuous Spray (WM-CS) <input type="checkbox"/> Wet Method - Non-continuous Drip (WM-NCD) Frequency: _____ <input type="checkbox"/> Wet Method - Non-continuous Spray (WM-NCS) Frequency: _____ <input type="checkbox"/> Other: _____ | |
| Silica written exposure control plan in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Controls checked during sampling period? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employee trained and familiar with operation of controls? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| Environment | Nearby Visible Dust Sources |
|--|---|
| <input type="checkbox"/> Outdoors <input type="checkbox"/> Open Sided (Free Flow) <input type="checkbox"/> Enclosed on 1 Side (Limited Flow) <input type="checkbox"/> Enclosed All Sides (No Flow) <input type="checkbox"/> Other: _____ | <input type="checkbox"/> None <input type="checkbox"/> Other workers doing same task <input type="checkbox"/> Partial from other tasks and sources <input type="checkbox"/> Continuous from other tasks and sources <input type="checkbox"/> Other: _____ |
| Other Possible Interferences in Sampling Area(s) | |
| | |

| Wind Speed (mph) | Source | Temperature (°F) | Humidity (%) |
|---|--|---|--|
| <input type="checkbox"/> None <input type="checkbox"/> <5 <input type="checkbox"/> 5-10 <input type="checkbox"/> >10 | <input type="checkbox"/> None <input type="checkbox"/> Natural <input type="checkbox"/> Artificial | <input type="checkbox"/> <40 <input type="checkbox"/> 40-90 <input type="checkbox"/> >90 | <input type="checkbox"/> <20 <input type="checkbox"/> 20-40 <input type="checkbox"/> 40-60 <input type="checkbox"/> 60-80 <input type="checkbox"/> >80 |

| Type & Number of Samples Collected | | | | | | |
|--|-------------|--------------|-------------------|------------------------------|--|---------------------|
| <input type="checkbox"/> Personal (P): _____ <input type="checkbox"/> Area (A): _____ <input type="checkbox"/> Bulk (B): _____ | | | | | | |
| Agent | | | | | | |
| <input type="checkbox"/> Silica (S) <input type="checkbox"/> Silica w/ Respirable Dust (S/RD) <input type="checkbox"/> Silica w/ Total Dust (S/TD) | | | | | | |
| Sample ID | Description | Date Sampled | Collection Medium | Sample Volume, Time, or Area | Sample Units L, mL, min, in, ft ² | Analysis Requested* |
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*Analytical Methods: OSHA ID-142, NMAM 7500, NMAM 7602, NMAM 7603, MSHA P-2, or MSHA P-7.

| | | | |
|--|--------------|--|-----------|
| Laboratory Utilized (Name and Location) | | | |
| Laboratory Results | | | |
| Volume of Sample (L) [Average Flow Rate x Duration] | | Volume of Sample (m ³) [1000 L = 1 m ³] | |
| | | | |
| Weight (mg) | | | |
| Respirable Dust | α-Quartz | Cristobalite | Tridymite |
| | | | |
| Silica Content (%) | | | |
| α-Quartz | Cristobalite | Tridymite | |
| | | | |

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|--|---|---|-------------------|
| Exposure Calculations | | | |
| PEL** = 0.050 mg/m³ or 50 μg/m³ | | | |
| Silica Conc. Total = | mg/m ³ α-Quartz + mg/m ³ Cristobalite + mg/m ³ Tridymite | = | mg/m ³ |
| Exposure (8-hr TWA) = | $\frac{[(\text{mg}/\text{m}^3_{(1)} * \text{time, min}_{(1)}) + \dots + (\text{mg}/\text{m}^3_{(n)} * \text{time, min}_{(n)})]}{480 \text{ min}}$ | = | mg/m ³ |
| ** mg/m ³ x 1000 = μg/m ³ | | | |

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|-----------------|
| Comments |
| |

| |
|---------------------|
| Sampled By: |
| _____ |
| Name (Print) |
| _____ |
| Signature |