SILICA DUST HAZARD ASSESSMENT & WORK PLAN

Part 1 – Project Information			
1 **Prime contractor:**	2 **Superintendent:**	2a **Phone:**	
3 **Project:**	4 **CSO/FA:**	4a **Phone:**	
5 **Project Address:**	6 **Site Phone:**	6a **Site fax:**	
7 **Company doing cement finishing:**		8 **Subcontractor** ☐Yes ☐No	
9 **Address:**	10 **Contact name:**	11 **Phone:**	
12 **If sub-contractor for who:**			
13 **Onsite supervisor(s):**			
14 **Worker(s):**	14a	14b	
14c	14d	14e	
14f	14g	14h	
14i	14j	14k	
14l	14m	14n	

Part 2 – Hazard Assessment			
15 **Person completing hazard assessment** (name & signature)**:**		15a **Phone:**	
15b **Part 2 was reviewed by the on-site supervisor(s) on** (date):		**Name & Signature:**	
Name & Signature:		**Name & Signature:**	
16 **Work to be completed** (check all that apply)**:** ☐Grinding walls ☐Grinding ceilings/floors ☐Grinding stairwells ☐Grinding window/door casements ☐Cutting cement ☐Cutting asphalt ☐Cutting brick/cinder block ☐Drilling walls/floors ☐Chipping ☐Hammering ☐Abrasive blasting ☐Sweeping ☐Other:			
17 **Assessment date:**	17a **Work start date:** **at**	17b **Duration:** ☐days ☐months ☐years	
18 **Work areas:**	18a	18b	18c
	18d	18e	18f
	18g	18h	18i
	18j	18k	18l

19 **Potential Hazard**	**Description**	**Location**
19a ☐ Falls		18
19b ☐ Slipping/tripping		18
19c ☐ Confined space (see 28)		18
19d ☐ Workers above		18
19e ☐ Workers below		18
19f ☐ Excessive noise		18
19g ☐ Powerline proximity		18
19h ☐ Floor openings		18
19i ☐ Access/egress		18
19j ☐ Unprotected rebar		18
19k ☐ Guardrails/handrails		18
19l ☐ Work platforms		18
19m ☐ Work area atmosphere		18
19n ☐ Lighting		18
19o ☐ Hot/cold		18
19p ☐ Working alone		18
19q ☐ Uneven surface/floor		18
19r ☐ Others		18

20 **Are there other trades in the work area?** ☐Yes ☐No	20a **Will they be affected by our work activities?** ☐Yes ☐No
20b **Work frequency:** ☐Ongoing (all day) ☐Frequently (multiple times per day or week) ☐Intermitent (<1 time per day or week)	
21 **Common areas affected:** ☐Lunch rooms ☐Site office ☐Port-a-potty ☐Tool cribs ☐Access/egress points (on the site) ☐Access/egress points (into the site) ☐Other:	
21a **Trades affected by work activities:**	

22 **Trade**	**Company**	**Contact**		**Notified**	
		Name	**Phone**	**Yes**	**No**
22a				☐	☐
22b				☐	☐
22c				☐	☐
22d				☐	☐

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22e				☐	☐
22f				☐	☐
22g				☐	☐

23 **Are there any additive materials on/in the Cement that when heated could produce toxic fumes?** ☐Yes ☐No

23a **If Yes what are they?** | 23b **Has MSDS been reviewed?** ☐Yes ☐No

24 **Initial air quality levels taken?** ☐Yes ☐No ☐N/A | 24a **By who?** | 24b **Date:**

25 **Are any work areas at high lift?** ☐Yes ☐No | 25a **Maximum working height:** ☐ft ☐m

26 **Weather conditions during assessment:** ☐sunny ☐raining ☐overcast temperature: ☐Cº ☐Fº

27 **Was there natural ventilation through the work area?** ☐Y ☐N | 27a If Yes how fast? ☐mph ☐kph

If entry to a confine space is required a hazard assessment must be completed and entry procedures must be developed and reviewed before any entry by workers. Part 9 of the Occupational Health & Safety Regulation details confined space entry requirements.

28 **Has a confined space hazard assessment been completed?** ☐Yes ☐No ☐N/A

29 **Notes:**

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Part 3 – Safe Work Plan

30 **Primary silica dust control options** (complete this section in order to determine if controls will provide the best protection to workers while being technically feasible to implement.)

30a **Substitution controls:**

☐Other technologies available (i.e. patching & sacking) ☐Not feasible/practical

30b **Engineering controls:**

☐Vacuuming (LEV) **How will it be used?**
☐Wetting **How will it be used?**
☐Ventilation **How will it be used?**
☐Make-up air **How will it be used?**
☐Isolation **How will it be used?**
☐Abatement **How will it be used?**

30c **Administrative controls:**

☐Control zone **How will they be used?**
☐Coordination **How will it be used?**
☐Other means **What is it and how will it be used?**

31 **Secondary silica dust control options** (complete this section in order to determine what additional controls may be required to ensure workers are safe from exposure to Silica dust)

31a **Personal Protective Equipment:**

Respirator (required for grinding, chipping and clean-up) - ☐$^1/_2$ mask ☐Full mask
Cartridge type: ☐Organic vapour cartridge required
☐Other:

31b **Hygiene & decontamination:**

Washing facilities available? ☐Y ☐N **Location on site?**
☐Vacuum clothing/self **When will it be done?**

32 **Overview of work procedure** (how will the work be done safely?)**:** Supervisors are required to review all work areas covered by this work plan (SWP) to ensure that there are no hazards which have not been addressed. Any hazards noted must be addressed before work begins. All members of the work crew must review this plan before commencing work.

33 **Task/control matrix** (relating to silica dust) use table 1 for codes, separate with a comma (,)

#	Date/Duration	TASK	Location	CONTROLS		PPE	SUPPLIES/ EQPT
				engineering	administrative		
			18				
			18				
			18				
			18				
			18				
			18				
			18				
			18				
			18				
			18				
			18				

34 **Ventilation equipment required**

#	Equipment	Model/Ser #	Last service/ inspection date	Required
1	Air make-up/ventilation/exhaust fan			☐
2	Air make-up/ventilation/exhaust fan			☐
3	Air make-up/ventilation/exhaust fan			☐
4	Air make-up/ventilation/exhaust fan			☐
5	Negative air unit			☐
6	Negative air unit			☐

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35 **Ventilation plan** (illustrate how ventilation will be set-up; use numbers from section 33 above to show location of ventilation; use arrows to show air flow in/out). Use additional pages as required.

36 **Ventilation checklist** (all need to be checked)**:** ☐Make-up air free of contaminants ☐Exhaust fan has failure warning ☐Dilution fans not spreading/stirring-up Silica dust ☐Workers not in path of Silica dust and exhaust inlet ☐Exhaust not affecting other workers/public ☐Filters checked

37 **Coordination** (check those that must be reviewed prior to work commencing)**:** ☐Emergency evacuation reviewed ☐After hours work (FA, security, etc) ☐Affected workers notified ☐Others:

38 **Documents available for review** (*indicates that these documents are available in our OH&S Program)**:** ☐Exposure Control Plan* ☐Respiratory Protection Program* ☐Training Records ☐SWP* (tools, equipment, controls, etc) ☐Other:

39 **Notes:**

Table 1 (codes for task/control matrix)

ENGINEERING CONTROLS		ADMINISTRATIVE CONTROLS		PPE		SUPPLIES/EQUIPMENT	
1	Exhaust Fan	1	Signage	1	Respirator	1	Hand Grinder
2	LEV/shrouds	2	After Hours Work	2	Gloves	2	Ceiling Grinder
3	Wetting	3	Scheduling	3	Coveralls	3	Floor Grinder
4	Partial Enclosure	4	Decontamination	4	Hearing Protection	4	Disposal Bags/containers
5	Full Enclosure	5	Barriers	5	Eye Protection	5	-N -R -P 100 Vacuum filter
6	Abatement system			6	Hi-vis Vest	6	-N -R -P 100 Respirator filter
				7	Rubber Boots (CSA)	7	Flat blade shovel
				8	Fall Protection equipment	8	Scaffolding/work platform
						9	Water hose/brush/sprayer

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Part 4 – Exposure Control Monitoring (complete periodically during work activities)		
40 **Worker training** (training records are available for review)		
40a Use of grinding equipment ☐Y ☐N	40b Use of control zones ☐Y ☐N	40c Use of respirator/fit test ☐Y ☐N
40d Use of LEV ☐Y ☐N	40e Use of signage ☐Y ☐N	40f Use of abatement/enclosures ☐Y ☐N
40g Use of Water ☐Y ☐N	40h Use of PPE ☐Y ☐N	40i Other (fall protection, swing stages, ladders, etc) ☐Y ☐N

41 **Engineering controls**		**Problem**	**Remedy**
41a Available at site	☐Y ☐N		
41b Operating correctly	☐Y ☐N		
41c Used appropriately	☐Y ☐N		
41d Effective in dust control	☐Y ☐N		
42 **Administrative controls**			
42a Available at site	☐Y ☐N		
42b Used appropriately	☐Y ☐N		
42c In place before work start	☐Y ☐N		
42d Effective	☐Y ☐N		
43 **Cleanup**			
43a Vacuum used effectively	☐Y ☐N		
43b Large pieces picked up	☐Y ☐N		
43c Vacuum capacity not exceeded	☐Y ☐N		
43d Pre-filters in place	☐Y ☐N		
43e Vacuum attachments used	☐Y ☐N		
43f Collection bags in place	☐Y ☐N		
43g Waste disposal (water to suppress)	☐Y ☐N		
43h Filters checked regularly	☐Y ☐N		
44 **Respirators**			
44a Workers trained on safe use	☐Y ☐N		
44b Respirator fit test completed	☐Y ☐N		
44c Filters correct for scope of work	☐Y ☐N		
44d Filters checked/replaced regularly	☐Y ☐N		
44e Respirator maintained regularly	☐Y ☐N		

45 **Notes:**