

## Job Site Silica Inspection Form

Job Site Evaluated: \_\_\_\_\_

List the task(s) that were evaluated for potential silica exposure

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List the equipment used to control potential silica exposure as part of this evaluation

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List the material(s) worked on that might contain silica

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Controls adequate for tasks performed? (If not list corrective action below)

\_\_\_\_\_  
 Equipment being used properly? (If not list corrective action below)

\_\_\_\_\_  
 Housekeeping controls adequate? (If not list corrective action below)

\_\_\_\_\_

\_\_\_\_\_  
Printed Name of Competent Person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date