

WRITTEN EXPOSURE CONTROL PLAN FORM

Company: _____

Person Completing the ECP (Name, Title): _____

Project Name: _____ Date ECP Completed: _____

Project Description: _____ Competent Person: _____

Materials: _____ Tools: _____

Task Description: Wet work first as a rule. Defer to Table 1 for guidance. If a task is not listed in Table 1 contact the Safety Director prior to work. Specific tasks are:

CONTROL DESCRIPTION

Engineering controls: _____

Work practices: _____

Respiratory protection: As directed by table one. Specifically: _____

Housekeeping Methods: _____

Procedures Used to Restrict Access to Work Areas: _____

Training:

Provided annually for all workers via Vivid. Respirator fit, wear and care by the Safety Director.

Medical Surveillance:

Medical surveillance will be provided within 30 days of assignment and offered after 30 days of use per the standard.

The **bolded sections** are information in these sections are required, by OSHA, to be compliant with the silica standard. Employers can include additional information, such as medical surveillance, exposure assessment information, and/or training, if it is useful to them, but they are not required to do so under the silica standard.

Employee name and signature acknowledging that this has been read and understood.

Print Name	Signature