**SILICA WRITTEN EXPOSURE CONTROL PLAN (ECP)**

**Location:**

**Person completing the plan:**

**No possible way to use the tables? Explain:**

**Air sampling documented? Who:**

**Description of task and duration:**

**Control Description**

Controls:

Work Practices:

**Workers Name:**

Respiratory Protection Type:

Any history that would disqualify? YES NO

Employees received their physical examination? YES NO

Xray? YES NO

Pulmonary Functions test? YES NO

Fit Test? YES NO

All paperwork on record? YES NO

**Housekeeping:**

**Procedures Used to Restrict Access to Work Areas:**

**By signing this I agree to adhere to the requirements above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**