## APPENDIX N-5 TASK SPECIFIC EXPOSURE CONTROL PLAN

DATE CONTROL PLAN COMPLETED:					
PRIME CONTRACTOR:			SUPERINTENDEN	Т:	
PROJECT MANAGER:			CSO/FA:		
PROJECT:	ADDF	RESS:			
COMPANY COMPLETING WORK:	1				
ADDRESS:			CONT	ACT:	
CONTACT PHONE:			CONTACT FAX:		
ONSITE SUPERVISOR(S):					
WORKER(S):					
SCOPE OF WORK TO BE COMPLETED:					
WORK START DATE:			DURATION:		EARS
EMPLOYER RESPONSIBLE FOR:					
SUPERVISOR RESPONSIBLE FOR:					
WORKER RESPONSIBLE FOR:					
HAZARDS IDENTIFIED (Other than silica dus	i)		CONTRO	L MEASURE(S)	
□ FALLS					
U WORKERS ABOVE					
WORKERS ABOVE WORKERS BELOW					
WORKERS ABOVE     WORKERS BELOW     NOISE					
WORKERS ABOVE     WORKERS BELOW     NOISE     ELECTRICAL					
WORKERS ABOVE     WORKERS BELOW     NOISE	ow are you	u going to w	ork safely?):		
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WORKERS ABOVE     WORKERS BELOW     INOISE     ELECTRICAL     OVERVIEW OF WORK PROCEDURE (Ho     WORKERS TRAINED IN (Training records in     PROPER USE OF GRINDING EQUIPMENT	nust be a	vailable for	review): PROPER USE OF AL		
WORKERS ABOVE     WORKERS BELOW     NOISE     ELECTRICAL     OVERVIEW OF WORK PROCEDURE (Ho     WORKERS TRAINED IN (Training records to     PROPER USE OF GRINDING EQUIPMENT     PROPER USE OF ENGINEERING CONTROL	must be a	vailable for Y ND Y ND	review): PROPER USE OF AE PROPER USE OF PF	PE	Y ND
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□ WORKERS ABOVE         □ WORKERS BELOW         □ NOISE         □ ELECTRICAL         OVERVIEW OF WORK PROCEDURE (Ho         WORKERS TRAINED IN (Training records I         PROPER USE OF GRINDING EQUIPMENT         PROPER USE OF ENGINEERING CONTROL         PROPER DISPOSAL METHODS         RESPIRATORS (Refer to ECP for respirator         REQUIRED: Y□ N□	nust be a S requireme	vailable for       Y □       Y □       Y □       Y □       Y □       N □       Y □<	review): PROPER USE OF AE PROPER USE OF PF Other (Fall Protection	PE	Y ND
WORKERS ABOVE     WORKERS BELOW     NOISE     ELECTRICAL     OVERVIEW OF WORK PROCEDURE (Ho     WORKERS TRAINED IN (Training records in     PROPER USE OF GRINDING EQUIPMENT     PROPER USE OF ENGINEERING CONTROL     PROPER DISPOSAL METHODS     RESPIRATORS (Refer to ECP for respirator	must be a S requireme VAILABL (Other th	vailable for Y N Y N Y N Y Y N Y N N H S H S N N N N N N N N N N N N N N	review): PROPER USE OF AE PROPER USE OF PF Other (Fall Protection	E Swing Stages, etc) FIT TESTED: Y□ N□	

## APPENDIX N-5 TASK SPECIFIC EXPOSURE CONTROL PLAN

DC		ITS TO E	BE ATTACHED	TO CONTR	OL PLAN (⊠ if	<sup>;</sup> present)							
	Exposure	e Control	I_Program	spiratory Pr	otection Progra	am 🛛 Tra	ining Records	SWP (to	ols & equipmer	it)			
Pro	oject Mar	nagemen	nt Signature			Position	:		Date:				
Co	ntractor	Supervis	or Signature				Date:						
ΤA	SK/RISK	MANAC	GEMENT MATR	IX use table	1 for codes, sep	arate with	a comma (,)						
#	Date/D	uration	TAS	<			ROLS		PPE SUPPLIE				
					ENGINEE	RING	ADMINIST	RATIVE		EQPT			
NC								- 4-)					
INC		r lask/risk	k management ma	allix above. (	Jse # to indicate	which task	the note relate	is (0)					
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	ED APPR												
			RD CONTROL										
			ONTROLS										
	AILABLE		JNTROLS										
USED APPROPRIATELY Y□ N□ IN PLACE BEFORE WORK START Y□ N□													
	-		VURK START										
	FECTIVE			Y ND									
VACUUM USED PROPERLY Y□ N□ LARGE PIECES PICKED UP Y□ N□													
-	EFILTER												
		-	ENTS USED										
CO	ILECTIO	N BAGS	IN PLACE	$Y\square N\square$				1					

### APPENDIX N-5 TASK SPECIFIC EXPOSURE CONTROL PLAN

WASTE PROPERLY DISPOSED OF Y N

TABLE 1 (Codes for task/risk management matrix)										
ENGINEERING CONTROLS		ADI	MINISTRATIVE CONTROLS		PPE	SUPPLIES/EQUIPMENT				
1	Exhaust Fan	1	Signage	1	Respirator	1	Hand Grinder			
2	LEV	2	After Hours Work	2	Gloves	2	Ceiling Grinder			
3	Wetting	3	Scheduling	3	Coveralls	3	Floor Grinder			
4	Partial Enclosure			4	4 Hearing Protection		Disposal Bags			
5	Full Enclosure			5	Eye Protection	5	HEPA filter (Vacuum)			
6	Shroud			6	Reflective Vest	6	HEPA filter (Respirator)			
7	Barriers			7	7 Rubber Boots (CSA)		Shovel			
					8 Fall Arrest		Life Line			
						9	Roller and pan			
						10	Brush / trowel			

# SITE SPECIFIC EXPOSURE CONTROL PLAN

Location:		Date:
Work Description:		
• SUBSTITUTIONS COL	NTROLS: (Using procedures or pr	
Vacuuming: Wetting: Ventilation:	ROLS: (When using ventilation dr	
Control points: Work schedule:		
SECONDARY CONTRO ◆ PERSONAL PROTECT	L OPTIONS (Check those option	ns used and explain use if needed):
<sup>1</sup> / <sub>2</sub> Mask respirators:	Cartridge type:	Fit tests confirmed:
	Cartridge type:	Fit tests confirmed:
Supplied air units: Coveralls required:		
·	CAMINATION OPTIONS (Rea	ducing exposures after work has stopped or during breaks)
SAFE WORK PROCEDUR	ES & OTHER DETAILS:	

### Ventilation Plan (sketch)

✓ Show direction of airflow including makeup air locations and discharge air outlets	 	 																				_				
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Area or Location in Building of Ventilation Plan (eg. floor #, wing)

Date plan was reviewed by workers and posted for workers to see

Types of Neg. Air Fans & No.'s \*

\* Indicate on Plan by No. the location of the Negative Air Fans

#### Ventilation Safety Check List

- □ Make-up air free of possible contaminants
- Workers not placed between contaminants created and exhaust inlet ports
- □ Exhaust fan operation has failure warning
- □ Dilution fans not stirring up dusts
- Wetting of materials used to keep dust down
- □ Discharge air not affecting others
- □ All workers equipped with approved respirators

Note: Attach additional sheets if needed or other documents if required due to hazards or work conditions

Print Supervisors Name