

SUBCONTRACTOR SILICA SAMPLING REPORT FORM

(This is a fill-able form – fields will expand as information is typed in. Form completion instructions on next page.)

PROJECT / TASK INFORMATION							
Sampling Date:		Sampling Location (Bldg./Area/Room):			Supervisor Name/Contact Info:		
Division/Group/Subcontractor:				Work Control Document:			
Job Title (Electrician, Laborer, etc.):				Sampling Survey No.:			
EQUIPMENT/TASK CATEGORY							
<input type="checkbox"/> Handheld/Stand-mounted Drill (Impact & rotary drills) <input type="checkbox"/> Large Handheld Power Saw (Any blade diameter) <input type="checkbox"/> Small Handheld Power Saw (Blade dia. less than 8-inches) <input type="checkbox"/> Handheld Grinder (For mortar removal i.e. tuckpointing) <input type="checkbox"/> Handheld Grinder (For other than mortar removal) <input type="checkbox"/> Stationary Masonry Saw <input type="checkbox"/> Jackhammers & Handheld Powered Chipping Tools <input type="checkbox"/> Walk-behind Cutting Saw <input type="checkbox"/> Walk-behind Milling Machines and Floor Grinder <input type="checkbox"/> Drivable Saw				<input type="checkbox"/> Rig-mounted Core Saw or Drill <input type="checkbox"/> Dowel Drilling Rig <input type="checkbox"/> Vehicle Mounted Drill Rig (for rocks and concrete) <input type="checkbox"/> Small Drivable Milling Machine (Less than half-lane) <input type="checkbox"/> Large Drivable Milling Machine (Half-lane or larger) <input type="checkbox"/> Crushing Machine <input type="checkbox"/> Heavy Equipment (Hoe-ram or other concrete demo) <input type="checkbox"/> Heavy Equipment (Grading/excavating, but no demo) <input type="checkbox"/> Mixing Mortar or Concrete <input type="checkbox"/> Other:			
Base Material		Work Surface Orientation		Quantities			
<input type="checkbox"/> Concrete	<input type="checkbox"/> Bricks	<input type="checkbox"/> Asphalt	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Vertical	<input type="checkbox"/> Square ft.: _____		<input type="checkbox"/> Diameter: _____
<input type="checkbox"/> Cinder Block	<input type="checkbox"/> Sand	<input type="checkbox"/> Mortar	<input type="checkbox"/> Overhead	<input type="checkbox"/> Ground	<input type="checkbox"/> # of Holes: _____		<input type="checkbox"/> Depth: _____
<input type="checkbox"/> Soil/Stone	<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		<input type="checkbox"/> Length: _____		<input type="checkbox"/> Other: _____
WEATHER/WORKPLACE INFORMATION							
Temperature	Time	Wind Speed	Time	<input type="checkbox"/> Indoors	<input type="checkbox"/> Outdoors	<input type="checkbox"/> Enclosure	
				<input type="checkbox"/> Sunny	<input type="checkbox"/> Cloudy	<input type="checkbox"/> Overcast	
				<input type="checkbox"/> Rainy	<input type="checkbox"/> Sleet/Snow/Ice	<input type="checkbox"/> Windy	
				<input type="checkbox"/> Other Weather Considerations:			
ACTION PERFORMED							
<input type="checkbox"/> Drilling	<input type="checkbox"/> Sanding	<input type="checkbox"/> Cutting	<input type="checkbox"/> Scabbling	<input type="checkbox"/> Brushing	<input type="checkbox"/> Sawing		
<input type="checkbox"/> Milling	<input type="checkbox"/> Jack-hammering	<input type="checkbox"/> Grinding	<input type="checkbox"/> Demolition	<input type="checkbox"/> Grading	<input type="checkbox"/> Excavating		
<input type="checkbox"/> Tuckpointing	<input type="checkbox"/> Other:						
ENGINEERING CONTROL(S) USED							
<input type="checkbox"/> Commercially available shroud or cowl <input type="checkbox"/> Dust collector recommended by manufacturer <input type="checkbox"/> Dust collector has 99% or greater efficiency <input type="checkbox"/> Integrated Water Delivery System (continuous feed) <input type="checkbox"/> HEPA Filtered Point Source				<input type="checkbox"/> Water Sprayer (continuous feed to point of contact) <input type="checkbox"/> Surfactant added to Water Delivery System <input type="checkbox"/> Operated and maintained to minimize dust emissions <input type="checkbox"/> Sealed Cab with MERV-16 Filter <input type="checkbox"/> Other:			
PERSONAL PROTECTIVE EQUIPMENT / ADMINISTRATIVE CONTROLS							
<input type="checkbox"/> Respirator: Type - _____; Cartridge - _____		<input type="checkbox"/> NA		<input type="checkbox"/> Enclosure		<input type="checkbox"/> Negative Air Machine	
<input type="checkbox"/> Protective Clothing		<input type="checkbox"/> Work Area Flagging		<input type="checkbox"/> Training			
<input type="checkbox"/> Other:							
ADDITIONAL INFORMATION							
Comments:							
SAMPLE INFORMATION							
Sample ID	Lab Result (ug)	Job Conc. mg/m3	8-hr TWA mg/m3	Sample ID	Lab Result (ug)	Job Conc. mg/m3	8-hr TWA mg/m3

SUBCONTRACTOR SILICA SAMPLING REPORT FORM

FORM COMPLETION INSTRUCTIONS

This form is to be completed for each respirable crystalline silica (RCS) sampling event, with one form completed per Equipment/Task Category sampled each day. If several tasks with different equipment/task categories are conducted and sampled on one day, a different form should be completed for each. Once the analytical exposure data is available, the completed forms shall be submitted to the Technical Project Officer who will submit them to the Safety Services Division RCS Subject Matter Expert.

PROJECT / TASK INFORMATION

Sampling Date: Date the project was sampled.

Sampling Location (Bldg/Area/Room): Specify the location where the sampling occurred. If sampling will be of specific locations/items, attach photos/maps.

Supervisor Name/Contact Info: Name and phone number for Supervisor in charge of the task being conducted.

Division/Group/Subcontractor: Identify the Division, Group, or Subcontractor performing the work.

Work Control Document #: Name/Number of work control document under which the work/task is being performed.

Job Title (Electrician, Laborer, etc.): Job title of worker(s) performing the task and being sampled.

Sampling Survey No.: Include a unique survey number associated with the sampling to which this form applies.

EQUIPMENT/TASK CATEGORY

Use Check Boxes to identify which Equipment/Task category the project falls into. The categories match the OSHA Table 1 Equipment/Task descriptions. If the task falls outside the categories in this section, define the task effectively in the "Other" fields or the Additional Information section.

Base Material: Use the check boxes to identify the material that will be impacted by the task.

Work Surface Orientation: Check the box(es) that correspond to the orientation of the work direction and location.

Quantities: Indicate pertinent data regarding the volume/amount of work performed during this task on this day.

WEATHER/WORKPLACE INFORMATION

Indicate relevant weather conditions that would impact exposure potentials.

ACTION PERFORMED

Use the actions listed to further refine the type of operation being conducted and sampled.

ENGINEERING CONTROL(S) USED

Use the check boxes to specify the dust suppression method(s) used to mitigate visible dusts.

PERSONAL PROTECTIVE EQUIPMENT / ADMINISTRATIVE CONTROLS

Check relevant boxes and list personal protective equipment and other administrative controls used.

ADDITIONAL INFORMATION

Specify additional information regarding the task that is not covered elsewhere on the form.

SAMPLE INFORMATION

Record the sample ID, lab result, job concentration, and 8-hour TWA for each sample collected on this day for the task described in the Equipment/Task Category.