InspectionReport

Concrete Cutting Silica Dust Exposure Checklist

Site / Project		**Address**	
Inspector name		**Company**	
Date		**Time**	

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Inspection checklist

Table 1 Compliance Verification

☐ Is the concrete cutting task listed in OSHA's Table 1?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Is there a written exposure control plan addressing silica hazards, as required by OSHA?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Has a competent person been designated to implement and oversee the silica exposure control plan?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Does the implemented control method (wet cutting, HEPA vacuum) precisely match the requirements specified in Table 1 for the specific cutting task?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ If Table 1 is NOT followed, has an alternative exposure assessment (objective data or scheduled monitoring) been conducted to determine worker exposure levels?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ If objective data is used, is it readily available and representative of current working conditions?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Are housekeeping practices in place to minimize visible dust accumulation (e.g., regular cleanup of dust and debris)?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Have all workers received training on silica hazards, control methods, and proper respirator use?	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Is a medical surveillance program in place for workers exposed to silica at or above the action level?	☐ Pass	☐ Fail	☐ N/A	Notes:	

Are records of exposure monitoring, objective data, and medical surveillance maintained as required?	Pass	Fail	N/A	Notes:	

Wet Cutting Methods

Is the water supply sufficient to continuously suppress dust at the cutting point?	Pass	Fail	N/A	Notes:	
Are water spray nozzles in good working condition, properly positioned, and free from obstructions?	Pass	Fail	N/A	Notes:	
Is the water flow rate adequate to visibly suppress dust during cutting operations?	Pass	Fail	N/A	Notes:	
Is there a system in place to contain and manage slurry runoff to prevent environmental contamination?	Pass	Fail	N/A	Notes:	
If potable water is used, is backflow prevention in place to protect the water supply?	Pass	Fail	N/A	Notes:	
Is the slurry being disposed of in accordance with local environmental regulations?	Pass	Fail	N/A	Notes:	
Is the wet cutting equipment properly maintained to ensure effective dust suppression?	Pass	Fail	N/A	Notes:	
Does the wet cutting method reduce visibility, creating other hazards? Are additional controls in place (e.g., lighting)?	Pass	Fail	N/A	Notes:	

HEPA Vacuum Systems

Is the HEPA vacuum certified to meet HEPA filter standards (99.97% efficiency at 0.3 microns)?	Pass	Fail	N/A	Notes:	
Is the HEPA filter intact and free from damage or leaks?	Pass	Fail	N/A	Notes:	
Are vacuum hoses in good condition, properly connected, and free from obstructions?	Pass	Fail	N/A	Notes:	
Is the vacuum providing adequate suction at the cutting point to capture dust?	Pass	Fail	N/A	Notes:	
Is the dust collection receptacle properly sealed and emptied regularly to prevent overfilling?	Pass	Fail	N/A	Notes:	
Is there a documented filter replacement schedule based on manufacturer's recommendations and usage?	Pass	Fail	N/A	Notes:	

Are maintenance records kept for the HEPA vacuum, including filter replacements and repairs?	Pass	Fail	N/A	Notes:
Is the vacuum exhaust directed away from workers and other areas where dust could be re-entrained?	Pass	Fail	N/A	Notes:
Is a pre-use inspection of the HEPA vacuum conducted daily to ensure proper functioning?	Pass	Fail	N/A	Notes:

Respiratory Protection

Are workers provided with respirators appropriate for the level of silica exposure, as determined by Table 1 or exposure assessment?	Pass	Fail	N/A	Notes:
Have workers been fit-tested for their respirators within the past year?	Pass	Fail	N/A	Notes:
Have workers been medically evaluated to ensure they are able to wear a respirator?	Pass	Fail	N/A	Notes:
Have workers been trained on the proper use, maintenance, and storage of their respirators?	Pass	Fail	N/A	Notes:
Are workers performing a user seal check each time they put on their respirator?	Pass	Fail	N/A	Notes:
Are respirators stored in a clean, dry place to prevent damage or contamination?	Pass	Fail	N/A	Notes:
Are respirators cleaned and disinfected regularly?	Pass	Fail	N/A	Notes:
Is a written respiratory protection program in place, as required by OSHA?	Pass	Fail	N/A	Notes:
Do workers have facial hair that interferes with the respirator seal?	Pass	Fail	N/A	Notes:

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____ **Name** _____

Date _____