

### Appendix A

<b>Department-Specific Silica Exposure Control Plan Form</b>	
<b>Department/Unit/Location:</b>	<b>Date of Preparation:</b>
<b>Name of Principal Investigator, Coordinator or Supervisor</b>	
<b>Name:</b>	<b>Phone Number:</b>
<b>Descriptions of tasks in the workplace that involve exposure to respirable crystalline silica:</b>	
1. 2. 3.	
<b>Description of engineering and work practice controls used to limit exposure, <i>for each task</i>:</b>	
1.      2.      3.	
<b>Is respiratory protection being used, including dust masks? If so, describe type of respirator and tasks:</b>	
<b>Description of housekeeping measures used to limit employee exposure to respirable crystalline silica:</b>	