

Attachment

OSHA Respirable Crystalline Silica Standard

29 CFR 1910.1053 and 29 CFR 1926.1153

Compliance Accountability Acknowledgement Form

Job Corps Center Name: _____

Center Operator: _____

Center Director: _____

Date of Compliance: _____

Center confirms compliance with the following:

- | | | |
|---|-----------|----------|
| a. Reviewed all seven resources cited in PI 16- | _____ yes | _____ no |
| b. Conducted job hazard analyses (JHAs) to identify applicable sources of silica dust hazards. | _____ yes | _____ no |
| c. Conducted hazard assessments to determine personal protective equipment (PPE) requirements. | _____ yes | _____ no |
| d. Verified accessibility for students and staff to labels and safety data sheets containing crystalline silica. | _____ yes | _____ no |
| e. Conducted training for students and staff members with potential risk of exposure. | _____ yes | _____ no |
| f. Attended Job Corps/OSHA Webinar on crystalline silica. | _____ yes | _____ no |
| g. Established and implemented a written Exposure Control Plan. | _____ yes | _____ no |
| h. Will review Exposure Control Plans for contractors performing projects on center grounds. | _____ yes | _____ no |
| i. Ensure health care professionals conducting medical evaluations have the appropriate licenses. | _____ yes | _____ no |
| j. Air monitoring, medical records, and relevant data are maintained in accordance with the regulations and are available for review. | _____ yes | _____ no |

By signing below, the Center affirms that it has an appropriate respirable crystalline silica program in place to meet the requirements above.

Center Director Signature

Date