SILICA EXPOSURE CONTROL TRAINING
Employee Acknowledgement

I acknowledge that I have been trained in silica/fugitive dust policy/procedures and that the training included the following points:

1. Routes of exposure to silica.
2. The known health effects associated with silica exposure.
3. The importance of good personal hygiene.
4. The specific methods of controlling exposures to silica.
5. The proper use and maintenance of protective clothing and equipment.
6. The correct engineering controls and implementation of good work practices.
7. The purpose, proper selection, fitting, use and limitations of respirators.
8. The specific nature of the operations that could result in exposures to silica above the permissible exposure limit.
9. Access to information and regulations.

Supervisor Signature: _____ Date: _____

Date	Project	Name	Signature