Check Yes to all that apply:

## Evaluation ☑

| | Yes | Supervisor Initials | Employee Initials |
|---|---|---|---|
| I am aware of the health hazards associated with respirable crystalline silica (RCS) exposure. These include silicosis, lung cancer, immune system effects, and kidney effects. | ☐ | | |
| I am aware of specific workplace tasks that could expose employees and others to RCS; such as cutting, sawing, or drilling concrete, stone, or other masonry building products. | ☐ | | |
| I have been trained on the site-specific measures my employer is implementing to protect me from RCS. These include engineering controls (wet methods, local exhaust, etc.) they also include work practices and personal protective equipment (PPE). | ☐ | | |
| My supervisor has provided the identity of the designated silica control programs competent person. | ☐ | | |
| My supervisor has informed me of the requirements, location and availability of the ASMG Silica Exposure Control Policy. | ☐ | | |

☐ **I certify that the above-listed training was provided to me and that I understand the Silica Hazard Control Plan and I agree to abide by this policy.**

## Signatures

| _____ | _____ | _____ |
|---|---|---|
| ***Name of Employee*** | ***Employee Signature*** | ***Date*** |
| _____ | _____ | _____ |
| ***Name of Supervisor*** | ***Supervisor Signature*** | ***Date*** |