



DEMOLITION DUST

Most of the equipment used to build or demolish structures such as buildings, roads, and bridges creates large amounts of dust. Every structure is different; therefore, prior to demolition the site must be inspected and assessed in order to make a suitable demolition plan. The plan must include all hazards, such as dust emission from masonry, brick crushing, cutting wood, cutting tile, concrete, sanding any surface, or dust from transportation. The health risks from dust depends on the quantity and type of dust at the work site. Crystalline silica can be found in construction materials such as stone, sand, rock, concrete, motors, brick, and blocks. Inhaling of crystalline silica from the air can cause major health problems including lung diseases. To avoid the health problems caused by dust exposure, hazardous substances can be substituted with non-hazardous materials. Engineering controls must be considered to ensure employees' safety. OSHA requires an engineering survey to be conducted by a competent person prior to demolition. All workers must be protected from dust emissions and health hazards through education, training, and the use of PPE.

Some Control Methods:

Good housekeeping.

Use of wet processes (water sprays).

Use vacuums, not brooms.

Efficient transportation and storage.

Control disposal of dangerous waste.

Machine cab doors and windows should be closed during demolition.

Air filters must be in good working condition, and employees must follow all manufacturer recommendations. Written schedules must be in place for inspection.

A non-smoking policy must be implemented.

To use respirators, employees must have a clean and freshly shaved face.

P2 or P3 respirators must be provided to employees.

To contain the dust, close doors and windows.

Hang plastic sheets at the work area.

Use traps or drop clothes to protect you floor at home.

Turn off your home ductwork.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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