

# DUST CONTROL & AIR QUALITY INSPECTION CHECKLIST

## GENERAL INFORMATION

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Location: \_\_\_\_\_

## Air Quality Monitoring

- Yes  No — Airborne dust levels are monitored regularly
- Yes  No — Sampling equipment is functional and calibrated
- Yes  No — Results are documented and compared with exposure limits
- Yes  No — Hazardous airborne particles (silica, asbestos, etc.) are identified

## Dust Control Measures

- Yes  No — Water sprays, mists, or suppressants are used where necessary
- Yes  No — Dust extraction/ ventilation systems are installed and operational
- Yes  No — Enclosures or barriers are in place around dust-generating areas
- Yes  No — Work surfaces and equipment are cleaned regularly to minimize dust

## Ventilation & Filtration

- Yes  No — Ventilation systems are effective and well-maintained
- Yes  No — Air filters are inspected, cleaned, or replaced as required
- Yes  No — Exhaust systems discharge safely away from workers and the public
- Yes  No — Airflow is adequate to prevent dust buildup

**Worker Protection**

Yes  No — Workers are provided with proper respiratory protection (e.g., N95, P100)

Yes  No — PPE is worn consistently in designated areas

Yes  No — Training on dust hazards and safe practices has been provided

Yes  No — Medical surveillance programs are in place if required by regulations

**Housekeeping & Site Practices**

Yes  No — Dust is cleaned with approved methods (e.g., vacuum, wet methods)

Yes  No — Dry sweeping or compressed air is avoided for dust removal

Yes  No — Waste materials are stored, covered, or disposed of properly

Yes  No — Site layout minimizes dust exposure for workers and visitors

**FINAL NOTES**

**Inspector Comments:**

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**Inspector Name:** \_\_\_\_\_

**Inspector Email:** \_\_\_\_\_

**Inspection Date:** \_\_\_\_\_

I confirm this inspection was completed accurately

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