

**CEMENT FACILITY
WORKPLACE EXAM RECORD**

Location*: _____ **Shift**:** _____ **Date:** _____

Competent Person(s) *:** _____

WORKING AREA(S) EXAMINED:	
<input type="checkbox"/> Quarry or Mine	<input type="checkbox"/> Finish Mill (Milling) Operations
<input type="checkbox"/> Raw Material Proportioning and Blending	<input type="checkbox"/> Laboratory
<input type="checkbox"/> Raw Mill (Milling) Operations	<input type="checkbox"/> Packing, Shipping, and Distribution
<input type="checkbox"/> Coal or Fuel Operations	<input type="checkbox"/> Baghouses and Precipitators
<input type="checkbox"/> Preheater and Calciner Area	<input type="checkbox"/> Maintenance Area: _____
<input type="checkbox"/> Kiln Area	<input type="checkbox"/> Facility Grounds: _____
<input type="checkbox"/> Clinker Cooler Operations	<input type="checkbox"/> Other Area: _____

Adverse Conditions	Date Corrected

* Location” is meant to indicate the overall site—this could be “Mine” or “Plant” or “Unit,” as appropriate.

** The rule only requires that the date of the exam be noted. However, because the rule also requires that an exam be performed for each shift, unless the shift is indicated it would be difficult to determine which shift the examination covered.

*** The competent person who performed the examination must be identified, but no signature is required.