



MASTER DUST CONTROL PLAN NO: _____

THIS PLAN IS INTENDED TO DESCRIBE HOW WE WILL EFFECTIVELY PREVENT EXCESS DUST EMISSIONS FROM TRAVELLING OFF SITE. THIS PLAN IS INTENDED TO APPLY TO MORE THAN ONE SITE OR PROJECT. A SITE NOTIFICATION MUST BE SUBMITTED FOR EACH SITE OR PROJECT TO WHICH THIS PLAN APPLIES OR WILL APPLY IN THE FUTURE.

CONTRACTOR NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

24-HOUR CONTACT PERSON

Name (Please Print)	Email Address	Cell Phone	Office Phone
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DUST PREVENTIVE MEASURES TO BE UTILIZED (Reasonable precautions):

CONTINGENCY MEASURES (In the event reasonable precautions above become ineffective):

I, THE UNDERSIGNED, ACCEPT DIRECT RESPONSIBILITY FOR THE IMPLEMENTATION OF OUR MASTER DUST CONTROL PLAN, AS APPROVED BY YRCAA, AT ALL SITES UNDER CONTROL OF THIS COMPANY. I WILL NOTIFY YRCAA IN WRITING PRIOR TO COMMENCEMENT OF WORK AT ANY SITE OR PROJECT TO WHICH THIS PLAN APPLIES.

Company/Title	Date	Signature
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