Subcontractor Name:       Project Title and Subcontract Number:

Description of planned activities/tasks for the scope-of-work for the entire project.

|  |  |
| --- | --- |
| Hazard / Regulatory Requirements | Main Elements to be Addressed |
| Asbestos  29 CFR 1926.1101  Appendix A, C, D, E, F  40 CFR Part 261  40 CFR Part 763  49 CFR Part 171  49 CFR Part 172 | Asbestos Worker(s) ensure completion of appropriate level of Asbestos training.  Asbestos Workers maintains current copy of training certificate onsite during job duration and reveals upon inspection.  Asbestos Workers maintains current TDEC Asbestos Worker Accreditation card onsite during job duration and reveals upon inspection.  Asbestos Workers notify supervision upon discovery of any new suspect asbestos-containing material.  Asbestos Workers comply with Seller’s Demolition and Asbestos Work Plans, including following the AWA for removal and waste tracking.  Asbestos Worker wears respiratory protection and additional PPE, as directed, to ensure air monitoring results are achieved and exposure levels are below the PEL.  In addition to training and TDEC submittals, Asbestos Worker submits copies of inclusion in a medical surveillance program for asbestos, specifically to meet OSHA 1926.1101, and respirator fit testing approval (as respirator wearer).  Asbestos Worker will handle and package waste according to the Asbestos Work Plan, including requirements for the waste disposal site.  Asbestos Worker will sign and/or deliver a copy of Asbestos Waste Shipment Record form and the 2109 (Waste Item Description) form, and any other shipping documentation to Company and/or APM, as requested, to meet waste disposal requirements. |

**Subcontractor Activity Hazard Analysis (AHA)**

| Activity | Hazard | Controls |
| --- | --- | --- |
|  |  | **Elimination, substitution, engineering controls**:  HEPA-Filtered vacuum cleaner  Laboratory hood or glove box  Air Handler, HEPA filtered  Shrouded tool with HEPA filter  Continuous wetting (dust control)  Containment  Isolation  General Ventilation  Other Local Exhaust System:  Other: Specify below |
|  |  | **Administrative controls** (work methods, training, medical, etc.): |
|  |  | **Personal protective equipment** - specify the exact type of PPE (e.g. hearing protection device with minimum NRR of 20 dBA, Ansell Nitrile SOL-VEX gloves, etc.): |
| **USE THE SPACES BELOW TO COMPLETE SIMILAR AHAs FOR OTHER HAZARDS ASSOCIATED WITH THIS ACTIVITY** | | |
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**Use the Activity Hazard Analysis Continuation Sheet if additional lines are needed.**

AHA Author:       Date:

ES&H/QHSP Representative Concurrence signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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| --- |
| Technical Procurement Officer signature indicates approval of activity-specific hazards controls identified in the subcontractor AHA.  Print Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ |