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 |
| Assessible/Exposed Electrical Hazards29 CFR 1910 Subpart SNFPA 70E, 2015 Edition | Workers shall ensure they are qualified to perform any electrical work.Workers shall perform service and maintenance activities employing work practices required for electrical safety by the Occupational Safety and Health Administration (OSHA) in 29 CFR 1910 Subpart S, 29 CFR 1926 Subpart K, and NFPA 70E, Standard for Electrical Safety in the Workplace 2015 Edition. Workers shall ensure maintenance, testing, startup, and repair activities involving the potential for contact with exposed energized electrical circuits or parts shall be performed with the equipment de energized unless this is infeasible because of diagnostic or operational limitations. To control potential electrical hazards, system components shall be disconnected from their electric energy source(s), with the disconnecting means (power cord and plug, safety switch, etc.) under the control of the worker. All stored electrical energy which might endanger personnel through contact (high amperage batteries, capacitors and high capacitance elements, high energy electromagnets, etc.) shall be discharged or safely isolated from the circuit.Prior to working on or near any energized parts, Seller shall, via the Technical Project Officer (TPO), obtain approval from the Company’s applicable Level II Manager prior to performing the proposed activities. |

**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.):      |

**For additional activities/t asks or hazards, use an AHA continuation sheet.**

AHA Author:       Date:

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