Subcontractor Name:       Project Title and Subcontract Number:

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

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| --- | --- | --- |
| Hazard / Regulatory Requirements | ES&H Clause | Worker Information and Requirements |
| Battery  Charging Station  29 CFR 1910.178(g)  NFPA 70 E  ANSI C2 2012  29 CFR 1910 Subpart S  10 CFR 851 Appendix A, Section 10 | The Seller shall comply with the requirements of 29 CFR 1910.178(g) for Powered Industrial Truck battery charging stations | Workers shall ensure when working on or near energized parts (parts that operate at 50 or more volts to ground, or contain 5 or more Joules of stored electrical energy), the Seller shall:  1. Perform work in accordance with  a. National Fire Protection Association (NFPA) 70E, Standard for Electrical Safety in the Workplace (2012),  b. NFPA 70, National Electric Code (2011),  c. 29 CFR 1910 Subpart S,  d. 29 CFR 1910.178(g) for Powered Industrial Truck battery charging stations.  Obtain, through the Technical Project Officer, or if there is none, the Procurement Officer, the advance approval of the responsible Company Level II Manager, of the Seller’s plans and proposed activities. The Seller must allow in its scheduling for a reasonable amount of time to obtain approval and Company shall not be responsible for any resulting delay, so long as Company actions were reasonable. Seller is responsible, at no additional cost to Company, to provide qualified personnel and compliant personal protective equipment. |

**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.): |

AHA Author:       Date:

|  |
| --- |
| Technical Procurement Officer (TPO) signature indicates approval of activity-specific hazard controls identified in the subcontractor AHA. It is recommended that the applicable Qualified Health and Safety Professional (QHSP) be consulted, when the TPO is unfamiliar with the hazard, to assist in reviewing the adequacy of controls specified in this document.  Printed Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |