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 |
| Beryllium  10 CFR 850 | Seller work with beryllium or beryllium contamination shall be conducted under the Seller’s DOE approved Chronic Beryllium Disease Prevention Program (CBDPP) or ORNL#s CBDPP. Seller is required to comply with requirements contained in 10 CFR 850, the CBDPP worked under and task-specific Beryllium Exposure Prevention Plans. Task specific BEPPS shall be developed by the Seller and approved by the Company. Seller is responsible for providing beryllium medical surveillance for Seller employees that complies with 10 CFR 850. All personnel involved in beryllium work shall be trained in accordance with 10 CFR 850. All personnel shall working the Companies CBDPP shall successfully complete ORNL Beryllium Worker Training prior to commencing work. Seller shall conduct exposure monitoring and implement risk reduction methods in accordance with 10 CFR 850, the applicable CBDPP and Plans worked under. | Workers shall ensure they are Beryllium trained and enrolled in beryllium medical surveillance program.  Workers shall immediately contact Industrial Hygiene for questions with beryllium work.  Work with potential for exposure to or contact with beryllium is conducted under an approved Beryllium Exposure Prevention Plan (BEPP).  Workers shall ensure they comply with requirements specified in the BEPP. This includes wearing of personal protective equipment specified in the BEPP.  Workers shall ensure Beryllium waste is labeled. |

**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:

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

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