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 |
| Biohazards42 CFR 73, 9 CFR121 or 7 CFR 33110 CFR 851 | This Agreement includes work with biological etiological materials or select agents or toxins defined by 42 CFR 73, 9 CFR 121, or 7 CFR 331. Seller shall be responsible for compliance with all applicable regulatory requirements and registration with the Center for Disease Control and Prevention (CDC) or the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) as appropriate. Work on-site at ORNL requires review and approval by the ORNL Institutional Biosafety Committee (IBC) and must be coordinated with the Technical Project Officer. Seller shall receive such approval prior to conducting work on-site. The Seller shall comply with 10 CFR 851 Appendix A, Section 7. Biological Safety. | Worker shall ensure he/she has completed applicable training.Worker shall ensure approval from Institutional Biosafety Committee (IBC) and Technical Project Officer (TPO) has been given prior to starting any on-site work.Worker shall ensure his/her work activities comply with all federal and state laws.Worker shall ensure applicable monitoring is performed.Workers shall ensure applicable Safety Data Sheets are available prior to starting any work.Worker’s employer shall provide emergency plans for handling accidental spills and personnel contamination with assistance from ORNL IBC or TPO if needed. |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_  |