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 |
| Biohazards  42 CFR 73,  9 CFR121 or  7 CFR 331  10 CFR 851 | 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.): |
| **USE THE SPACES BELOW TO COMPLETE SIMILAR AHAs FOR OTHER HAZARDS ASSOCIATED WITH THIS ACTIVITY** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Use the Activity Hazard Analysis Continuation Sheet if additional lines are needed.**

AHA Author:       Date:

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