Subcontractor Name:       Project Title and Subcontract Number:

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

|  |  |  |
| --- | --- | --- |
| Hazard / Regulatory Requirements | ES&H Clause | Worker Information and Requirements |
| Blocked Roadway/Traffic Control23 CFR Part 655 | Prior to the commencement of any on-site work, Seller shall develop a traffic flow plan to ensure emergency vehicles can access all areas of the laboratory. The Seller shall submit the plan to the ORNL Technical Project Officer for review and approval. The Seller shall comply with the requirements of , 23 CFR Part 655, Traffic Control Devices on Federal-Aid and Other Streets and Highways; Standards - US DOT Manual on Uniform Traffic Control Devices (MUTCD). | Workers shall ensure they use traffic cones and signs to inform site personnel of block roadways. Workers can physically direct traffic with signs and flags but must stay have a clearance distance where drivers can see them from afar.Workers shall determine if alternate routes are needed and if delivery trucks will have availability and notify the Technical Project Officer as soon as possible.Workers shall ensure they wear high visibility safety vests and appropriate PPE for weather conditions.Workers shall contact LSS Office (865.576.4LSS) in the event of an accident.Workers shall provide required documentation to the COMPANY’s Technical Project Officer (TPO) prior to starting any work on-site. |

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