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 |
| Bloodborne Pathogens  29 CFR 1910.1030 | Seller must comply with 29 CFR 1910.1030 for work with the potential for exposure to bloodborne pathogens. Training records, a written Exposure Control Plan, and other required documentation must be submitted to the Technical Project Officer prior to commencement of on-site work. | Worker must have completed Bloodborne Pathogens training before starting any on-site work.  Training documents shall be given to Technical Project Officer (TPO) prior to starting an on-site work.  Workers must wear appropriate personal protection equipment.  Worker shall treat all blood and other potentially infectious materials with appropriate precautions by using gloves, masks, and gowns if blood or OPIM is anticipated. Worker must use engineering and work practice controls to limit exposure.  Immediately report exposure incident to supervisor. Report any spills containing blood or other potentially infectious material (OPIM) to the laboratory shift superintendent (LSS) at 574-6606 to determine appropriate spill response actions. |

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