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 |
| General Exposure  29 CFR 1910  Subpart Z  2005 ACGIH  BEI/TLV | Seller must comply with exposure limits as defined in 29 CFR 1910 Subpart Z and the 2005 edition of the ACGIH BEI/TLV booklet. Seller shall conduct baseline exposure monitoring and provide monitoring results to UT-B. Seller shall complete the HMMS Inventory Report Form when Hazardous Materials (HM) remain on site for longer than a work shift. The Seller shall obtain this form from the ORNL Technical Project Officer. This form includes a list of HM that will be brought on-site along with the associated MSDSs in accordance with subcontract clauses titled Hazardous Material Identification and Material Safety Data Sheets and Hazardous Materials Reporting. These forms must be provided to Technical Project Officer prior to commencement of work. | Workers shall ensure they are trained to understand the chemical hazards and protective measures they will use and shall ensure they have a baseline exposure assessment performed.  Workers shall review all applicable safety data sheets before using any chemicals and ensure the HMMIS Report Form has been completed for chemicals being stored on-site longer than a work shift.  Workers shall ensure they use good housekeeping and other controls listed in the AHA to mitigate exposures to hazardous materials.  Workers shall wear personal protective equipment specified in AHA.  In the event of a spill or emergency, contact the LSS office at 865.576.4577. |

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