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 |
| Cooling Towers  29 CFR 1910  Subpart T | Prior to the commencement of any on-site work, the Seller shall train personnel on the hazards associated with bacteria growth and cooling towers and provide copies of training certification to Technical Project Officer upon request. Seller activities performed inside or on top of operating cooling towers require the use of disposable coveralls with hood, protective gloves, half (and goggles) or full face respirator with appropriate cartridge, and slip resistant footwear. Uncoated disposable coveralls and leather work gloves shall be changed as they become saturated. No additional control measures are needed to conduct activities in a dry cooling tower (where no aerosols are present or will be generated) other than those controls identified through the job hazard analysis. | Workers shall ensure they are trained and are aware of the biological, chemical and physical hazards associated with cooling tower work to include the safe handling of chemicals used in the process, use of cleaning tools, and understand the components of the cooling tower system (including pumps)  Workers shall ensure they wear PPE specified in the Activity Hazard Analysis (AHA).  Workers shall receive training on the hazards associated with bacteria growth and cooling towers. |

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