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 |
| Carbon Monoxide  29 CFR 1910  Subpart Z  2005 ACGIH  TLV/BEI | 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 and periodic exposure monitoring and provide monitoring results to the Technical Project Officer. | Workers shall ensure they received training on sources, signs, symptoms, and hazards of carbon monoxide.  Workers shall ensure carbon monoxide monitoring is being performed when working around natural gas, propane, oil, kerosene, gasoline, charcoal and wood burning sources indoors or in enclosed areas.  Workers shall use other means of controlling carbon monoxide exposure as specified in the AHA.  In the event of an 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\_\_\_\_\_\_\_\_\_\_\_\_\_ |