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 |
| Carcinogens  29 CFR 1910  Subpart Z  29 CFR 1910.1200  2005 ACGIH  TLV/BEI | Seller must comply with the applicable requirements or 29 CFR 1910, Subpart Z, including applicable Hazard Communication training and exposure monitoring. | Workers are to maintain exposures to carcinogens to levels as low as reasonably achievable.  Workers shall ensure they have been trained regarding the hazards and protective measures associated with carcinogens and are in the medical surveillance program.  Workers shall ensure signs and labels are posted to clearly identify the work area where carcinogens are used, and that an exposure assessment has been performed prior to starting work.  Workers shall ensure they wear personal protective equipment and implement other controls as specified in the AHA to mitigate exposure to carcinogens.  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\_\_\_\_\_\_\_\_\_\_\_\_\_ |