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 |
| Compressed Gas Cylinders  29 CFR 1910 Subpart H | The Seller shall comply with 29 CFR 1910 Subpart H. | Workers shall visually inspect gas cylinders before moving, evaluate if compressed gas can be safely used in the area and ensure cylinders are labeled.  Workers shall ensure trans-filling of compressed gases is performed by trained qualified personnel and shall provide detailed written operating instructions.  The Seller is responsible for its employees training and shall ensure employees are trained accordingly.  The Seller shall store compressed gases per the requirements for the type of gas:  • Inert gases  • Oxidizing gases  • Corrosive gases  • Toxic gases  • Highly toxic gases  • Pyrophoric gases  • Gases in lecture bottles  The Seller shall disposition gas cylinders per local, state, and/or federal regulations.  The Seller shall provide the Technical Project Officer (TPO) with all required documentation prior to starting any on-site work. |

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