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 |
| Confined Space  29 CFR 1910.146 | Seller shall comply with all of the requirements of 29 CFR 1910.146 for all confined or enclosed space entries. Seller may follow their own Confined Space Program with the approval of the ORNL Technical Project Officer or choose to follow the requirements of the ORNL Confined Space Program which includes training, monitoring, and providing rescue services. The Seller’s Permit Required Confined Space Program and training records shall be furnished to the ORNL Technical Project Officer upon request. The Seller is responsible for all training, monitoring, equipment and emergency response required for safe entry. The Seller shall maintain all permits on the job site for the duration of the contract. Copies of all terminated/cancelled permits shall be furnished by Seller to the Technical Project Officer as soon as terminated/cancelled. Seller shall notify the Laboratory Shift Superintendent’s (LSS) Office at 865- 574-6606 prior to making any permit required entry. | Workers must receive confined space training prior to entering a confined space.  Workers entering a confined space shall were a harness or other appropriate non-entry rescue device.  A Confined Space Entry Permit is required for entry into all permit-required confined spaces.  A qualified person must conduct all pre-entry/continuous air monitoring of confined spaces.  Entrants will comply with instructions from the confined space attendant  The LSS must be notified prior to entry into any permit-required confined space. |

**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:

ES&H/QHSP Representative Concurrence signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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| Technical Procurement Officer (TPO) signature indicates approval of activity-specific hazard controls identified in the subcontractor AHA.  Printed Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |