Subcontractor Name:       Project Title and Subcontract Number:

Description of planned activities/tasks for the scope-of-work for the entire project.

|  |  |
| --- | --- |
| Hazard / Regulatory Requirements | Main Elements to be Addressed |
| Construction Safety – Prior to Start  29 CFR 1910.1200  10 CFR 851  DEAR 970.5223-1 | Workers shall ensure they inspect work areas prior to starting work.  Workers shall ensure they use good housekeeping.  Workers shall wear appropriate personal protective equipment (PPE) specified in the AHA to avoid exposure/injury (eye, head, foot, respiratory, skin, etc.) or contact with contaminated equipment/surfaces.  Workers shall report all accidents, injuries, illnesses, environmental hazards, imminent danger and near misses to LSS by dialing 865.576.4577 immediately. |

**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.): |
| **USE THE SPACES BELOW TO COMPLETE SIMILAR AHAs FOR OTHER HAZARDS ASSOCIATED WITH THIS ACTIVITY** | | |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Use the Activity Hazard Analysis Continuation Sheet if additional lines are needed.**

AHA Author:       Date:

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