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 – Hazard Analysis  29 CFR 1910.1200  10 CFR 851 | Workers shall ensure they have a Hazard Analysis for each task to be performed in their work scope. If task is not covered by the Hazard Analysis, the worker shall not perform the task until the Hazard Analysis has been completed.  Workers shall follow the requirements for tool use, wear appropriate personal protective equipment (PPE) specified to avoid exposure/injury (eye, head, foot, respiratory, skin, etc.) or contact with contaminated equipment/surfaces, training and any other requirements specified in the Hazard Analysis.  Workers shall ensure that if during the performance of their work scope/ tasks, a changed condition or unforeseen hazard is discovered, they will pause the task, consult with the designated Competent Person/Supervisor as applicable, re-assess the new condition/hazards and identify the required protective controls/new training as applicable.  Workers shall ensure that if during the performance of their work scope/ tasks they discover they lack the proper equipment or training required to complete the task, they will pause the task, consult with the designated Competent Person/Supervisor as applicable and obtain the required equipment/training as applicable.  The new hazards & controls shall be documented in the Project Hazard Analysis and an informational briefing held with all the affected personnel prior to proceeding with the task. |

**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.): |

**For additional activities/t asks or hazards, use an AHA continuation sheet.**

AHA Author:       Date:

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