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 |
| Construction Safety – Prior to Start29 CFR 1910.120010 CFR 851DEAR 970.5223-1 | Prior to commencement of any work, the Seller/subcontractor must either: 1. Accept and agree to work pursuant to UT-Battelle's DOE approved Worker Safety and Health Program (available at website: http://we b.ornl.gov/adm/contracts/wsh\_10cfr851.shtml); or 2. Submit its own DOE-approved Worker Safety and Health Program that is compliant with 10 CFR 851 and DEAR 970.5223-1 to the UT-Battelle Procurement Officer for review and approval. | 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.):      |

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\_\_\_\_\_\_\_\_\_\_\_\_\_  |