Subcontractor Name:       Project Title and Subcontract Number:

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

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

|  |  |
| --- | --- |
| Hazard / Regulatory Requirements | Worker Information and Requirements |
| Cryogenics  29 CFR 1910  49 CFR 173 | Workers shall ensure they are experienced and trained to perform the assigned work with cryogenic liquids.  Workers shall ensure they use containers approved and rated for cryogenics and work in well-ventilated areas.  Workers shall routinely inspect cryogenic containers and systems and use containers in accordance with manufacturer specifications.  Workers shall ensure they wear personal protective equipment specified in the AHA and implement other controls in the AHA to mitigate exposures to cryogenic hazards.  In the event of an emergency, contact the LSS office at 865.576.4577 |

**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:

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

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