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 |
| Dosimetry  10 CFR 835 | Workers shall ensure they have completed and pass the radiological safety training.  Workers shall ensure they are wearing the proper external dosimetry for the work being performed. Radiological Worker Permits (RWP) will provide appropriate information for dosimetry required.  Workers shall ensure to contact Radiological Protection for specific information.  Workers shall wear dosimeters in accordance with instruction given by Radiological Protection.  Workers shall ensure dosimeters are authorized for use only in ORNL and Oak Ridge DOE facilities and must not be worn at other facilities unless specifically authorized by the NRPD External Dosimetry Program Lead.  **Dosimetry Care:**  •Do not tamper with the TLD.  •Do not expose dosimeters to excessive heat, liquids, chemicals, or radioactive contamination and avoid storing the dosimeter for a prolonged period of time in direct sunlight.  •Do not expose dosimeters to non-occupational sources of radiation such as medical or dental x-rays, airport x-ray machines, etc. Report suspected exposure of any dosimeter to such a source to the DDC as soon as practicable.  •DO NOT put your TLD in your checked luggage. If you arrive at the airport's security checkpoint and discover your dosimeter is still with you, have security screeners treat the dosimeter like unprocessed camera film.  •Report treatments with medical radioisotopes to Radiological Protection: Reporting Medical Radiological Exposures PRIOR TO receiving the treatment. Some of the medical procedures that typically involve radioisotopes include:  ◦ heart stress test  ◦ arteriogram  ◦ bone scan  ◦ brain scan  ◦ thyroid treatment  ◦ prostate tests and treatment  •If you have already received the treatment involving a medical isotope and have not informed the DDC previously, contact the DDC as soon as possible.  •Beta-gamma and neutron TLDs should be either taken home during non-work hours (preferred), or stored in a very low radiation background area where no radioactive sources are stored or likely to be staged during off-shift operations. Extremity dosimeters should be stored in a very low radiation background area when away from ORNL. If the likelihood of radioactive source use or movement is not known, contact the Radiological Control Technician for that area.  •If your dosimeter is lost, damaged or contaminated, immediately exit the radiological area, and report the event to your supervisor, an RCT, or the DRCO. Do not re-enter any radiological area until a review of the situation has been conducted and Radiological Protection Operations (RPO) and facility management have approved reentry.  •Return your dosimeter when terminating or leaving the Laboratory for an extended period of time past the end of the current calendar quarter. |

**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** | | |
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**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\_\_\_\_\_\_\_\_\_ |