Subcontractor Name:       Project Title and Subcontract Number:

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

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| Hazard / Regulatory Requirements | ES&H Clause | Worker Information and Requirements |
| Elevated Work/Wall openings29 CFR 1910 Subpart D,Subpart F,29 CFR 1926, Subpart L,And Subpart M | The Seller shall comply with the applicable requirements found in 29 CFR 1910, Subpart D, Walking-Working Surfaces and/or 29 CFR 1910, Subpart F, Powered Platforms, Man lifts, and Vehicle Mounted Work Platforms for General Industry, 29 CFR 1926 Subpart L, Scaffolds and 29 CFR 1926 Subpart M, fall protection for Construction Projects. | Workers shall ensure they are trained to use/operate equipment before use.Workers shall ensure they are using the proper PPE for the work being performed.Worker shall inspect their personal fall protection equipment before each use.Scaffolds shall be inspected for visible defects by a scaffold competent person before each work shift, and after any occurrence which could affect a scaffold's structural integrityWorkers shall provide required documentation to the Technical Project Officer (TPO) prior to starting any on-site work. |

**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:

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

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