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 |
| Explosive/Blasting29 CRF 1910.10929 CFR 1926 Subpart U - Blasting and the Use of Explosives10 CFR 851, Appendix A.3 Explosives | The Seller shall use, store, transport and maintain explosives in accordance with the approved Form ORNL-153. Any deviations or changes shall be approved by the Explosives Safety Program Manager in advance prior to starting any on-site work to include shipping, transport, storage or use of explosives.Work with explosives may NOT begin until Form ORNL-153 is completed, approved, and distributed (as indicated on the form)The Seller shall obtain Form ORNL-153 from the Technical Project Officer and shall require a review and approval of form ORNL-153, Explosives Request Authorization, for any proposed shipping, transport, storage, or use of explosives on the ORNL Site (includes any part of DOE Oak Ridge Reservation controlled by ORNL.)All documentation shall be provided to the TPO prior to starting any work on the Oak Ridge Reservation controlled by ORNL.. |

**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/tasks or hazards, use an AHA continuation sheet.**

AHA Author:       Date:

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

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