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 |
| Firearms10 CFR 851 | Workers shall use, store, transport and maintain explosives in accordance with the approved Form ORNL-153. Any deviations or changes shall be approved by the UT-Battelle Firearms Safety Program Manager in advance prior to starting any on-site work to include shipping, transport, storage or use of firearms.Workers shall ensure Form ORNL-153 from the Technical Project Officer was completed by its employer.Training documentation shall be provided to the Technical Project Officer (TPO) prior to starting any work. The Seller is responsible for its employees training.The Seller engaged in DOE activities involving the use of firearms must establish firearms safety policies and procedures for security operations, and training to ensure proper accident prevention controls are in place.The Seller must address firearms safety, engineering and administrative controls, as well as personal protective equipment requirements in their written procedures.The Seller shall ensure that the transportation, handling, placarding, and storage of munitions conform to the applicable DOE requirements.Note: Work may NOT begin until Form ORNL-153 is completed, approved, and distributed (as indicated on the form.) |

**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:

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