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 |
| Generation of Gases, Vapors, Fumes, Dusts & MistsACGIH TLV/BEI 29 CFR 1910, Subpart ZOr29 CFR 1926, Subpart Z for Construction | Exposure to any chemical or physical agent via inhalation, ingestion, skin absorption, or physical contact in excess of the acceptable limits specified in 29 CFR 1910, Subpart Z and/or the American Conference of Government Industrial Hygienists (ACGIH) A Threshold Limit Values and Biological Exposure Indices shall be prohibited without adequate PPE. In the event of conflicts between ACGIH and OSHA criteria, the more stringent shall prevail. Seller shall be responsible for all monitoring to ensure compliance with the exposure criteria. Approved and calibrated testing devices shall be provided for the measurement of hazardous substances, agents, or environments. Individuals performing testing and monitoring shall be trained in testing and monitoring procedures and hazards. Testing devices shall be used, inspected, and maintained in accordance with the manufacturer’s instructions. Determination of the concentrations of, and hazards from, hazardous substances, agents, and environments shall be made by a qualified industrial hygienist or other competent person during initial start up and as frequently as necessary to ensure the safety and health of the work environment. Seller shall conduct baseline and periodic exposure monitoring and provide monitoring results to the Technical Project Officer. | Workers shall ensure they participate in a pre-job briefing before working in areas that include toxic gases, vapors, fumes, dusts and/or mists. Workers shall ensure they use good housekeeping and other controls in the AHA to mitigate hazards. Workers shall evacuate the immediate area report any spills or releases of hazardous materials.Workers will promptly report any signs or symptoms of potential exposure to toxic gases, vapors, fumes, dusts or mists. Workers shall ensure they wear the appropriate personal protective equipment specified in the AHA. 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.):      |

AHA Author:       Date:

|  |
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| Technical Procurement Officer (TPO) signature indicates approval of activity-specific hazard controls identified in the subcontractor AHA. It is recommended that the applicable Qualified Health and Safety Professional (QHSP) be consulted, when the TPO is unfamiliar with the hazard, to assist in reviewing the adequacy of controls specified in this document.Printed Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_  |