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 |
| Hand & Portable Powdered Tools  29 CFR 1910.106  Subpart P, General Industry  29 CFR 1926 Subpart I, Construction Industry | The Seller shall comply with the requirements of 29 CFR 1910 Subpart P Hand and Portable Powered Tools and Hand-Held Equipment. Less than 50 pounds net weight of powder actuated tool cartridges may be kept in a storage cabinet (non-magazine) or container that is lockable, properly marked, and dedicated for those materials or devices. Other requirements for Explosives/Blasting apply. The Seller shall comply with all manufacturers' requirements and recommendations. | Workers shall ensure they are trained to use hand and powered tools along with applicable fitted guards and safety switches.  Workers shall ensure they inspect all tools before use to ensure they are in safe working condition.  Workers shall where personal protective equipment specified in the AHA.  Workers shall remove equipment from service when it is not operable using a “Do Not Use Tag”.  Workers shall use a ground fault circuit interrupter (GFCI) when working outdoors and/or in a damp location.  Less than 50 pounds net weight of powder actuated tool cartridges may be kept in a storage cabinet (non-magazine) or container that is lockable, properly marked, and dedicated for those materials or devices.  Power tools must be fitted with guards and safety switches. |

**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:

|  |
| --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_ |