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 |
| Hazardous Waste Operations29 CFR 1910.120 | The Seller shall comply with the requirements of 29 CFR 1910.120. The Seller shall submit all required plans, procedures, programs, and training records to the TPO for review prior to starting work. | All required plans, procedures, programs, medical surveillance, emergency response, and training records must be submitted to the Technical Project Officer (TPO) for review prior to starting any work.Workers must have medical surveillance prior to starting hazardous waste operations.Training for hazardous waste cleanup operationsGeneral site employees* 40 hours of initial training
* 24 hours of supervised field experience
* 8 hours of annual refresher training

Occasional site workers* 24 hours of initial training
* 8 hours of supervised field experience
* 8 hours of annual refresher training

Supervisors* 40 hours of initial training
* 24 hours of supervised field experience
* 8 hours of specialized training on safety and health program
* 8 hours of annual refresher training

Training for treatment, storage and disposal facilities licensed under RCRAAll employees - 24 hours of initial HAZWOPER, and - 8 hours of annual HAZWOPER refresher  training |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_  |