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 |
| Hoisting & Rigging  /Cranes  DOE-STD-1090-2007 | The Seller shall comply with the requirements of DOE-STD-1090-2007; Hoisting and Rigging Standard (Formerly Hoisting and Rigging Manual) http://energy.gov/ehss/downloads/doe-std-1090-2007 and submit all lift plans to Company, and Company shall approve all lift plans and critical lifts prior to Seller’s commencement of planned lifting activities. | * Crane operators, riggers, and signalpersons must be trained and qualified and /or certified. * Ensure all required inspections have been performed on cranes. * Hoisting and rigging equipment shall be inspected for excessive wear and defects prior to, during, and after each use. * Personnel shall not, stand, pass, or place any body part under a suspended load. * Hoisting and rigging equipment shall not be loaded in excess of its safe working load limit. * Only equipment designed for hoisting and rigging shall be used in hoisting and rigging operations |

**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:

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

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