Subcontractor Name:       Project Title and Subcontract Number:

Description of planned activities/tasks for the scope-of-work for the entire project.

|  |  |  |
| --- | --- | --- |
| Hazard / Regulatory Requirements | ES&H Clause | Worker Information and Requirements |
| Hydraulics | The Seller shall follow the manufacturer’s recommendations for specific procedures for servicing hydraulic systems. At a minimum, Seller shall comply with the general requirements set forth herein. Before loosening, tightening, removing or otherwise working with any fittings or parts, relieve pressure. Before attempting any service on hydraulic systems, shut off the engine that powers the hydraulic pump. Lower the implement to the ground and relieve the pressure. Because some cutting and shearing points cannot be guarded, it is important to be aware of their hazard and to be especially alert when they are operating. It is also important to warn others and to look out for their safety, because of the danger of thrown objects while using cutting-type equipment. Wear clothing that fits well and is not loose or floppy. Never reach over or work near rotating parts. Turn off machinery to work on it. Always replace shields if you must remove them for maintenance. Follow Lockout/Tagout requirements as appropriate. | Workers shall ensure they are trained to work with hydraulics.  Workers shall not wear loose of floppy clothing. Shall wear personal protective equipment specified in the AHA.  Before loosening, tightening, removing or otherwise working with any fittings or parts, relieve pressure.  Before attempting any service on hydraulic systems, shut off the engine that powers the hydraulic pump.  Workers shall ensure all hydraulic lines and hoses are inspected prior to starting work. Use manufacturer’s instructions when replacing hoses etc.  Workers shall contact LSS Office (865.576.4LSS) in the event of a hydraulic spill.  Workers shall follow Lockout/Tagout requirements as appropriate. Contact the COMPANY’s Technical Project Officer (TPO) with any questions or concerns. |

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