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 |
| Incompatible  Materials  29 CFR 1910.1450  29 CFR 1910.1200 | The Seller shall comply with the requirements of 29 CFR 1910.1450 if the work involves laboratory activities; otherwise, comply with 29 CFR 1910.1200. NOTE: Specific chemical reactive information is located on the Material Safety Data Sheet (MSDS) for the products used. | Workers shall ensure they are trained to work with specific hazardous chemicals.  Workers shall ensure they read, understand and comply with the Safety Data Sheet to include understanding the hazards associated with reactivity, compatibility, storage,  and personal protection equipment for each chemical before use.  Workers shall contact LSS Office (865.576.4LSS) in the event of an accident/emergency.  Prior to starting any work on-site, the Worker’s employer provides required documentation to the COMPANY’s Technical Project Officer (TPO). |

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