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 |
| Industrial Trucks  DOE-STD-1090-2007  29 CFR 1910.178 | The Seller shall comply with the requirements of DOE-STD-1090-2004; Hoisting and Rigging Standard (Formerly Hoisting and Rigging Manual) and 29 CFR 1910.178 The manual is available at - http://www.hss.energy.gov/NuclearSafety/techstds/standard/std1090-04/toc .html. | Workers shall ensure they are trained to use equipment prior to  starting any on-site work.  Workers shall always wear the personal protective equipment (PPE) as specified in the AHA.  Workers shall take precautions and watch for pinch points.  Workers shall use manufacturer’s instructions when using any equipment for weight requirements when lifting a load with hoisting and rigging.  Worker shall provide the Technical Project Officer (TPO) with training documentation prior to starting any on-site work.  Workers shall inspect industrial trucks (fork lifts) daily before use. |

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