Subcontractor Name:       Project Title and Subcontract Number:

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

|  |  |
| --- | --- |
| Hazard / Regulatory Requirements | Main Elements to be Addressed |
| Lockout/Tagout(LO/TO)29 CFR 1910.147, 1910.269, 1910.333 and NFPA 70E, 2015 Edition | Control of hazardous energy sources that require lockout/tagout will be managed (i.e., identified, assessed, and controlled) by the UT-Battelle. Workers shall follow OSHA (as applicable through 10 CFR 851.23) and NFPA 70E requirements for hazardous energy control which require the Workers shall receive LO/TO training and follow their Companies written hazardous energy control process. These requirements also apply to a single source of hazardous energy. Workers seller shall comply with the requirements of 29 CFR 1910.147 for servicing and maintenance when the unexpected energization or release of stored energy could cause injury. Work requiring the control of sources of hazardous energy shall follow the applicable OSHA and NFPA requirements, e.g. 29 CFR 1910.147, 1910.269, 1910.333 and NFPA 70E. Workers engaged in work involving forms/sources of hazardous energy, e.g. electrical, pneumatic, hydraulic, mechanical, etc. shall follow approved procedure that specifies how those forms of hazardous energy will be properly controlled by lockout/tagout (LO/TO). Workers shall comply with the requirements of 29 CFR 1910.147 for servicing and maintenance when the unexpected energization or release of stored energy could cause injury. Work requiring the control of sources of hazardous energy shall follow the applicable OSHA and NFPA requirements, e.g. 29 CFR 1910.147, 1910.269, 1910.333 and NFPA 70E. Prior to beginning work, the following requirement(s) shall be observed (as applicable to the task): 1) Lockout/Tagout required by an outage of a portion of the [external] electrical distribution system shall be coordinated by ORNL Utilities; 2) Lockout of any permanently wired component, equipment, or system served by a facility's internal distribution system must be coordinated with the Technical Project Officer or their designated representative. The need to de-energize a disconnect switch or circuit breaker is a typical example of this. Note: This requirement does not apply to equipment that is supplied exclusively by flexible cord and plug that is under the exclusive control of the employee performing work. 3) Method for verifying zero energy isolation of electrical circuits must be performed in accordance with applicable NFPA 70E requirements (see Electrical section).  |

**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.):      |
| **USE THE SPACES BELOW TO COMPLETE SIMILAR AHAs FOR OTHER HAZARDS ASSOCIATED WITH THIS ACTIVITY** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**Use the Activity Hazard Analysis Continuation Sheet if additional lines are needed.**

AHA Author:       Date:

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

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| --- |
|   Technical Procurement Officer signature indicates approval of activity-specific hazards controls identified in the subcontractor AHA.Print Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ |