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 |
| Mercury29 CFR 1910Subpart Z2005 ACGIHTLV/BEI | Seller must comply with exposure limits as defined in 29 CFR 1910 Subpart Z and the 2005 edition of the ACGIH BEI/TLV booklet. Seller shall conduct baseline exposure monitoring and provide monitoring results to UT-B. | Workers shall ensure they are trained to understand the hazards and control methods related to working with mercury.Workers shall ensure mercury containers are tightly closed, stored in a well-ventilated area, and always inspected before they are moved to another location.Workers shall ensure they use good housekeeping methods and other controls in the AHA when working with mercury. If a mercury spill occurs, workers will promptly evacuate the area and report the spill to their immediate supervisor. Workers shall wear personal protective equipment (PPE) specified in the AHA to avoid exposure (eye, respiratory or skin) or contact with mercury contaminated equipment/surfaces. In the event of an emergency, contact the LSS office at 865.576.4577 |

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