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 |
| Material Handling  29 CFR 1910 Subpart N,  29 CFR 1926.602,  29 CFR 1926.1000,  and  29 CFR 1926 Subpart H | The Seller shall comply with the requirements of 29 CFR 1910, Subpart N, Material Handling | Workers shall ensure they are trained to use equipment to include forklifts, lift trucks, conveyors, cranes and slings before starting any on-site  work.  Workers shall always wear the personal protective equipment (PPE) that is specified in the AHA.  Workers shall take precautions and watch for pinch points and shall not carry loads that are too large or too heavy.  Workers shall use manufacturer’s Instructions when using any equipment  for weight requirements when lifting or carrying a load.  Workers shall inspect equipment prior to use.  Worker shall contact the Technical Project Officer (TPO) for specific work  Instructions for chemical or radiological loads. |

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