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 |
| Hazard / Regulatory Nuclear Regulatory Commission (NRC) Exemption  10 CFR Part 30,40,70  DE-AC05-00OR22725 Requirements | Workers shall ensure they are radiological safety trained and wearing the appropriate dosimetry for the associated work with radioactive material.  Workers shall ensure any radioactive material received at the facility is within the guidelines of the facility’s safety limits before acceptance. (Facility Safety Limit information shall be obtained from the Technical Project Officer (TPO).  Workers shall ensure they are qualified to handle the levels of radioactive material prior to starting any on-site work.  Workers shall ensure they are using the correct PPE per the Radiation Work Permit (RWP) for the levels of radioactive material involved in the scope of work.  Workers shall ensure any required documentation is provided to the Company’s Technical Project Officer (TPO) prior to starting any on-site work. |

**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** | | |
|  |  |  |
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|  |  |  |
|  |  |  |

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

AHA Author:       Date:

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