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 |
| Needles/Sharps29 CFR 1910.1030 | The Seller shall comply with 29 CFR 1910.1030 requirements. | Before worker uses a sharp object, such as a needle or scalpel, worker shall ensure he/she has all the items needed close by. This includes items like alcohol swabs, gauze, and bandages.Worker shall ensure sharps disposal container is nearby and that there is enough room to put sharps in the container for disposalWorker shall ensure they know how to use needles with a protective device such as a shield, sheath or blunting.Worker shall ensure sharps container is properly labeled and dispose when needed. |

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