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 |
| Noise  29 CFR 1910.95  American Conference of Governmental Hygienists (ACGIH) noise Threshold Limit Values (TLVs) | The Seller shall comply with the program requirements found in 29 CFR 1910.95 Occupational Noise Exposure. The Seller's Hearing Conservation Program shall be made available to the Company upon request. Seller shall use the American Conference of Governmental Industrial Hygienists (ACGIH) TLVs for exposure limits, and shall use the ACGIH exchange rate for monitoring purposes. | Workers conducting noise monitoring for the Seller shall use the ACGIH noise TLVs for exposure limits and shall use the ACGIH 3 dB exchange rate for monitoring purposes.    Workers with noise exposures at or greater than 85 dBA 8-hour Time Weighted Average shall be enrolled in a hearing conservation program that includes audiometric testing and hearing conservation training.  The worker must be enrolled in his Hearing Conservation Program.    Alternative control measures to include engineering and administrative controls and evaluation of the work conditions shall be conducted prior to work in high noise areas.  Workers shall wear hearing protection devices identified in the AHA and shall ensure high noise area is posted with signs.  The worker shall ensure that required documentation of training is presented to the Technical Project Officer (TPO) prior to starting any 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.): |

AHA Author:       Date:

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| 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\_\_\_\_\_\_\_\_\_\_\_\_\_ |