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 | Main Elements to be Addressed |
| Noise29 CFR 1910.95American Conference of Governmental Hygienists (ACGIH) noise Threshold Limit Values (TLVs), 2016 Edition | 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.):      |
| **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 hazards controls identified in the subcontractor AHA.Print Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_ |