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 |
| Penetrations | The Seller must obtain an approved ORNL Penetration Permit (ORNL-648 form) from the Technical Project Officer prior to beginning work. All work must be conducted under an ORNL approved penetration permit integrated into the work control process. The Seller shall incorporate the penetration permit into the appropriate work control process for the work (e.g., maintenance work package or activity hazard analysis or AHA). Mechanisms shall be in place to ensure the permit information and special work requirements are flowed down through all Seller levels to the person(s) performing the penetration work. | Workers shall contact the Technical Project Officer (TPO) to ensure the ORNL Penetration Permit has been obtain and approved prior to starting any on-site work.  Workers must be aware of the type pf penetration work requirements: Work associated with installation of fasteners in hollow-core or masonry wall/ceiling are exempt from ORNL penetration permits, unless penetrating a fire/smoke barrier. Work associated installation of fasteners greater than 2 inches in embedded depth, OR where the sub-surface elements are unknown, requires double insulated electrically operated equipment/tools or non-powered tools during installation. |

**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:

ES&H/QHSP Representative Concurrence signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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