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 |
| Personal Protection Equipment (PPE)  Eye, Face, Head and Extremities  29 CFR 1910.132 | Any personal protective equipment (PPE) required for use of the chemicals shall be supplied by the Seller. Seller personnel shall be trained for the required PPE in accordance with 29 CFR 1910.132, Personal Protective Equipment. Seller personnel shall wear safety glasses with side shields at all times during work activities with potential for eye injury unless a higher level of eye protection is required for specific hazards. Seller employees shall wear clothing suitable for the environmental and work conditions. The minimum shall be short sleeve shirts, long trousers, and leather or other protective work shoes or boots with protective toes when there is potential for foot injury. | The Seller shall supply personal protective equipment for work with chemicals and workers shall be trained for the required PPE. The Seller's employees shall wear safety glasses with side shields at all times during work activities with potential for eye injury unless a higher level of eye protection is required for specific hazards. The Seller's employees shall wear clothing suitable for the environmental work conditions. The minimum shall be short sleeve shirts, long trousers, and leather or other protective work shoes or boots with protective toes when there is potential for foot injury.  The Seller shall assess the workplace to determine if hazards are present or are likely to be present regarding use of personal protective equipment (PPE).  The Seller shall provide training records to the Technical Project Officer (TPO) prior to the starting of 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:

|  |
| --- |
| 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\_\_\_\_\_\_\_\_\_\_\_\_\_ |