**Subcontractor Name:       Project Title and Subcontract Number:**

**Description of planned activities/tasks for the scope-of-work for the entire project.**

|  |  |
| --- | --- |
| Hazard / Regulatory Requirements | Main Elements to be Addressed |
| Peroxides29 CFR 1910.145029 CFR 1910.120 | Workers shall ensure they are trained to work with peroxide chemicals.Workers shall ensure they read, understand and comply with the Safety Data Sheet to include understanding the hazards associated with reactivity, compatibility, storage, and personal protection equipment for each chemical before use.Workers shall ensure the following: - Store peroxides in well ventilated areas. - Keep out of direct sunlight and away from steam pipes, boilers or other heat sources - Keep temperature range as recommended by the manufacturer - Label with suitable warning signs - Correct all deficiencies as soon as possible and notify the Technical Project officer (TPO).Workers shall contact LSS Office (865.576.4LSS) in the event of an accident/emergency.Workers shall Notify the COMPANY’s Technical Project Officer (TPO) of any peroxide chemicals which will be used for the project, prior to bringing them on site and will provide required documentation prior to starting any work on-site. |

**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** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

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