Subcontractor Name: Project Title and Subcontract Number:

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

|  |  |  |
| --- | --- | --- |
| Hazard / RegulatoryRequirements | ES&H Clause | Worker Information and Requirements |
| Respirable Crystalline Silica | The Seller shall comply with the program requirements found in 29 CFR 1926.1153 Respirable Crystalline Silica. The Seller shall submit to TPO the Seller's Respirable Crystalline Silica Exposure Control Plan prior to the initiation of work that will expose workers to respirable crystalline silica (RCS). Seller shall ensure that the Exposure Control Plan meets the requirements of 29 CFR 1926.1153(g) and shall outline the Seller's plans for conducting exposure assessments and personal exposure monitoring. Seller shall comply with the silica Threshold Limit Value (TLV) in the 2016 edition of American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLV) and Biological Exposure Indices (BEI) booklet. Personal air sampling data collected to assess worker exposures to RCS shall be submitted monthly, or at the completion of the subcontract if less than one month, to the TPO using ORNL Subcontractor Silica Sampling Report Form (ORNL-1159). Seller is responsible for conducting initial baseline and ongoing exposure monitoring to ensure compliance with the TLV.  | A crystalline silica Exposure Control Plan meeting the requirements of 29 CFR 1926.1153(g) must be submitted. The plan must contain the Seller’s plans for conducting exposure assessments and personal exposure monitoring along with detailed information as to the means and methods for controlling exposures to respirable crystalline silica. Exposure monitoring must be compared to the 2016 version of the American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values (TLVs).ORNL’s Silica Sampling Report Form (ORNL-1159) must be used to document the exposure monitoring activity. This form must be submitted to the TPO monthly or at the completion of the project – whichever is earlier. |

**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:

Date

Printed Name/Signature:

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.