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 |
| Toxic Materials  29 CFR 1910.1200 | The Seller shall comply with the requirements of 29 CFR 1910.1200. Seller must comply with exposure limits as defined in 29 CFR 1910 Subpart Z and the 2005 edition of the ACGIH BEI/TLV booklet. Seller shall conduct baseline and periodic exposure monitoring and provide monitoring results to Technical Project Officer. | Workers shall ensure they have received Hazard Communication training and reviewed Safety Data Sheets for toxic materials associated with their work.  Workers shall ensure containers are tightly closed, stored in a well-ventilated areas, and always inspected before being moved to another location.  Workers shall ensure they use good housekeeping and implement other controls listed in the AHA to mitigate potential exposures to toxic materials.  Workers shall ensure they wear appropriate personal protective equipment (PPE) specified in the AHA to avoid exposure (eye, respiratory or skin) or contact with contaminated equipment/surfaces.  Workers shall ensure they avoid welding, cutting, soldering or other hot work on an empty container or piping until all toxic liquid and vapors have been cleared by Safety & Health personnel.  In the event of an emergency, contact the LSS office at 865.576.4577. |

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