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 |
| Unbound Engineered NanoparticlesDOE Order 456.1A | Worker shall have completed the ORNL Nanoscale ES&H training prior to starting work. Worker shall ensure their employer has enrolled them in their companies’ medical surveillance program.Worker shall ensure an Exposure Assessment has been performed and proper work control is in place. If ORNL is not dictating the work control, then the SME should review proposed work control before work is conducted. Worker shall post areas where UNP are handled and post PPE requirements. Worker shall place UNP in a container closure that prevents leakage; package and label container with UNP.Worker shall contact ORNL’s Technical Project Officer to have Waste Representative present to ensure waste is managed in accordance with ORNL’s Waste Management procedures |

**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.):      |

**For additional activities/t asks or hazards, use an AHA continuation sheet.**

AHA Author:       Date:

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