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 |
| Work Above/Over Operations29 CFR 1910 Subpart DSubpart FSubpart LSubpart M | The Seller shall comply with the requirements of 29 CFR 1910, Subpart D Walking-Working Surfaces. The Seller shall ensure that personnel beneath overhead operations are adequately protected, and that appropriate warning signs, barriers, and personal protective equipment are used. The Seller shall coordinate with the Technical Project Officer to notify building occupants of the intent to work in the attic or above their operation area. The Seller must ensure work areas are stable and capable of withstanding the weight load of workers and equipment. The Seller must provide sturdy platforms over areas that are not capable of carrying workers and equipment loads. The Seller must ensure workers are provided with proper protection from Asbestos Containing Materials (ACM), Radiation hazards, and other hazards that may exist. | Workers shall ensure they are trained to use scaffolds before use.Scaffolds shall be inspected for visible defects by a scaffold competent person before each work shift, and after any occurrence which could affect a scaffold's structural integrityWorkers shall ensure personnel beneath overhead operations are protected, use appropriate warning signs and barriers, and use proper personal protective equipment (PPE).Workers shall provide training documentation to the TPO prior to starting any on-site 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:

|  |
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| 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\_\_\_\_\_\_\_\_\_\_\_\_\_  |