

Section 3

Contractor Requirements

3.1 Scope

This section sets forth requirements for contractors. The purpose of these requirements is to establish minimum health and safety requirements. Contractors are expected to establish safety as a core value while working on Reclamation facilities. This section specifically addresses contractor responsibilities, certification requirements, safety programs, required meetings, safety and health professional support, inspection requirements, accident and incident investigating and reporting, monthly accident summary report, training requirements, dismissal of employees who refuse to comply with occupational safety and health requirements, and dispute resolution. The contractor services covered by this section may include, but are not limited to, the following:

- construction and construction project management,
- event organization,
- facility management and maintenance,
- equipment installation, repair, routine service and maintenance,
- food service and catering,
- janitorial service (office cleaning),
- landscaping,
- security, and/or
- other similar services.

This section does not include shipping, receiving, delivery, and transportation services.

Contractors shall adhere to the requirements set forth in all sections of the Reclamation Safety and Health Standards (RSHS) when performing work, with the exceptions listed below. The following sections are specific to Reclamation employees or Reclamation programs and are not applicable to contractors:

- Section 21, *Hazardous Materials Emergency Response*,
- Section 28, *Watercraft and Dredging*,
- Section 31, *Hearing Loss Prevention Program*,
- Section 32, *Respiratory Protection Program*,
- Section 33, *Hazard Communication Program*,
- Section 35, *Bloodborne Pathogens*,
- Section 38, *Safety and Occupational Health Program Evaluations*,
- Section 39, *Motor Vehicle Safety*,
- Section 40, *Accident Investigation and Reporting*,
- Section 41, *Safety Inspection and Abatement*, and

- Section 42, *Collateral Duty Safety Representatives*.

Contractors shall comply with applicable Federal, State, and local regulations when performing work related to the RSHS sections above.

3.2 General Requirements

3.2.1 Certification Requirements

The manufacturer or a professional engineer (PE) must certify that the design of major or critical facilities, equipment, support structures, systems, embankments, shoring systems, and formwork (falsework) is structurally suitable for the intended use. This certification must be in writing and submitted to the Contracting Officer's Representative (COR) before construction or use of such facilities, equipment, or support systems.

3.2.2 Contractor Identification

The contractor is responsible for identifying all personnel, including the personnel's level of training, that hold special positions as certified, designated, or competent persons and the equipment and operations for which they are responsible.

3.2.3 Required Safety Meetings

3.2.3.1 Joint Safety Policy Meeting. The COR, the contractor's principal onsite representative, and designated members of respective staffs must participate in scheduled monthly safety meetings. These meetings must review the effectiveness of the contractor's safety effort, resolve health and safety problems relating to current operations, and provide a forum for planning safe future activities. The contractor must prepare and maintain meeting minutes in a manner prescribed by the COR.

3.2.3.2 Contractor Safety Program Review. After the contractor submits the written safety program requirements, the contractor must hold a meeting to review the program, and the contractor's principal onsite representative, general superintendent, the COR, and the safety representative must attend. The contractor must discuss the procedures to control the hazards likely to happen during major phases of the work and the organizational assignments involved in administering the program, in detail.

3.2.3.3 Supervisory Safety Meetings. The contractor must conduct regularly scheduled (at least monthly) supervisory safety meetings for all levels of job supervision. The

contractor must maintain a summary report containing all attendee signatures and make the report available for review by the COR.

- 3.2.3.4 Toolbox Safety Meetings.** Each field supervisor or foreman must conduct at least one on-the-job or toolbox safety meeting each week, and all employees under their supervision must attend. The field supervisor or foreman must maintain a record of each meeting, including signatures of attendees, and make the report available for review by the COR. These meetings will discuss upcoming work, hazards the work may introduce, methods and precautions to eliminate or mitigate hazards, interface with Reclamation employees, and recognizing/reporting new hazards.

3.3 Responsibilities

3.3.1 Regional Safety and Occupational Health Office

- 3.3.1.1** Must consult with the area office safety and occupational health office or the construction office safety manager about any site special hazards or special conditions that might exist during the project.

3.3.2 Contract Employer

- 3.3.2.1** Shall ensure that all work under contract meets or exceeds the Occupational Safety and Health Administration safety and health standards and complies with the RSHS contained herein.
- 3.3.2.2** Shall comply with all Federal, State, and local requirements. When the requirements of one standard are in conflict with the requirements of another, the standard offering the highest level of protection to the worker, equipment, or facility must be followed.
- 3.3.2.3** Shall ensure safe work performance by employees and subcontractors.
- 3.3.2.4** Shall apply these standards to offsite activities, equipment, and facilities that primarily support the contract work.
- 3.3.2.5** Shall include provisions for meeting the safety and health requirements of these standards in the terms and conditions of all contracts, subcontracts, and supply contracts.

3.4 Training Requirements

3.4.1 Initial Orientation

The contractor must give each new contractor employee a written notice containing pertinent provisions of the safety and health program. The notice must indicate general policy and set forth procedures and regulations applying to the work environment, accident reporting, and first aid and medical care. Each employee must acknowledge receiving these instructions. The contractor must file this acknowledgment and make it available for review.

3.4.2 Certification

The contractor must ensure that all positions requiring certification are filled by currently certified personnel (e.g., CPR certification, crane operation training/certification, etc.)

3.4.3 Supervisor Training

All contractor onsite supervisors, including foremen, must attend a classroom review of applicable safety and health requirements within 30 days after construction begins and annually thereafter. Supervisors and foremen who begin work between formal training sessions must receive initial instructions from the contractor's safety representative and attend all subsequent annual reviews.

3.4.3.1 Materials and Resources. Qualified trainers must use these standards and the contractor's safety program as a text for all training sessions. A Reclamation safety professional will be available for the formal classroom reviews to assist with safety and health standards.

3.4.3.2 Recordkeeping. The contractor must maintain records detailing course content and the names of attendees and make the records available for review by the COR.

3.4.3.3 Exceptions. The COR may grant exceptions to supervisory training requirements for short-term contracts or other discretionary reasons.

3.5 Hazard Identification, Assessment, and Safety Measures

3.5.1 Safety and Health Professional Support

When the contract does not require the services of a full-time safety professional, the contractor must designate, in writing, a competent supervisory employee who is acceptable to the COR to administer the safety program. However, if the COR considers the contractor's safety effort inadequate, the COR may require the contractor to employ a full-time qualified safety professional in place of a safety representative. These standards make further provisions for using safety and health specialists when special or technical expertise is required.

3.5.2 Required Inspections

The contractor must ensure competent employees conduct frequent and regular (at least weekly) safety inspections of the worksites, materials, and equipment. The contractor must maintain detailed written inspection records and make them available for review by the COR.

3.5.3 Prohibited Tools and Materials

The contractor must prohibit the use of any machinery, tool, material, or equipment that is not safe or does not comply with applicable requirement of these standards. The contractor must identify such machine, tool, material, or equipment as unsafe by tagging or locking the controls to make them inoperable or by physically removing it from the worksite.

3.5.4 Accident and Incident Reporting

Contractors must immediately report accidents and incidents to the COR and the appropriate contractor personnel. For each injured person, the contractor must complete Reclamation Form 7-2077, *Contractor's Report of Recordable Injury/Illness*, and submit it to the COR (see Appendix 3A, below).

3.5.4.1 Accident Response. The contractor is responsible for providing and obtaining appropriate medical and emergency assistance and notifying the coroner, fire, and law enforcement agencies; the Occupational Safety and Health Administration; and family members. Except for rescue and emergency measures, do not disturb the scene of the accident or incident and do not resume the operation until authorized by COR.

3.5.5 Accident and Incident Investigation

The contractor must assist and cooperate fully with the COR in conducting the investigations of the accident/incident and ensure availability of all information, personnel, and data pertinent to the investigation. When ordered by the COR, the contractor must conduct a separate and complete independent investigation of the accident or incident and submit a comprehensive report of findings and recommendations to the COR. The contractor must arrange, and be financially responsible, for the independent investigation and any equipment/material inspections or tests or diagnostic studies required by the Government or contractor investigators.

3.5.6 Nonserious Accidents

The contractor must report nonserious accidents or incidents immediately to the contractor supervisor who has been delegated authority to arrange for medical assistance and to investigate the accident or incident. After arranging for required medical assistance, the responsible supervisor must investigate the accident/incident.

3.5.6.1 Documentation. Within 3 working days following the accident, the contractor must submit to the COR (1) a completed Reclamation Form 7-2077, *Contractor's Report of Recordable Injury/Illness*, for all personal injuries and (2) a comprehensive narrative report for property damage accidents.

3.5.7 Potentially Serious Accidents

The contractor must immediately report potentially serious accidents or incidents to the COR. The contractor's involved equipment and worksite must remain secured until the contractor has completed a comprehensive investigation that is acceptable to the COR and the COR has given permission to resume work.

3.5.7.1 Documentation. Within 5 days following the investigation, the contractor must submit a detailed, written, investigation report to the COR.

3.5.8 Monthly Accident Summary Report

By the first day of each month, the contractor must submit a completed Reclamation Form 7-2218, *Contractor Recordable Accident Experience* (see Appendix 3B below), or an equivalent report acceptable to the COR.

3.5.9 Dispute Resolution

If disputes involve safety issues, the work must not proceed until the dispute is resolved.

3.6 Pre-job Briefing and Planning Requirements

3.6.1 Contractor Safety Program Review

The contractor must submit a comprehensive written safety program covering all aspects of onsite and applicable offsite operations and activities associated with the contract (see RSHS Appendix 3C, *Contractor Safety Program*, below). Unless adequately covered in the original plan, the contractor must submit a supplementary detailed plan before starting each major phase of work or when requested by the COR. Initial and supplementary submittals must include a timetable for completing required detailed job hazard analyses (JHAs).

3.6.2 Review and Acceptance

Onsite work must not begin until the COR has accepted the program or appropriate supplementary submittals. Acceptance of contractor initial and supplementary programs signifies only that the contractor has provided adequate documentation to safely perform the work. It does not relieve the contractor of the responsibility for providing employees with a safe and healthful work environment or compliance with stated requirements and applicable specification paragraphs.

3.7 Hazardous Environmental Conditions (Weather/Other)

3.7.1 Lightning Plan

If the construction site is in an area where lightning is common, the contractor shall have a lightning plan, as described in RSHS Section 4, *Work Safety Planning*.

3.7.2 Wind Conditions

If the construction site is in an area where severe wind conditions are common, the contractor must monitor wind speeds and follow the restrictions for crane operations listed in RSHS sections 19A, *Permanently Installed (Fixed) Cranes*, and 19B, *Mobile Cranes*.

3.8 Safe Practices

3.8.1 Refusal to Comply with Occupational Safety and Health Requirements

The contractor must remove employees who refuse or repeatedly fail to comply with safe work practices and standards from the site.

3.8.2 Supervisors Who Fail to Enforce Occupational Safety and Health Requirements

The contractor must remove supervisors who fail to enforce safety and health requirements from the site.

3.9 Definitions in Appendix K and References in Appendix L

Appendix 3A: Form 7-2077

7-2077 (8-86) Bureau of Reclamation		CONTRACTOR'S REPORT OF RECORDABLE INJURY/ILLNESS	
Refer to Section 2 of Construction Safety Standards			
Each work related fatality, injury/illness, first aid cases excepted, shall be reported on this form. The completed form will be submitted to the contracting officer's representative within 3 working days from the date of the incident or onset of illness. Responsibility for completion and submission of this form for all onsite injury/illness to contractor, subcontractor, or supplier forces rests with the prime contractor. All form terms are as defined on the reverse side.			
CONTRACT SPECIFICATIONS (Number and Feature)			DATE OF THIS REPORT
EMPLOYER			
INJURED EMPLOYEE'S NAME		SOCIAL SECURITY NO.	OCCUPATION
AGE	DATE EMPLOYED	DATES OF PREVIOUS INJURIES	
DESCRIBE INJURY/ILLNESS			
DATE OF INJURY	TIME	ATTENDING PHYSICIAN	INJURY CLASSIFICATION MEDICAL ONLY <input type="checkbox"/> OTHER <input type="checkbox"/>
STARTED LOSING TIME (Never Date of Injury)		DID INJURY RESULT IN DEATH OR PROBABLE PERMANENT DISABILITY?	
RETURN TO WORK (Date)*		DATE OF DEATH	
WORKDAYS LOST TIME*		DAYS OF RESTRICTED WORK OR TRANSFER TO OTHER JOB	
* Estimate date of return to full duty to avoid delay in submitting report (See reverse side for estimating instructions).			
DESCRIBE ACCIDENT (Include Who, What, When, Where, and How)			
SUPERVISORY OPINION	HOW COULD ACCIDENT HAVE BEEN PREVENTED?		
	(Signature) _____ FOREMAN OR IMMEDIATE SUPERVISOR		
PREVENTIVE ACTION TAKEN	ACTION TAKEN TO PREVENT A RECURRENCE		
	(Signature) _____ PROJECT MANAGER OR SUPERINTENDENT		

(NOTE: Information in this report is to be used for the prevention of accidents and is not intended as a basis for injury claims. Recordable injuries/illnesses and workdays lost and injury classification shall be as defined on reverse side of this form.)

BUREAU OF RECLAMATION FORM 7-2077. Contractor's Report of Recordable Injury/Illness

Appendix 3B: Form 7-2218

BUREAU OF RECLAMATION FORM 7-2218. Contractor Monthly Summary of Occupational Injuries/Illnesses Experience (3 pages)

7-2218 (7-96)
Bureau of Reclamation

CONTRACTOR MONTHLY SUMMARY OF OCCUPATIONAL INJURIES/ILLNESSES EXPERIENCE

The prime contractor will submit this completed form to the contracting officer's representative by the first day of each month. Included on the form will be the contractors, subcontractors, and suppliers onsite injury/illness experience for the previous reporting period. Reporting period cutoff dates can coincide with appropriate pay periods as long as the ending date of this current report is the beginning date of the next report. All form terms are defined in Appendix DD of *Reclamation Safety and Health Standards* or elsewhere on this form.

REPORTING PERIOD — STARTING					ENDING					
CONTRACTOR, SUBCONTRACTOR SUPPLIER — SPEC. NO.	TYPE OF CONSTRUCTION	NO. EMPLOYEES	MAN-HOURS EXPOSURE	LOST WORKDAYS	RECORDABLE CASES			INCIDENT RATES		
					TOTAL	DEATHS	LOST WORKDAY CASES	TOTAL CASES	DEATH AND LOST WORKDAY CASES	LOST WORKDAYS
1	2	3	4	5	6	7	8	9	10	11
PRIME CONTRACTOR NAME SPEC. NO. SUBCONTRACTORS SUPPLIERS										
TOTAL										
CUMULATIVE TOTAL										

- Column 1. Name of General Contractor and General Specification No. only. Combine all subcontractor and/or supplier data under respective headings. Cumulative totals start from first day of onsite work under the specification.
- Column 2. Major classification or type of work for contractor (earth dam, concrete dam, canals, tunnel, pumping plant, power facilities, etc.). Minor classification for supplier or subcontractor (concrete work, earthwork, repair work, etc.).
- Column 3. Average number of employees during reporting period. Include only onsite personnel. Number of subcontractor or supplier employees can be estimated by dividing number of estimated man-hours by 8 x number of days in reporting period $\left(\frac{\text{Number of man-hours}}{8 \times \text{number days of reporting period}} \right)$
- Column 4. Actual man-hours of onsite exposure. Do not include vacation time, holidays, down periods, etc.
- Column 5. Lost workdays includes actual days from work, restricted workdays, and days worked in another assigned position. (See Appendix DD of *Reclamation Safety and Health Standards* for detailed explanation of lost workdays and restricted work.)
- Column 6. Total of fatalities, lost workday cases, restricted work cases or transfer to other job cases, and medical cases reported on all forms 7-2077, *Contractor's Report of Recordable Injury/Illness*, submitted during the reporting period covered by this form.
- Column 7. Fatalities are charged to date of injury or onset of illness regardless of date of death.
- Column 8. Includes all cases submitted during this reporting period on forms 7-2077, *Contractor's Report of Recordable Injury/Illness*, that show figures under headings entitled, "Workdays lost time," or "Days of restricted work or transfer to other job." (See Appendix DD of *Reclamation Safety and Health Standards*.)

Columns 9, 10, 11. Incident rates are defined as the number of injuries/illnesses or lost workdays related to a common exposure base—100 full-time workers or 200,000 man-hours of exposure (100 workmen x 40 hrs/week x 50 weeks/year = 200,000). These rates are calculated as follows:

$$\text{Total Cases (column 9)} = \frac{\text{Total cases (column 6) x 200,000}}{\text{Man-hours of Exposure (column 4)}}$$

$$\begin{aligned} \text{Death and lost} & \\ \text{workday cases} & \\ \text{(column 10)} & = \frac{\text{Deaths (column 7) and lost workday cases (column 8) x 200,000}}{\text{Man-hours of exposure (column 4)}} \end{aligned}$$

$$\begin{aligned} \text{Lost workdays} & \\ \text{(column 11)} & = \frac{\text{Lost workdays (column 5) x 200,000}}{\text{Man-hours of exposure (column 4)}} \end{aligned}$$

DEFINITION OF TERMS	
<p>Work-related Injury/Illness: All injuries/illnesses to contractor, subcontractor, or supplier employees that result from an event or exposure on any contractor controlled worksite associated with the respective contract.</p> <p>Medical Cases: Injuries/illnesses are defined as medical cases if: (1) they can be treated only by a physician or licensed medical personnel, (2) they result in damage or harm to physical structure of a nonsuperficial nature (e.g., hairline fractures), (3) they impair bodily functions (i.e., normal use of senses, limbs, etc.), (4) they involve complications requiring follow-up medical treatment.</p> <p>The following are generally considered medical treatment:</p> <ul style="list-style-type: none">• Treatment of INFECTION• Application of ANTISEPTICS during second or subsequent visits to medical personnel• Treatment of SECOND OR THIRD DEGREE BURN(S)• Application of BUTTERFLY ADHESIVE DRESSING(S) or STERISTRIPS in lieu of sutures• Application of SUTURES (stitches)• Removal of FOREIGN BODIES EMBEDDED IN EYE• Removal of FOREIGN BODIES from wound; if procedure is COMPLICATED because of depth of embedment, size, or location• Use of PRESCRIPTION MEDICATIONS (except a single dose administered on first visit for minor injury or discomfort)• Use of hot or cold SOAKING THERAPY during second or subsequent visit to medical personnel• Application of hot or cold COMPRESS(ES) during second or subsequent visit to medical personnel• CUTTING AWAY DEAD SKIN (surgical debridement)• Application of HEAT THERAPY during second or subsequent visit of medical personnel• Use of WHIRLPOOL BATH THERAPY during second or subsequent visit of medical personnel• POSITIVE X-RAY DIAGNOSIS (fractures, broken bones, etc.)• ADMISSION TO A HOSPITAL or equivalent medical facility for treatment or prolonged observation <p>First Aid Cases: Cases (1) limited to one-time treatment and subsequent observation and (2) involve treatment of only minor injuries, not emergency treatment of serious injuries. Further, any one-time treatment and followup visit for the sole purpose of observation of minor scratches, cuts, burns, splinters and so forth, which do not ordinarily require medical care are classified as first aid treatment. Such one-time treatment and followup visit for the purpose of observation is considered first aid even though provided by a physician or registered professional personnel. Visits to a doctor for an examination or other diagnostic procedure to determine whether the employee has an injury is classified as a first aid case if no injury is discovered or medical treatment is rendered. Conversely, if treatment is described and medical care is provided even by someone other than a physician or registered medical personnel, injury is classified as medical. Other examples of first aid cases not requiring reporting unless they result in loss of consciousness, restriction of work, or motion, or transfer to another job are:</p> <ul style="list-style-type: none">• Application of ANTISEPTICS during first visit to medical personnel• Treatment of FIRST DEGREE BURN(S)• Application of BANDAGE(S) during first visit to medical personnel• Use of ELASTIC BANDAGE(S) during first visit to medical personnel• Removal of FOREIGN BODIES NOT EMBEDDED IN EYE if only irrigation is required• Removal of FOREIGN BODIES from wound, if procedure is UNCOMPLICATED, and is, for example, by tweezers or other simple technique• Use of NONPRESCRIPTION MEDICATIONS AND administration of single dose of PRESCRIPTION MEDICATION on first visit for minor injury or discomfort• SOAKING THERAPY ON INITIAL VISIT to medical personnel or removal of bandages by SOAKING• Application of hot or cold COMPRESS(ES) during first visit to medical personnel• Application of OINTMENTS to abrasions to prevent drying or cracking• Application of HEAT THERAPY during first visit to medical personnel	<ul style="list-style-type: none">• Use of WHIRLPOOL BATH THERAPY during first visit to medical personnel• NEGATIVE X-RAY DIAGNOSIS• BRIEF OBSERVATION of injury during visit to medical personnel <p>Note: The administration of a TETANUS SHOT or BOOSTER, by itself, is not considered medical treatment. However, these shots are often given in conjunction with the more serious injuries. Therefore, injuries requiring tetanus shots may be reportable for other reasons.</p> <p>Illness Cases: Occupational illness of an employee is any abnormal condition or disorder, other than one resulting from an occupational injury caused by exposure to environmental factors associated with employment. It includes acute and chronic illnesses or diseases which may be caused by inhalation, absorption, ingestion, or direct contact.</p> <p>Some conditions may be classified as either an injury or illness (but not both), depending upon the nature of the event that produced the condition. For example, a loss of hearing resulting from an explosion (an instantaneous event) is classified as an injury; the same condition arising from exposure to industrial noise over a period of time would be classified as an occupational illness. Similarly, irritation of the throat from exposure to chlorine fumes would be classified as an injury if it resulted from a ruptured tank and an illness if the exposure occurred over a period of time. The determination of illness or injury is based on the original event. Adverse reaction to a tetanus shot given for a laceration would be classified as an injury. Back cases should always be recorded as an injury. It should be noted that all occupational illnesses are reportable and recordable incidents regardless of the type of treatment provided.</p> <p>Fatalities: Work-related fatalities are reportable and recordable regardless of the time between the injury and the death or the length of the illness. Lost workdays attributable to the incident are not counted and any charged should be removed from the record.</p> <p>Lost Workdays: Lost workdays are defined as the number of workdays (consecutive or not), beyond the day of injury or onset of illness, the employee was away from work or limited to restricted work activity. The number of days away from work or days of restricted work activity does not include the day of injury or onset of illness or any days on which the employee would not have worked even though able to work, e.g., vacation days, days off, or holidays are not counted. Termination of employment may stop the count of lost workdays if unrelated to the employee's injury or illness. If termination is related to injury/illness, an estimate of actual workdays lost shall be made. Retirements unrelated to injury or illness stop the count of lost workdays. Otherwise days lost are estimated. Lost workday counts cease when injury or illness is determined as totally disabling. Lost workday count stops when position employee was in when injured is abolished due to work completion, e.g., a dozer operator lost workdays count would not continue beyond last day of dozer operations on the project even if the operator still could not perform the operator functions.</p> <p>Restricted work: The number of workdays on which because of injury or illness: (1) the employee was assigned to another job on a temporary basis; or (2) the employee worked at a permanent job less than full time; or (3) the employee worked at a permanently assigned job but could not perform all duties normally connected with it. Lost workday count stops when employee is permanently transferred to another permanently established position.</p> <p>Contractor Controlled Worksite Associated with the Contract: The following and similar locations are considered contractor controlled worksites:</p> <p>All areas within the boundaries of the construction site including shops, plants, storage areas, haul roads, borrow and fill areas.</p> <p>All offsite locations (plants, shops, rock quarries, borrow areas, erection sites, etc.) used exclusively for supporting construction activities. All roads where traffic control is a contractor responsibility.</p>

GPO 851-690

Appendix 3C: Contractor Safety Program

Unless waived by the COR, prime and supplementary safety program submittals must, at a minimum, address all appropriate contractual requirements shown under the program outline. Program items will be so detailed that reviewers can adequately ascertain any requirement. The original program submittal can cover all work phases or only address the initial work phase with timely supplementary submittals as major work phases occur.

Contractors desiring to follow this latter course of action will, in the initial submission, clearly define the original work covered and the work phases to be covered by supplements.

In no case will any phase of work commence until a program for that portion of the work has been accepted by the COR. Original and supplemental submissions covering hazardous operations and/or activities will include a JHA. The JHA will break down the operation or activity into specific basic steps, define the hazards associated with each basic step, and propose method(s) for eliminating or minimizing the hazard. Such methods will outline, at a minimum, employee training requirements, personal protective equipment requirements, procedural changes, methods for evaluating program effectiveness, etc. The COR must attach safety data sheets to all JHAs for work that involves use of hazardous or toxic materials.

The Program Outline below provides guidance in preparing a safety program and does not cover all material that may be necessary. The contractor must review specifications and all safety and health regulations to ensure a comprehensive plan. The safety program shall be in conformance with applicable sections of the RSHS.

Program Outline

I. General Requirements

- A. Statement of Policy
- B. Statement of Safety and Health Responsibilities
- C. Statement of Compliance with Regulations, Standards, and Codes
- D. Statement of Subcontractor Compliance
- E. Safety Inspection Procedures
- F. Accident Investigation and Reporting Procedures
- G. Applicable Emergency Plans
- H. Required Safety Program Coordination
 1. Confined Space Program
 2. Control of Hazardous Energy (Lockout/Tagout) Program
 3. Hearing Loss Prevention Program
 4. Respiratory Protection Program
- I. Fire Protection Plans
 1. Type and Location of Suppression Equipment or Systems
 2. Offsite Assistance Agreement

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- 3. Temporary Heating Devices
 - II. **Medical**
 - A. Facilities
 - B. Training
 - C. Certifications
 - D. Physician
 - E. Ambulance (Name, Location, and Telephone Number)
 - F. Physical Qualifications of Employees
 - G. Records
 - III. **Communications**
 - A. Employee Training
 - B. Safety Meetings
 - C. Onsite Training
 - D. Supervisor Training
 - IV. **Occupational Health**
 - A. Procedures and Equipment to Minimize Hazards
 - B. Testing Programs for Employees and Work Environments
 - C. Qualified Personnel
 - D. Personal Protective Equipment (PPE)
 - E. Ventilation Plans
 - V. **Machinery and Mechanical Equipment**
 - A. Procedures and Equipment Used to Minimize Hazards
 - 1. Testing Program for Employees and Work Environments
 - 2. Mobile and Stationary Equipment
 - B. Inspection Procedures
 - C. Maintenance Procedures
 - D. Operating Personnel
 - E. Protective Safety Devices and Certifications
 - F. Elevators and Aerial Lifts
 - VI. **Excavation and Demolition**
 - A. Tunnels and Shafts
 - 1. Internal Combustion Engines
 - 2. Ventilation Plans
 - 3. Transportation Systems and Equipment
 - 4. Work Environment Testing
 - 5. Ground Support
 - B. Blasting
 - 1. Blaster Certification
 - 2. Written Procedures
 - 3. Storage
 - 4. Transportation
 - C. Excavations Other than Tunnels and Shafts
 - 1. Slide Protections
 - 2. Support Systems
 - 3. Inspections
 - 4. Access

- D. High Scaling
 - 1. Definition
 - 2. PPE
 - 3. Standing Operating Procedures
- E. Haulage
 - 1. Haul Roads
 - 2. Equipment and Procedures
- VII. Working Surfaces**
 - A. Access
 - 1. Ladders
 - 2. Platforms, Stairways, and Ramps
 - B. PPE
 - C. Scaffolding
 - D. Safety Nets
- VIII. Protection of the Public**
 - A. Signs and Barricades
 - B. Flagging Procedures
 - C. Jurisdictional Approvals
- IX. Marine and Diving Operations**
 - A. Detailed Plan and Written Procedures
- X. Electrical Facilities**
 - A. Substations