

Section 3

Contractor Requirements

This section sets forth requirements for contractors. It 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 requirements of this section apply to Reclamation contractors.

3.1 Contractor Responsibilities

The contractor is responsible for ensuring that all work under contract meets or exceeds the OSHA standards in addition to complying with the Reclamation Safety and Health Standards contained herein. The contractor is responsible for ensuring safe work performance of employees and subcontractors. These standards also apply to offsite activities, equipment, and facilities that primarily support the contract work. Contractors must include provisions for coordination with the safety and health requirements of these standards in the terms and conditions of all contracts, subcontracts, and supply contracts.

3.2 Certification Requirements

The manufacturer or a professional engineer (PE) must certify that the design of major or critical facilities, equipment, support structures, or 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.

3.3 Required Safety Programs

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 appendix entitled, "Contractor Safety Program.") 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. Onsite work must not begin until the COR has accepted the program or appropriate supplementary submittals. Initial and supplementary submittals must include a timetable for completing required, detailed, job hazard analysis (JHAs). Accepting contractor initial and supplementary programs only signifies that the contractor has provided adequate documentation to perform the work safely. 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.

3.4 Required Meetings

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

3.4.2 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.

3.4.3 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 subject matter and signatures of all attendees and make it available for review by the COR.

3.4.4 Tool Box 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 it available for review by the COR.

3.5 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, acceptable to the COR, to administer the safety program. However, if the CO considers the contractor's safety effort inadequate, the CO 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 where special or technical expertise is required.

3.6 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. The contractor must prohibit the use of any machinery, tool, material, or equipment that is not safe and/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 its place of operation.

3.7 Accident and Incident Investigating and Reporting

3.7.1 Report accidents and incidents immediately to the COR and appropriate contractor personnel. 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. 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 or material inspections or tests, or diagnostic studies required by the Government or contractor investigators. Further, 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 figure 3-1.

3.7.2 The contractor must report nonserious accidents or incidents immediately to the contractor's supervisor 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. Within 3 working days following the accident, the contractor must submit to the COR a completed Reclamation form 7-2077, *Contractor's Report of Recordable Injury/Illness*, for all personal injuries, and a comprehensive narrative report for property damage accidents.

3.7.3 The contractor must report potentially serious accidents or incidents immediately to the COR. The contractor's involved equipment and worksite must remain secured until the contractor has completed a comprehensive investigation, acceptable to the COR, and the COR has given permission to resume work. Within 5 days following the investigation, the contractor must submit a detailed, written investigation report to the COR.

3.8 Contractor Monthly Accident Summary Report

By the first day of each month, the contractor must submit a completed Reclamation reporting form 7-2218, *Contractor Recordable Accident Experience*, or equivalent, acceptable to the COR. See figure 3-2.

3.9 Training Requirements

3.9.1 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.

3.9.2 First Aid and CPR Training. Every contractor foreman must possess a current first aid and CPR certificate from a recognized provider.

3.9.3 Contractor 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. Use these standards and the contractor's safety program as a text for all training sessions. The contractor must maintain records detailing course content and names of attendees and make them available for review by the COR. A Reclamation safety professional will be available for the formal classroom reviews to assist with safety and health standards. The COR may grant exceptions to supervisory training requirements for short-term contracts or other discretionary reasons.

3.10 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, or supervisors who fail to enforce compliance, from the associated work assignments.

3.11 Dispute Resolution

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

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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	
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.)

Figure 3-1.—Contractor's report of recordable injury/illness.

DEFINITION OF TERMS

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.

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.

The following are generally considered medical treatment:

- 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

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:

- 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

- Use of **WHIRLPOOL BATH THERAPY** during first visit to medical personnel
- **NEGATIVE X-RAY DIAGNOSIS**
- **BRIEF OBSERVATION** of injury during visit to medical personnel

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.

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.

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.

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.

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.

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.

Contractor Controlled Worksite Associated with the Contract: The following and similar locations are considered contractor controlled worksites:

All areas within the boundaries of the construction site including shops, plants, storage areas, haul roads, borrow and fill areas.

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.

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Figure 3-1.—Contractor's report of recordable injury/illness (continued).

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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					RECORDABLE CASES			INCIDENT RATES	
	CONTRACTOR, SUBCONTRACTOR SUPPLIER — SPEC. NO.	TYPE OF CONSTRUCTION	NO. EMPLOYEES	MAN-HOURS EXPOSURE	LOST WORKDAYS	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, canal, 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 ($\frac{\text{Number of man-hours}}{8 \times \text{number days of reporting period}}$)
- 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*.)

Figure 3-2.—Contractor monthly summary of occupational injuries/illnesses experience.

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:

$$\begin{aligned} \text{Total Cases (column 9)} &= \frac{\text{Total cases (column 6)} \times 200,000}{\text{Man-hours of Exposure (column 4)}} \\ \text{Death and lost workday cases (column 10)} &= \frac{\text{Deaths (column 7) and lost workday cases (column 8)} \times 200,000}{\text{Man-hours of exposure (column 4)}} \\ \text{Lost workdays (column 11)} &= \frac{\text{Lost workdays (column 5)} \times 200,000}{\text{Man-hours of exposure (column 4)}} \end{aligned}$$

Figure 3-2.—Contractor monthly summary of occupational injuries/illnesses experience (continued).