

National Institutes of Health

Contractor Health and Safety Requirements

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NIH/DIVISION OF SAFETY (DS) CONTRACTOR SAFETY PROGRAM

HEALTH AND SAFETY REQUIREMENTS

The contractor is responsible for safety at the construction or work site. The contractor is also responsible for preparation of a safety plan and for carrying out the safety plan. The contractor staff shall maintain conformance to the health and safety plan throughout the course of construction.

Contractor inspectors shall consider safety a key element of their daily inspections.

The contractor is required to cooperate with officials of other agencies (Federal and/or state) who are vested with authority to enforce requirements of the Occupational Safety and Health Act. If required, the contractor will assist the Government in preparing accident and fire reports.

The contractor shall comply with the following NIH Health and Safety Requirements.

CONTRACTOR REQUIREMENTS

1. At a minimum, the contractor shall comply with applicable Occupational Safety and Health Administration (OSHA) Regulations. Construction, renovation, alteration, and maintenance services must adhere to the provisions of the US Army Corps of Engineers Safety and Health Manual 385-1-1 (EM 385-1-1). If there is a conflict between the two, adhere to the stricter regulation.
2. Each contract employee is responsible for complying with applicable safety and occupational health requirements, wearing prescribed safety and health equipment, reporting unsafe conditions/activities, and avoiding actions and conditions that may result in an accident.
3. The contractor will not commence services authorized under this contract without first submitting for review each deliverable specified in section "DELIVERABLES". Copies of each deliverable must be provided to the NIH Contracting Officer, NIH Contracting Officer's Representative, and the Division of Safety (DS) Safety Officer (safety@nih.gov).
4. Prior to commencing construction activities, the contractor's Project Manager, NIH Contracting Officer's Representative, and DS Safety Officer reserve the right to meet, review, and discuss the safety requirements of this contract. The contractor's Project Manager is responsible for scheduling the meeting arrangement. The purpose of the meeting is to verify that project hazards have been identified and appropriately controlled.
5. The contractor is responsible for ensuring that all its subcontractors are compliant with all of the contractor requirements outlined in this section.

NIH SAFETY PROFICIENCY REQUIREMENTS

1. Contractor Safety Program Assessment: The NIH is committed to providing a safe environment for its employees, guests, and patients. Safety, as demonstrated during previous contracts, may be used in the past performance evaluation of a Contractor. Contractors are required to enroll in the Contractor Safety Assessment Program (CSAP). The prime contractor is responsible for ensuring that all subcontractors have completed the CSAP prior to beginning work at NIH. This program is used to assess contractor's commitment to safety through a review of lagging and leading indicators. Contractors with low assessment scores will be required to address program deficiencies prior to performing work. The assessment process requires the following items:

- Company Information
- Insurance Experience Modification Rate (EMR)
- General Liability Claims
- OSHA Citation History (previous three years)
- Safety Program Elements

To enroll in CSAP: create an account at <https://www.highwire.com> and enter the requested information. There is no fee to complete the assessment. Upon completion of the assessment a certification will be available to download. The certificate must be provided to the NIH Contracting Officer's Representative and NIH Contracting Officer.

2. As a minimum requirement, all contractor and subcontractor personnel working at NIH owned or leased property shall be certified as having successfully completed the OSHA 10-hour General Industry Outreach course or OSHA 10-hour Construction Industry Outreach course. The OSHA 510 Occupational Safety and Health Standards for Construction or the OSHA 511 Occupational Safety and Health Standards for General Industry course can be substituted for the 10-hour OSHA class.
 - a. Proof of completion may be demonstrated through either: 1) the presentation of a bona fide student course completion card issued by an approved federal OSHA training provider; or 2) the presentation of documentation provided to an employee by a certified OSHA Outreach Instructor pending the actual issuance of the completion card.
 - b. Employees shall be prepared to provide proof of training upon request.
 - c. Any card with an issuance date more than 3 years shall not constitute proof of compliance with this requirement.
 - d. Any employee required to complete the safety and health course required under this section who has not completed the course shall be removed from the worksite until the required training is completed.

CONTRACTOR SUPERVISOR ORIENTATION

1. Prior to commencing work, ensure that all contractor and subcontractor site supervisors, at any tier, have completed the NIH Contractor Supervisor Orientation. The time expended and any associated costs to attend the orientation (such as travel time, parking, and other expenses) are to be borne by the contractor.
2. It is the responsibility of the contractor and subcontractor to contact the DS Safety Officer to register each supervisor for orientation. Orientation must be completed prior to commencing contract services or the date that the supervisor is assigned to NIH. Contact the DS Safety Officer (safety@nih.gov) or by phone (301) 496-3353 for the orientation schedule.

SITE SPECIFIC ACCIDENT PREVENTION PLAN

The contractor shall submit a Site-Specific Accident Prevention Plan, to the NIH Contracting Officer's Representative and the DS Safety Officer at safety@nih.gov, at least 14 days prior to the commencement of work, for NIH's review and comment. The submittal shall contain the "C" Number and Project Name in the subject line.

For construction, renovation, alteration, and maintenance services the contents of the Contractor's

Site-Specific Accident Prevention Plan will be in accordance with Appendix A, EM 385-1-1. See <https://www.publications.usace.army.mil/Portals/76/EM%20385-1-1%20EFFECTIVE%2015%20March%202024.pdf>

Activity Hazard Analysis (AHA) shall be prepared for all field, laboratory, industrial, and maintenance activities. As outlined in Appendix A, EM 385-1-1, an AHA shall be completed for each major phase of work or service and included in the Site-Specific Accident Prevention Plan.

Note: For LIMITED-SCOPE SERVICE, SUPPLY, AND R&D CONTRACTS, (e.g. painting, janitorial service), the DS Safety Officer may allow an Abbreviated Accident Prevention Plan (see EM 385-1-1) and waive the more stringent elements of the comprehensive plan. The contractor must make a written request to the DS Safety Officer safety@nih.gov and provide copy to the NIH Contracting Officer's Representative.

CONTRACTOR FULLY RESPONSIBLE FOR SITE SAFETY

1. The contractor assumes full and sole responsibility for ensuring the safety of its personnel and sub-contractors.
2. The contractor shall comply with all laws, regulations ordinances, and governmental orders pertaining to employee worksite safety in the performance of this contract. Nothing the NIH may do, or fail to do, with respect to safety in the performance of the scope of work shall relieve the contractor of this responsibility.
3. The contractor shall be responsible for employing appropriate safety measures and taking all other actions reasonably necessary to protect the life, health, and safety of the public and to protect adjacent and NIH-owned property in connection with the performance of the scope of work. Personal protective equipment shall be selected for anticipated hazards and provided to the employee. Employees shall be instructed on the proper wear, maintenance, and limitations of the PPE.

SELECTION OF CONTRACTOR SITE SAFETY AND HEALTH OFFICER

1. For contractors with a total of 40 or more personnel (including subcontractor employees) on any shift, a Full-time Safety Professional as defined in Section titled "SITE SAFETY AND HEALTH OFFICER" paragraph a) 1) the contractor Safety and Health Officer shall be present on the project site.
2. When the number of personnel on any shift is under 40 (including subcontractor employees), the contractor's safety representative meeting the definition of "Collateral Duty Safety Officer" as defined in the Section titled "SITE SAFETY AND HEALTH OFFICER" paragraph a) 2) the contractor Safety and Health Officer shall be present on the project site.
3. At the discretion of the NIH Contracting Officer's Representative or DS Safety Officer, the requirements for the contractor Safety and Health Officer can be reviewed and action taken to decrease or increase the number of onsite contractor safety representatives. However, the need for at least a single Contractor Safety and Health Officer is required; and will not be waived.

CONTRACTOR SITE SAFETY AND HEALTH OFFICER RESPONSIBILITIES

1. The responsibility for safety lies with the contractor. Each contractor shall appoint an individual(s) responsible for contract personnel safety. This individual(s) must be employed in a supervisory position, empowered by their employer to take corrective action; be present on the project while

work is being performed; and spend the amount of time necessary to ensure the contractor's compliance with safety requirements.

2. The Contractor Site Safety and Health Officer shall be primarily responsible for ensuring the safe work performed under this contract. Without limiting the generality of the foregoing, the Contractor Site Safety and Health Officer shall:
 - a. Review all subcontractor and sub-tier contractor's Site-Specific Accident Prevention Plan and Activity Hazard Analysis for compliance with applicable safety standards.
 - b. Perform or ensure that all contractor, subcontractors, and sub-tier contractors' employees have received a site-specific safety orientation prior to beginning work. Training will include discussion of the Site-Specific Accident Prevention Plan and Activity Hazard Analysis worksheets. This site-specific orientation is in addition to the NIH's Contractor Supervisor Safety Orientation course.
 - c. Regularly perform and document worksite inspections, assess hazards, and immediately correct any safety deficiencies, including those of any subcontractor. The contractor shall specifically respond in writing to any substandard safety conditions or practices identified by the NIH. Inspection records shall be maintained at the project site and be made available upon request by the NIH Contracting Officer's Representative or DS Safety Officer.
 - d. Immediately report all personnel injuries, vehicle accidents, near miss incidents, and property damage within 24-hours to both the NIH Contracting Officer's Representative and DS Safety Officer (safety@nih.gov). Undertake a complete investigation of all accidents, injuries, illnesses, and near-misses (in the opinion of either the contractor or NIH representatives) and implement corrective actions to prevent recurrence. Upon request, written findings shall be provided to NIH representatives.
 - e. Ensure appropriate safety meetings are held for all onsite employees, to include subcontractors. Safety meetings shall be conducted to review past activities, plan for new or changed operations, review pertinent aspects of appropriate Activity Hazard Analyses, establish safe working procedures for anticipated hazards, and provide pertinent safety and health training and motivation.
 - Meetings shall be conducted at least once weekly for all workers.
 - Meetings shall be documented, including the date, persons in attendance, subjects discussed, and names of individual(s) who conducted the meeting. Documentation shall be maintained, and copies furnished to the NIH on request.
 - f. Be responsible for the control, availability, and use of necessary safety equipment, including personal protective equipment and apparel for the employees.
3. A Contractor Site Safety and Health Officer not performing his/her duties in accordance with the contract clauses, shall be replaced by the contractor, or at the NIH's discretion.

SITE-SPECIFIC SAFETY AND HEALTH OFFICER

1. **CONTRACTOR SAFETY AND HEALTH OFFICER:** The Contractor Safety and Health Officer(s) will be categorized as either a Full-time Safety Professional or a Collateral Duty Safety Officer based on the

scope and size of the project.

a. Full-time Safety Professional qualifications include:

- i. He/She shall have no other duties.
- ii. An individual possessing a minimum of five years of progressive experience managing safety programs on large projects comparable to this contract in scope and complexity.
- iii. Be knowledgeable concerning all federal, state, and local regulations applicable to construction and industrial safety.
- iv. Possess "Competent Person" certification in safety disciplines related to the work performed and possess verifiable training. This individual shall also be responsible for identifying "Competent Persons" required by state and federal safety standards for which they are not certified.
- v. Have successfully completed the OSHA 500 Trainer Course in OSHA Standards for Construction or OSHA 501 Trainer Course in OSHA Standards for General Industry. This requirement may be waived in lieu of an accredited safety and health degree or professional safety or industrial hygiene certification (i.e. CSP or CIH).
- vi. Be trained in and possess current certification for CPR and First Aid.
- vii. Be capable of performing accident investigations and developing a concise written report.
- viii. Is proficient in the development and presentation of "toolbox" meetings and safety training.

b. Collateral Duty Safety Officer qualifications include:

- i. An individual assigned to perform safety functions on any contract not requiring a Full-time Safety Professional. This can be a collateral duty position held by a supervisor.
- ii. Possess a minimum five years of progressive experience in their trade.
- iii. Be knowledgeable concerning all federal, state, and local regulations applicable to safety.
- iv. Possess "Competent Person" certification in safety disciplines related to the work performed and possess verifiable training. This individual shall also be responsible for identifying "Competent Persons" required by state and federal safety standards for which they are not certified.
- v. Have successfully completed the OSHA 30-Hour Course in OSHA Standards for Construction or OSHA 30-Hour Course in OSHA Standards for General Industry.
- vi. Be trained in and possess current certification for CPR and First Aid.
- vii. Possess verifiable training and be capable of performing accident investigations and developing a concise written report.

CONTRACTOR SAFETY AND HEALTH OFFICER QUALIFICATIONS

Prior to commencing services or assignment to the contract, the contractor shall submit a resume to the

NIH Contracting Officer's Representative and the DS Safety Officer (Safety@nih.gov) identifying the experience and qualifications for the proposed Contractor Safety and Health Officer(s). The NIH Contracting Officer's Representative or DS Safety Officer may reject individuals deemed "Not Qualified" if the proposed personnel do not meet the qualifications outlined in Section titled "SITE-SPECIFIC-SAFETY AND HEALTH OFFICER".

WAIVER FROM NIH IMPOSED CONTRACTOR HEALTH AND SAFETY REQUIREMENTS

1. The contractor may request a waiver from the requirements contained in the Contractor Health and Safety Requirements section. The waiver does not release the contractor, subcontractor, or any party associated with this contract from federal, state, and local health and safety requirements.
2. The following must be addressed used when requesting a waiver or a variance:
 - a. The request must state the specific Contractor Health and Safety Requirement to be waived. State the period of time the requested waiver will cover.
 - b. Details as to why it is not possible or practical to comply with the requirement.
 - c. The request must explain the impact on the contractor operations and services if this waiver is not approved.
 - d. Statement as to whether a waiver (total elimination of the requirement) or a variance (retaining the basic requirement; but doing it differently) is being sought.
 - e. Explanation of the method the Contractor suggests should be used, in lieu of the existing requirement and how it provides protection equal to or greater than the requirement under waiver review. The burden of proof rests with the requesting contractor.
 - f. The waiver request must be submitted to the NIH Contracting Officer, the NIH Contracting Officer's Representative and DS Safety Officer (safety@nih.gov) prior to commencing services.

GENERAL OBLIGATIONS

The contractor is responsible for accident prevention and worksite safety. This responsibility cannot be delegated to subcontractors, suppliers, the NIH, or other persons. To this end, the contractor shall:

1. Promote a safe and healthy work environment.
2. Provide a Site-Specific Accident Prevention Plan.
3. Ensure subcontractors and employees are adequately trained in occupational safety and health topics relevant to the activities to be performed under this contract. This includes, but not limited communication and training of anticipated hazards (e.g. chemical, physical, biological, etc.). Maintain documentation of the employee training, to include the date and subject taught and be prepared to present upon request.
4. Instruct all employees of safe work methods and practices when assigning work.
5. Ensure that employees have, use, and understand the limitations of the proper protective

equipment and equipment for the services performed under the contract.

6. Ensure that equipment operators (i.e. lasers, heavy equipment, etc.) are properly qualified and trained on the specific piece of equipment in use. Such verification shall be readily available upon request.
7. Cooperate fully with NIH representatives in connection with all matters pertaining to safety.
8. Conduct a documented orientation training session for new employees that includes at a minimum, a review of:
 - a. The Site-Specific Accident Prevention Plan
 - b. Potential hazards in assigned work areas
 - c. Proper wear of required personal protective equipment
 - d. Methods to mitigate anticipated hazards
 - e. Emergency response procedures
9. Ensure that all the subcontractors, suppliers delivering materials or services to the worksite, etc., are provided with a copy of this specification and are informed of their obligations regarding worksite safety under this requirement. Ensure that provisions are documented and available upon request.

ACCIDENT PREVENTION

1. The contractor shall be responsible for correcting hazardous conditions and practices.
2. If it is determined there is an immediate threat of harm to anybody, the contractor shall:
 - a. Take immediate action to remove/safeguard personnel from the hazard and stabilize or stop work until corrective actions can be implemented to eliminate the hazard.
 - b. Notify the NIH Contracting Officer's Representative and the DS Safety Officer via (safety@nih.gov) or by phone (301) 496-3353, as soon as is feasible.

CONTRACTOR INJURIES AND ILLNESSES

1. Injury or illness resulting from work under this contract shall be reported to the NIH Contracting Officer's Representative and DS Safety Officer (safety@nih.gov) within 24-hours of the incident.
2. For work conducted at remote locations where emergency medical service personnel are not capable of responding within 4-minutes, at least two persons shall be available at the work site at all times to render first aid and CPR. These personnel must have a valid certificate in first aid and CPR from the U.S. Bureau of Mines, the American Red Cross, American Heart Association or equivalent verifiable training program. A minimum ratio of one such qualified person for every 25 employees shall be maintained throughout the project, but no less than 2 qualified persons at any time.
3. The contractor is required to have and maintain at the worksite a first-aid treatment kit adequate

for the anticipated hazards and number of personnel.

DELIVERABLES

1. The deliverables below must be affirmed and provided to the NIH Contracting Officer, NIH Contracting Officer Representative and DS Safety Officer (safety@nih.gov). All deliverables shall be submitted by email prior to the commencement of work activities. The deliverables must be in either MS Word or Adobe Acrobat format. Deliverables include:
 - a. The site-specific accident prevention plan completed in accordance with the Army Corps of Engineers Safety Manual Appendix A, EM 385-1-1 (including activity hazard analysis worksheets). Activity Hazard Analysis worksheets that are developed later in the project activity may be submitted after initial acceptance of the project in the NIH Contractor Safety Program.
 - b. Verification of OSHA 10-hour training certification (general industry or construction) for on-site personnel and other appropriate training (1st Aid/CPR, etc.).
 - c. Contractor Safety Assessment Program certification (<https://www.highwire.com>) for contractor and each sub-contractor.
 - d. The completed "Affirmation of NIH Contractor Safety Deliverables" form.
2. The DS Safety Officer will notify the contractor once the deliverables have been accepted. Acceptance of the deliverables by the NIH indicates only that the Government has received the item. Acceptance of a deliverable does not waive or lessen any contract requirements or the contractor's obligation to meet all contract requirements and correct any later discovered deficiencies. Nor does acceptance by the Government imply that the deliverables or material contained within are adequate to prevent injury or illness.
3. Delays caused by failure to timely submit the required documentation shall not be considered a reason for extension of contract time or increase in costs to the Government.

NIH RIGHTS

1. INSPECTIONS/INVESTIGATIONS

- a. The NIH Contracting Officer's Representative may, in any reasonable manner, observe and inspect the contractor's safety and accident prevention procedures for all activities and personnel. This specifically includes, but is not limited to, the right to attend all safety meetings.
- b. Upon request, the NIH Contracting Officer's Representative shall receive copies of any safety inspection reports completed by the contractor or anyone performing work for, on behalf of, or under the contractor.
- c. The NIH Contracting Officer's Representative may, in any reasonable manner, observe or participate in any accident investigation conducted by the contractor or anyone performing work for, on behalf of or under the contractor. The NIH may also, at its sole discretion and in any reasonable manner, undertake its own accident investigation.

2. CORRECTIVE ACTIONS/STOP-WORK

- a. The NIH Contracting Officer's Representative shall have the right to direct the contractor to correct unsafe working conditions, including taking corrective action when unsafe working conditions are observed (i.e. lack of good housekeeping practices, use of equipment in obviously poor condition, failure to adhere to statutory OSHA regulations, etc.).
- b. The NIH Contracting Officer's Representative shall have the right to require the removal, from the project, any person, property, or equipment that, in the NIH's opinion, is deemed unsafe.
- c. The NIH Contracting Officer's Representative shall have the right to instruct the contractor to immediately cease any action and/or stop work (or any action thereof) when any conditions exist that, in the NIH's opinion, constitutes an imminent danger or could result in serious harm.
- d. The NIH Contracting Officer's Representative shall have the right to suspend the work pending the completion of any accident/incident investigation, whether undertaken by the contractor, the NIH, or other parties of interest.
- e. The contractor is responsible for costs, expenses, and other obligations paid or incurred, as a result of the contractor or subcontractor's noncompliance with federal, state, or local safety regulations; or failure to comply with terms and conditions of this contract.

3. NIH'S ACTION/INACTION DOES NOT RELIEVE CONTRACTOR OF RESPONSIBILITY

Nothing the NIH may do, or fail to do, with respect to safety in the performance of the work shall relieve the contractor of its responsibility to comply strictly with this Contract and all standards referenced in this document.

SPECIFIC SAFETY PROVISIONS

In addition to federal, state, and local regulations pertaining to operations and safety, the contractor shall adhere to the following NIH mandated safety requirements:

1. **Asbestos:** Many of NIH's buildings have asbestos-containing materials. It is the contractor's responsibility to coordinate with the NIH Contracting Officer's Representative to ensure that a survey for asbestos is conducted prior to commencing work. The contractor shall ensure that all personnel who may disturb building materials have received and documented initial and annual Asbestos Awareness training prior to the start of work.
2. **Entry into Confined Spaces:** The contractor shall provide the NIH Contracting Officer's Representative a copy of its Confined Space Entry Program as part of the Site-Specific Accident Prevention Plan.
 - a. Should the contractor employ subcontractors to work in confined spaces, it shall be the contractor's responsibility to submit the required documentation for each subcontractor.
 - b. Work shall not start in a confined space until the required submittals have been made and appropriate safety precautions have been taken by the contractor or its subcontractors. In the event the contractor does not comply with these regulations, ACCESS WILL BE DENIED.
 - c. Personnel working in confined spaces must be trained in accordance with OSHA regulations.

3. Entry into mechanical spaces requires proper wear of head, eye, and hearing protection, at a minimum. Other PPE may be required as the space dictates.
4. Wood and metal ladders are prohibited for personnel use. Fiberglass or ladders formed from non-conductive materials are appropriate.
5. Electrical: Safe Clearance Procedures
 - a. Entry into High Voltage Areas: Work under a contract may require entry into High Voltage Areas.
 - b. In the event entry is required, the contractor is obligated to identify any High Voltage areas that may be involved in work under this contract. Before entry into a High Voltage work area, the contractor shall notify the NIH Contracting Officer's Representative.
 - c. To prevent employee exposure or damage to electrical systems the contractor shall exhaust all options and means to de-energize live electrical parts in accordance with OSHA lock-out/tag-out requirements. Working around energized components requires appropriate safety training and PPE.
6. Fire Prevention
 - a. The contractor shall ensure that the fire prevention measures on-site are in accordance with OSHA, NIH Division of Fire Protection policies, and the National Fire Protection Association standards.
 - b. Approved safety cans (approved or listed by a nationally recognized testing laboratory) shall be used for flammable and combustible liquids. Fire extinguishers shall be provided by the contractor where required.
 - c. Open Flame Devices: Prohibit the use of unapproved fuel-burning types of lanterns, torches, flares, or other open-flame devices on NIH property.
 - d. Hot Work Permit: Open flame welding and spark producing equipment and tasks require the contractor to secure a "Hot Work Permit" from the NIH Fire Department. This can be obtained by calling the NIH Fire Marshall at (301) 496-0414.
 - e. The use of NIH- "owned" fire extinguishers for any purpose, by the contractor, is prohibited.
7. Excavating & Trenching:
 - a. Excavations and trenches shall be evaluated for confined spaces before entry.
 - b. Ensure a Competent Person inspects the excavation or trench before work begins and as needed during the shift. When the Competent Person finds evidence of a hazardous condition, exposed employees shall be removed from the hazardous areas until the necessary precautions have been taken to ensure their safety.
 - c. All excavations, regardless of depth, shall be barricaded or covered. If barricades are utilized and are left overnight, they shall be equipped with appropriate lights or reflectors.
 - d. Walkways shall be provided where employees or equipment are required or permitted to cross over excavations. When walkways are utilized, a guardrail system shall be in place.

8. Activities that pose a potential risk of exposure to hazardous materials during remediation activities shall be supervised by personnel who have a current 40-hour Hazardous Waste Supervisor's certification and available upon request. These individuals shall be able to identify the potential need for upgrading the level of health and safety protection. All personnel working in direct contact with hazardous materials shall have a current 40-hour Hazardous Waste Operations certification and medical monitoring, in accordance with OSHA regulations. The contractor is responsible for personnel monitoring to determine hazards and exposures to their employees.
 - a. Cranes and Hoisting Operations: A written lift plan shall be submitted for all crane operations. The written lift plan will include as a minimum:
 - i. Make and model of the crane.
 - ii. Name of the crane operator, documentation of training and competent person responsible for the execution of the lift plan.
 - iii. A copy of the crane's most recent certificate of annual inspection.
 - iv. A copy of the crane's maximum loads at various boom angles and radii.
 - v. Utilizing the crane boom angle and radius information, identify all loads that will exceed 75% of the crane's lift capacity.
 - vi. Identify if two or more cranes are required. If there are two or more cranes (i.e. an assembly crane for a tower crane) separate lift plans must be provided for each.
 - vii. Provide a sketch or drawing of the anticipated boom angle, radius, center of gravity and crane placement.
 - viii. Provide a sketch or drawing of anticipated rigging methods to include:
 - Number of slings
 - Type of configuration
 - Size and length of slings
 - Rated capacity of slings
 - Sling angle
 - Size, number, and rated capacity of shackles
 - ix. Identify number of ground handlers and location of ground handlers.
 - x. Communication method between ground handlers and crane operator.
 - xi. Location of material staging area.
 - xii. Method of managing vehicle and pedestrian traffic, if necessary.
 - xiii. Chemical Exposure Plan: The contractor shall submit a Chemical Exposure Plan for any products containing isocyanates, methylene chloride, lead, silica, hydrofluoric acid, and processes involving floor sealers, traffic coatings, terrazzo sealers, specialty paints or any other chemical which can produce nuisance odors. The plan shall include employee exposure control methods, isolation methods to prevent spread of chemicals and odors outside the work area and safeguarding of the NIH employees and public. Safety Data

Sheets for each chemical must be maintained on site and available upon request.

- xiv. Protection of the Public: The contractor shall submit a plan for the protection of the public on or adjacent to construction and demolition operations.

SAFETY PERFORMANCE

1. If the contractor experiences repeated safety violations or fails to abate violations in a timely manner, the contractor shall be subject to any of the following actions, at the Contracting Officer's Representative or Contracting Officer's discretion:
 - a. Removal and replacement of management personnel.
 - b. Submitting a written safety recovery plan detailing what changes will be made to their safety program and a timeline as to when the changes will be implemented.
 - c. Hiring an independent health and safety consultant who shall audit the contractor's procedures and operations. The consultant shall compile a plan detailing what changes the contractor shall implement. This report shall be submitted to the NIH Contracting Officer's Representative.
 - d. Conduct a "Safety Stand Down" (suspend all work or any action thereof).
 - e. Issue a cure notice notifying that the contractor has failed to comply with a contract requirement and directing that the deficiency be "cured" within a specified time period.
2. Costs incurred by the contractor to abate hazards or to respond to actions noted in this Safety Performance Section shall not be considered a reason for extension of contract time or increase in costs to the Government.

END OF APPENDIX CONTRACTOR HEALTH & SAFETY REQUIREMENTS