

Office of Research Facilities Development and Operations Contractor Safety Policy

The National Institutes of Health (NIH) is committed to providing a safe environment for everyone who enters the NIH campus. The purpose of this contractor safety policy is to alert contractors to their responsibilities when working on NIH property and to reduce the possibility of personal injury, property damage and liability losses.

The Office of Research Facilities Development and Operations (ORF) has adopted the Army Corps of Engineers Safety Manual ([EM 385-1-1](#)). These health and safety requirements compliment regulations enacted by the Occupational Safety and Health Administration (OSHA). The contractor shall adhere to the more stringent safety requirement when standards or regulations conflict.

This policy applies to:

1. Construction projects
2. Service, supply, and research and development contracting actions

Organizational Responsibilities

The NIH Division of Occupational Health and Safety (DOHS) is responsible for supporting the Contractor Safety program. The DOHS will:

1. Annually review the Contractor Safety Program (e.g. policy, contract safety clauses, etc.) for inconsistencies with OSHA and Army Corps of Engineers Safety Manual standards.
2. Promote the Contractor Safety Program to NIH organizations and contractors.
3. Upon request from the NIH Project or Contracting Officer, review and comment on contractor safety program submittals (e.g. accident prevention plans, crane lift plans).
4. Review and approve contractor requests for variances from the ORF Contractor Safety Policy.
5. When requested, serve as the agency's technical safety representative in meetings with contractor representatives.
6. Conduct the NIH Contractor Safety Orientation for contractor representatives.

The NIH Contracting Officer Representative (COR) is responsible for maintaining records and ensuring safety policies are enforced during contract performance. The NIH Contracting Officer Representative will:

1. Verify that the safety clauses are incorporated into contract documents (e.g. task orders, SOW, etc.).

2. Evaluate the safety performance history and safety management systems for existing contractors. The evaluation should consider both lagging and leading indicators. Criteria shall include:
 - History of OSHA violations
 - Experience Modification Rate
 - Accident investigation records
 - Employee safety training and safety program documentation
 - OSHA Recordable Rate
 - Loss and restricted workdays
 - The evaluation must be documented.
3. The safety program evaluation of existing general contractors must be completed by April, 2013.
4. New contractors must be evaluated prior to contract award.
5. Safety deficiencies must be corrected to the satisfaction of the NIH COR.

An online contractor safety assessment tool is available at <https://www.constructseer.com/nih/> . The assessment is available at no cost to the contractor.

6. Ensure that the contractor is aware of anticipated hazards related to the project. Such hazard communication can be accomplished through a Site-Specific Accident Prevention Plan (APP) and Activity Hazard Analysis (AHA). Contact DOHS for information related to:
 - a. Confined spaces
 - b. Asbestos-containing materials
 - c. Trenches and excavation
 - d. Biological pathogens
 - e. High voltage equipment
 - f. Crane lift operations
 - g. Fall protection requirements
 - h. Chemical fume hoods / biological safety cabinets hazards
 - i. Laboratory clearance requests

Contact the Division of Radiation Safety regarding radiological hazards.

7. Verify before the start of work that the following deliverables have been received and reviewed:
 - a. Site-Specific Accident Prevention Plan (reviewed by DOHS safety@nih.gov).
 - b. Employees' OSHA 10-hour General Industry Outreach class or OSHA 10-hour Construction Outreach class training certificate.
 - c. Documentation that site supervisor and management have completed the NIH Contractor Safety Orientation.
 - d. Qualifications of the assigned Contractor Safety Officer.

- e. Competent person qualifications for operations involving trenching, confined spaces, scaffolding, crane lifts.
8. Monitor the contractor's safety compliance throughout the duration of the work. When checking contractor performance, note any condition or behavior in violation of safety standards or regulations. Any safety related deficiencies should be brought immediately to the attention of the contractor's management official. Written notice of significant safety deficiencies shall be provided to DOHS (safety@nih.gov) and the Contracting Officer. If an unsafe act or a condition is noted that creates an imminent danger of injury, immediate steps should be taken to stop work and correct the unsafe act or condition. Do not allow work to proceed that is in violation of a regulation or safety standard.
9. Prior to issuing the Notice to Proceed, but no later than 14-working days before the project start date, the contractor's Project Manager and COR shall meet to review and discuss the safety requirements of this contract and anticipated hazards as documented in the site Activity Hazard Analysis worksheets. The contractor's Project Manager is responsible for coordinating the meeting arrangement.

The NIH Contracting Officer is responsible for:

1. Incorporating the safety clauses into contract documents and enforcing policies regarding contractor safety.
2. Verify that the contractor's safety program has been evaluated by the COR and deficiencies have been corrected to the Contracting Officer's satisfaction. If the safety program is seriously deficient or past safety performance is unacceptable, then the contractor shall be presumed to be non-responsible, unless the Contracting Officer determines that the circumstances were beyond the contractor's control, or that the contractor has since taken appropriate corrective actions.
3. When informed of noncompliance with the contract safety clauses, The Contracting Officer shall issue a formal "Suspension of Work" or "Stop Work" modification/letter to the prime contractor.
4. The Contracting Officer shall notify the COR, the DOHS, and Division of Fire Marshal of the circumstances/issues that led to the "Suspension of Work" or "Stop Work" so that they may be further investigated.
5. Step 6: Once the job site has been made safe and it is appropriate to lift the "Suspension of Work" or "Stop Work" the Contracting Officer shall reinstate job performance through modification/letter.
6. If the conditions created or actions performed warrant disciplinary action, the NIH Contracting Officer should issue a "cure notice", termination for default letter, or other written enforcement measure as outlined under the "Enforcement" section below.

Contractor Responsibilities

Contractors must perform their work safely. Contractor responsibilities, when accepting contracts with NIH, include the following. The contract employer will:

1. Verify the effectiveness of its sub-contractor's safety program. Safety programs can be evaluated through an online contractor safety assessment tool. This free tool is available at <https://www.constructseer.com/nih/> .
2. Submit to the COR and ORF Safety Officer (safety@nih.gov), at least 14-days prior to commencing work, a site-specific APP in accordance with EM 385-1-1. The plan shall be developed by qualified personnel and signed by a competent person (safety officer) and a company/corporate officer authorized to obligate the company.
3. Assign a qualified site safety officer (as defined in the safety clauses) to the project.
4. Ensure site supervisors and project management attends the NIH Contractor Safety Orientation course. Individuals can register by submitting an email to safety@nih.gov.
5. Verify in writing to the COR that all employees have completed the OSHA 10-hour General Industry Outreach class or OSHA 10-hour Construction Outreach class. Refresher training is required every three (3) years.
6. Review the work to be performed prior to starting the project and identify potential hazards that may arise while performing the work.
7. Verify to the COR (in writing) that onsite employees are trained in the work practices necessary to safely perform their work.
8. Maintain and make readily available documentation of employee safety training.
9. Develop a plan for conducting and documenting routine jobsite inspections for unsafe conditions and work practices. This plan shall be approved by the COR before beginning work.
10. Instruct employees and actively enforce safety rules of the project, particularly those implemented to control the hazards associated with the work being performed.
11. Require that all sub-contractors abide by the same procedures and SOP's to which the contractor is bound.
12. Promptly correct all violations of safety and health standards, potential hazards, and other such safety-related problems within their area of responsibility.
13. Direct all injured employees to the NIH Occupational Medical Service (OMS) for treatment. The clinic is located in Building 10/ACRF Room 6C-306. Report to OMS any injured contract employee who is treated by an off-site healthcare provider.
14. Chemical Exposure Plan: The contractor shall submit a Chemical Exposure Plan for products 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, waste

disposal, and safeguarding of the NIH employees and public. Safety Data Sheets for each chemical must be maintained on the project site.

Unless waived by the DOHS, safety program deliverables must, as a minimum, address all appropriate contractual requirements. Program items must be sufficiently detailed so that reviewers can determine adequacy.

Asbestos Notice

Many of NIH's buildings have been constructed with asbestos-containing materials. It is the contractor's responsibility to coordinate with the COR to ensure that a survey for asbestos is conducted and made available to the contractor prior to commencing work. The contractor shall ensure that all workers and subcontractors have received appropriate asbestos training.

Site-Specific Accident Prevention Plan

The APP can cover all work phases, or only address the initial work phase with supplementary submittals prior to beginning subsequent work phases. The supplemental can be in the form of an AHA. 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 and submission deadlines.

In no case will any phase of work commence until an APP (or AHA) for that portion of the work has been accepted by the COR. The AHA will define the hazards associated with each basic step of the project and proposed method(s) for eliminating or minimizing the hazard.

All activities involving use of hazardous and/or toxic materials, work in confined spaces, trenching, scaffolds, crane lifts, work at heights over 6 feet, will require an SOP, in addition to the activity hazard analysis.

Enforcement

Failure on the part of the contractor to properly maintain compliance with safety regulations and standards is a breach of contract and shall be treated accordingly.

The type of enforcement action taken will depend upon the gravity of the violation. It is the responsibility of the Contract Officer to assess contractual penalties against an NIH contractor who violates health and safety regulations. These penalties can range from stop-work orders to disbarment of the contractor from future federal contracting.

If NIH notifies the contractor of a being out of compliance with the provisions of the Contractor Safety Program, contract safety clauses, EM 385-1-1 or OSHA statutory requirements, the contractor shall take prompt action and make all reasonable efforts to correct the an unsafe or unhealthy condition or act.

Satisfactory compliance shall be made within a reasonable, specified time. If the contractor refuses to remedy the safety concern to the satisfaction of the Government, than the Contracting Officer will initiate appropriate actions in accordance with the contract provisions and may take one or more of the following steps:

1. Cease the operation or a portion (particularly in the case of an imminent danger).
2. Correct the situation and back charge the contractor.
3. Stop or hold up payment for the work being performed.
4. Issue a cure letter.
5. Invoke contract penalties and/or terminate the contract.
6. Notify the local OSHA field office of safety violations.
7. Contact the NIH Division of Personnel Security and Access Control to revoke the contractor employee access badge.

The contractor will make no claim for an extension of time or for compensation for damages by reason of, or in connection with, such work stoppage.

References:

Public Law 91-596;
 29 CFR, part 1910;
 29 CFR, part 1926;
 Federal Acquisition Regulations (FAR) Clause 52.236-13

Emergency Phone Numbers:

ON-CAMPUS Emergency (Police/Fire/Rescue)	Dial 301-496-9911 or 9-1-1 *
TTY Telephone Line	496-0063
NIH Police Non-Emergency	496-5685
NIH Fire Department Non-Emergency	496-2372
NIH Fire Prevention Section	496-0487
NIH Division of Occupational Health and Safety	496-2960
OFF-CAMPUS Emergency POLICE & FIRE/RESCUE	Dial 9-9-1-1
(For off-campus locations when using a telephone with an NIH exchange, e.g. 496, 402,435, 480 or 594)	
Hazardous Work Permits	301-496-0414
*Off campus calls and cell phones to 301-496-9911 go directly to NIH Emergency Communications Center. Bethesda NIH calls to 911 go to Montgomery County ECC and are then transferred to NIH ECC.	