



HARVARD UNIVERSITY

CONSTRUCTION ENVIRONMENTAL HEALTH AND SAFETY STANDARD



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Construction Environmental Health and Safety Standard



Introduction

Harvard University is committed to the safety, health, and protection of our students, faculty, staff, the public, as well as our construction management and subcontractor partners and their respective workforces. It is therefore expected that each person, of every tier and position, will commit to maintaining Harvard's values, goals, and objectives, as outlined within the body of this Standard.

Scope

1. This program is a contractual obligation and applies to all Capital Projects as defined by the University.
2. All Construction Managers, General Contractors, Subcontractors of every tier, and their respective employees are required to comply with these requirements.
3. Where conflicts exist between these requirements and federal, state, or local requirements the more stringent of the requirements shall apply.
4. The Construction Manager, General Contractor, and Subcontractors of every tier are responsible for complying fully with all applicable laws, statutes, ordinances, rules, regulations, and/or orders of any public authority (federal, state, local) as they relate to the safety of persons, environment, public, or property. These requirements are not an attempt to reiterate applicable environmental, health, and safety standards.
5. Throughout the duration of the project, the Construction Manager, General Contractor, and Subcontractors of every tier shall be responsible for developing and administering their own safety programs. Neither these requirements, nor the safety or environmental services provided by individuals associated with this project, is intended to serve as a substitute for the control and responsibility of the Construction Manager, General Contractor, and Subcontractors of every tier to provide a safe work environment for their employees, students, faculty, staff, and the public.



Definitions

Code of Federal Regulations (CFR)	The Code of Federal Regulations, as promulgated by the Occupational Safety and Health Administration (Title 29CFR), the Environmental Protection Agency (Title 40CFR), or the Department of Transportation (Title 49CFR).
Competent Person	One who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, the public, and the environment, and who has authorization to take prompt corrective measures to eliminate them.
Construction Project or Project	Any project involving construction, demolition, on buildings, utilities, landscaping and the like major renovation, or alteration on buildings, utilities, landscaping and the like. The term ‘construction’ is interchangeable with demolition, major renovation, and alteration, except where otherwise noted.
Construction Manager	The organization contractually responsible for ensuring acceptable performance of construction-related work and for the payments and debts pertaining to this work.
Contract	The binding agreement, written or otherwise, between Harvard University and the Construction Manager/General Contractor. Included in this term are all associated documents and drawings referenced or included in the contract. The term ‘contract’ may also apply to agreement entered between a prime-tier contractor and lower-tier contractors/suppliers/vendors.
Contractor	The entity to which this document applies. ‘Contractor’ includes entities of every tier.
Emergency Coordinator Employee	General Contractor’s designated employee responsible for notification and coordination of all incidents related to the jobsite. Persons employed by the construction manager, general contractor, subcontractor, vendor, supplier, or Harvard employee. This term means any person on the Project, except where specifically denoted.
Employer	Any entity employing workers at or in support of the construction project.
Harvard University Environmental, Health, and Safety (HUEH&S)	The Environmental, Health, and Safety Officer, part of the Construction Services Group, responsible for a defined set of services on behalf of the University. HUEH&S is also responsible for a core set of services to the University proper, including EH&S policy establishment and qualification of contractor safety programs. NOTE: Where the project is an OCIP project, the term HUEH&S shall be interchangeable with the OCIP Program Safety Director. Roles and responsibilities between HUEH&S and the OCIP Program Safety Director shall be established at the inception of the project or the initiation of the OCIP Program.
Harvard University Project Manager (HUPM)	The Project Manager(s) responsible for the oversight and coordination of the construction Project. This person may be a Harvard University employee or an employee of a service corporation contracted to perform the duties of the Harvard University Project Manager.
Harvard University Construction Mitigation Manager	Works to minimize or eliminate negative impacts to the surrounding abutters, the City, and the internal Harvard community from University construction projects, while allowing for an efficient approach to construction work.
Health and Safety Plan (HASP)	The safety plan, owned by each individual contractor, which outlines the requirements, policies, procedures, responsibilities, goals, and accountability structure specific to this contractor.



Insurance Company	Any insurance company (OCIP or otherwise) that provides insurance coverage for the construction project or contractor, regardless of tier. This term may include, but is not limited to, insurers for worker's compensation, general liability, excess liability, professional liability, pollution liability, or builder's risk. This term is meant to indicate both insurance carriers and insurance brokers.
Jobsite	The property owned by, leased by, or under the control of the Owner on which construction activities with respect to the project are being conducted and/or areas and ways contiguous thereto. Jobsite includes any work area set up by the Owner for use by an authorized project contractor exclusively for storage of material or equipment, or for on-site fabrication of material to be used in the construction and all staging and project support areas. Jobsite does not include any permanent locations of any insured party other than the Owner. This term is interchangeable with 'Project' and 'Site'.
OCIP	Owner-Controlled Insurance Program, providing the insurance as described in the Insurance Manual.
OSHA	Occupational Safety and Health Administration, working under the authority of the U.S. Department of Labor. OSHA is responsible for the enforcement of the Occupational Safety and Health Act of 1970, and charged with the promulgation of standards under this Act.
Owner	Harvard University; The President and Fellows of Harvard College.
Safety Monitoring System	A system in which a Competent Person is responsible for recognizing and warning employee of fall hazards.
Subcontractor	Any person or organization of a lower-tier, having a direct contract with an upper-tier contractor. The term subcontractor also applies to vendors and suppliers performing work at the project.
Superintendent	The person typically employed by the General Contractor, responsible for the general coordination of work and labor forces. This person may be a General Superintendent overseeing other Superintendents, or an Area Superintendent responsible for a defined operation or contractor.
University	Harvard University; The President and Fellows of Harvard College.
Visitor	Any person who is not an employee of the Owner, construction manager, general contractor, or subcontractor(s), working on the project. This term includes salespersons, vendors, suppliers, architects, engineers, students, etc.
Work	Includes all matters and activities conducted on the construction project required for the progress or completion of the project.



Contractor/Subcontractor Safety Assessment Program (CSAP)

1. All tiers of **Contractors**, working on Harvard University construction projects are required, either prior to submission of a proposal/bid for a University project, or through general business practice, to provide Harvard with their past safety performance and experience. **Contractor's** safety programs will be evaluated and rated according to pre-determined criteria and weighting factors. The resulting list of **Contractors**, based on the trade category in which they reside (i.e. NAICS number), shall be available to Harvard University Project and Facility Managers and Building Owners.
2. **Contractors** shall access the assessment page via the internet at www.uos.harvard.edu/ehs/construction or through www.constructseer.com. **Contractors** are required to enroll in the safety assessment program prior to bidding work at Harvard University, and shall update the assessment criteria annually thereafter. A processing fee is required.
3. The assessment process addresses the following items:
 - a. Company Information
 - b. Insurance/Injury/Illness Experience (previous three years)
 - c. General Liability Claims
 - d. OSHA Citation Experience (previous three years)
 - e. Safety Management Systems
 - f. Safety Program Elements
4. **Contractors** will be required to upload requested information via the website. No assessment package will be evaluated until all requested information is completed and received, and the processing fee has been paid.

As part of the assessment process, each enrolled Contractor shall submit a written Safety and Health Program, which must comply with federal, state, and municipal regulations. This safety program will be considered to apply to each project where the Contractor performs work.

Project Hazard Analysis

1. The General Contractor is required to develop a Project Hazard Analysis (PHA) prior to commencement of work. The PHA shall identify the following: major hazards anticipated as they relate to the scope of work (these shall be broken down by either project phase or by contractor), methods the **General Contractor** will employ to manage/mitigate/abate/reduce the hazards, and the responsibility for each of the management/mitigation/abatement/reduction techniques. A PHA template is included in this Standard as an attachment.
2. In projects involving subcontractors, the general contractor shall require that all subcontractors participate in and comply with all pre-task planning processes. An example pre-task plan is included in this Standard as an attachment.
3. The PHA shall be submitted to the HUPM upon completion and prior to commencement of any work.
4. Prior to commencement of work, Project Hazard Assessment meeting will be conducted with the HUPM and EH&S when appropriate.
5. All identified hazards shall be addressed to owner's satisfaction.

Fall Protection Requirements

1. All work and practices with respect to fall protection shall comply with all applicable laws, including but not limited to 29 CFR Part 1926.500 through 1926.503, and the manufacturer's requirements and recommendations for any equipment and tools used.
2. Observation of any person utilizing fall protection in an unsafe manner shall be cause for immediate halt of the operation. The owner reserves the right to require training, assurance that proper fall protection measures will be implemented and/or to require removal of the individual violating fall protection requirements from the project. Training or re-training is the responsibility of the Contractor.
3. Fall prevention or protection systems are required for all project personnel that are potentially exposed to falls **equal to or greater than six (6) feet**.
4. The use of safety monitoring systems as described by 29 CFR 1926 [http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1926_0502&src_anchor_name=1926.502\(h\).502\(h\)](http://www.osha.gov/pls/oshaweb/owalink.query_links?src_doc_type=STANDARDS&src_unique_file=1926_0502&src_anchor_name=1926.502(h).502(h)) is not allowed for fall protection purposes on roofs or in any other location.



Emergency Notifications

Incidents involving medical attention, public interruption, or injury, property damage in excess of \$1000 (an “Emergency Situation”) shall be reported in accordance with this section.

1. Emergency phone numbers shall be posted at each phone location on the project.
2. The **General Contractor**’s Emergency Coordinator must coordinate the following:
 - a. Emergency Services Notification (911), if not already notified;
 - b. Harvard University Operations Center [(617) 495-5560] Notification;
 - c. Harvard University Police Department [(617) 495-1212] Notification;
 - d. Harvard University Project Manager Notification;
 - e. Harvard University Construction Mitigation Manager [(617) 496-0857] Notification;
3. The Harvard University Project Manager shall coordinate notification to the following:
 - a. Internal Notifications to Harvard University
 - b. Notification to the University Operations Center, requesting notification to the Local Emergency Management Team, HUEH&S, or other University responding agencies/ departments, dependent upon the severity and/or location of the incident.
4. Upon arrival of emergency responders (i.e. fire department), the Emergency Coordinator shall pass any and all information pertaining to the emergency to the Fire Department’s Incident Commander. Following the passing of information, the Emergency Coordinator shall then serve as support to the Incident Commander.
5. All media inquiries and communications shall be handled by the Harvard Public Affairs and Communications Office (617-495-5185).

Maintenance of Project Emergency Contacts

1. The **General Contractor** shall provide emergency contact information to the Harvard University Project Manager, Mitigation Manager, Operations Center, Police Department, HUEH&S, and the Program Safety Director (if OCIP) prior to commencement of construction. The following information shall be provided:
 - a. Project Name and Address.
 - b. Harvard University Project Manager’s Name.
 - c. The Name and Emergency Phone Numbers (either mobile number, home number, or other method of 24-hour emergency contact) for the General Contractor’s Project Manager, Superintendent(s), and Project Safety Manager.
 - d. The Name and Emergency Phone Numbers for the Security Firm overseeing project security, if applicable.
2. The emergency contact information shall be updated by the **General Contractor** whenever changes are made to project staff or associated phone numbers. Updates shall occur no less frequently than every six (6) months.

Post-Incident Report

1. Following an Emergency Situation the **General Contractor** shall provide to the HUPM in writing :
 - a. A review of the incident, including the chronology of events, responses, and outcomes;
 - b. A review of all of the factors that contributed and/or led up to the incident, and identification of the root cause of the incident (the single failure point, typically involving the absence of policy or procedure, absence of training, mismanagement of activities, etc., which if removed or enhanced would prevent future incidents);
 - c. A review of corrective actions, and identification of completion times and responsibilities. All corrective actions must identify the action, the required time for completion, and the person(s) responsible for implementation of the action.
 - d. An example supervisor accident/incident investigation report and an example post incident review form are included in this Standard as attachments.



Project Reporting

1. The **General Contractor** shall compile and/or prepare all reports associated with incidents or injuries occurring on or related to the project. The preparation of reports may be the responsibility of another employer or **Contractor**, but shall be overseen and distributed by the **General Contractor**.
2. Incident/injury reports include the following:
 - a. Commonwealth of Massachusetts Department of Industrial Accidents – MA101 Employer’s First Report of Injury;
 - b. OCIP (or other insurance company) Claims Reports (Worker’s Compensation, General Liability, Auto Liability, Builder’s Risk, Property, etc.)
 - c. Supervisor’s Incident/Accident Investigation Report may be used to satisfy this documentation requirement;
3. All incident/accident/injury reports shall be sent to the required insurance company, per their policy guidelines, with copies of the reports distributed to the HUPM or his designee for the project files.
4. Each **Contractor** shall submit a Safety Report, specific to the project, through a web-based program (CSAP). The Safety Report shall contain, at a minimum, the following information:
 - a. Summary of accidents/incidents from the previous month;
 - b. The number of man-hours worked during the previous month;
 - c. Summary of accountability actions (safety violations, dismissals, and fines issued).

This reporting program can be accessed through www.uos.harvard.edu/ehs/construction. The report shall be completed monthly.

Substance Abuse Prevention Program

Definitions

1. Medical Review Officer (MRO). A person who is a licensed physician and who is responsible for receiving and reviewing laboratory results generated by an employer’s drug testing program and for evaluating medical explanations for certain drug test results.
2. Third Party Administrator (TPA). A service agent that provides or coordinates the provision of a variety of drug and alcohol testing services.

General Requirements

1. The use of illegal drugs or the abuse of alcohol, prescription or controlled substances on or off duty by project employees, whether actively employed or seeking employment on Harvard projects, is inconsistent with a safe, healthy and productive work environment. The policy directs the establishment and maintenance of an effective program for achieving a drug-free workforce.
2. The intention of this program is to establish this project as a drug and alcohol free workplace in order to ensure safe and productive working conditions with due regard for the personal privacy interests of project employees. It is not the intention of the policy to intrude on off-duty activities of project employees away from the project site unless those activities have a job related impact.
3. The basic elements of the program are as follows:
 - a. Use, possession, or sale of illegal drugs or alcohol on the Owner's property is prohibited.
 - b. Employees who report for work with illegal drugs, prescription drugs causing impairment that affects the employee’s ability to perform his or her job duties safely, or alcohol in their system will not be permitted to remain on the project. Such employees will be barred from the project in accordance with Sections C, D, and E below. The program will apply to all project personnel, including on-site management.
 - c. Employees taking prescription medication are required to advise their supervisor of such drug use in advance of the workday. The supervisor, in conjunction with the employee, must determine if the medication may potentially impair the employee’s ability to perform his or her job duties safely. In this case, the employee shall not be allowed access to the project, and shall be advised to inform his or her physician of the effect on this person’s job duties.
 - d. Persons who violate these rules will not be permitted access to the project.



4. The policy will be enforced by drug and alcohol testing. Special safeguards have been undertaken to ensure that testing will be conducted by a qualified vendor, under strict guidelines, including provisions to ensure test reliability, employee privacy and confidentiality. All confirmatory testing will be conducted by a NIDA/SAMHSA certified laboratory, in accordance with the Mandatory Guidelines for Federal Workplace Testing programs established by the U.S. Department of Health and Human Services, as amended.
5. The Owner will retain oversight over all Contractor programs and will monitor test procedures for consistency and policy compliance. It is the responsibility of the **General Contractor** to ensure compliance with this program for all contractor employees through monitoring and coordination with the TPA.
6. The **General Contractor** and each **Subcontractor** shall bear the entire cost of all drug and alcohol testing for its employees working on this project unless otherwise directed by the Owner.
7. This Substance Abuse Policy is intended to comply with the Harvard University Project Labor Agreement (PLA) for Major Construction, Renovation, and Rehabilitation, dated May 1, 2007 and signed into effect on June 18th, 2007. Where conflicts exist between this document and the May 1, 2007 Harvard PLA Substance Abuse Program, for projects covered under the PLA, the Program requirements, as defined in the PLA, shall prevail.

Pre-Employment Screening (Job Applicants)

1. The special circumstances and working conditions on this project warrant special assurances that **General Contractor** and **Subcontractor** personnel employed at the site are certified as drug-free before they are eligible for regular employment. Specimens will be collected prior to the **General Contractor** and **Subcontractor** employees being permitted to perform any work on project site.
2. All **General Contractor** and **Subcontractor** employees will be required to satisfactorily complete a drug test, unless such employee provides acceptable documentation that he/she has tested drug free within the preceding six months by a NIDA/SAMHSA certified laboratory. Specimens will be collected during in-processing on the project or at a designated off-site location. Applicants who report to the in-processing site who display reasonable cause to suspect they may be impaired by alcohol may be subject to alcohol testing as described in Section H below.
3. **General Contractor** and **Subcontractor** employees will only be granted access to the project after a “Negative” initial drug test. A document confirming that the employee has successfully completed a “Negative” initial drug test will be issued by the testing agency and shown to the **Project Safety Manager**. Only after the result is confirmed “Negative” will an employee be permitted access to the project and permitted to attend the project safety orientation.
4. Any **General Contractor** or **Subcontractor** employee whose test results are “inconclusive” shall not be allowed access to the Project, until test results have been verified in accordance with Section G below.
5. Any **General Contractor** or **Subcontractor** employee who’s confirmed test results are “Positive” shall be barred from the project in accordance with Section F below.
6. Refusal on the part of any employee to comply with the testing procedure will permanently disqualify the employee from consideration for employment on the Project until such time as the applicant certifies, in writing, a willingness to comply with this Program.
7. Where the applicant tests ‘positive’, he or she shall be paid two hours of straight time for participating in the orientation and/or screening program. Where participation in the orientation and/or screening program requires more than two hours of the applicant’s time, the applicant shall be paid a maximum of four hours of straight time. Payment for time spent is the responsibility of the **Employer**, and shall not be charged to the Owner.



Reasonable Suspicion/For Cause

1. All employees are subject to a substance test where there is reasonable suspicion/cause to suspect that an employee has an in-system presence of intoxicants or drugs on the job or in a job status. An employee will not be tested after initial testing under this paragraph unless employee conduct or other related circumstances provide a reasonable basis to believe that the employee may have ingested an intoxicating substance and/or is suffering from impairment of some sort while on duty. If testing results from an observation, the observation must be confirmed by a second member of **General Contractor's** staff, or Owner, or Owner's Representatives who has received appropriate training on the detection of possible impairment through observation. Observation shall be reviewed with a union steward, if applicable, and provided the steward is readily available. Before an employee is referred for reasonable cause testing, the action must be approved by a senior member of the **General Contractor's** staff (above foreman/supervisor) or by the Owner.
2. Employees removed from duty for reasonable cause testing will remain off duty until test results are received. If the employee tests "Negative" for drugs or alcohol, the **General Contractor** or **Subcontractor** shall be responsible for back pay for the time missed. Such payment will not be subject to reimbursement from the Owner, or Owner's Representatives.
3. Any **General Contractor** or **Subcontractor** employee who's confirmed test results are "Positive" shall be barred from the project in accordance with Section F below.
4. Refusal on the part of any employee to comply with the testing procedure will permanently disqualify the employee from consideration for employment on the Project until such time as the applicant certifies, in writing, a willingness to comply with this Program.
5. Employees are entitled to request the presence of a Union steward in pre-test meetings with Contractor management. Provided a Union representative has been requested and is readily available, no specimen will be collected until the steward can meet with Contractor representatives. The procedures described in this paragraph shall not operate to impede timely collection of test specimens.

Post Accident/Incident/Injury

1. An employee who is injured during the course of their employment on site or involved in an accident/incident in the course of job duties which involves use of vehicular equipment, heavy equipment, power tools or other dangerous instrumentality or working conditions which result in a lost time injury or substantial property damage (generally in excess of \$1,000) will be tested.
2. Any testing required will be conducted as soon as possible, but no later than the end of the work day. Any employee removed from duty for post-accident/incident/injury testing will remain off duty until test results are received.
3. Any **General Contractor** or **Subcontractor** employee whose confirmed test results are "Positive" shall be barred from the project in accordance with Section F below.
4. Refusal on the part of any employee to comply with the testing procedure will permanently disqualify the employee from consideration for employment on the Project until such time as the applicant certifies, in writing, a willingness to comply with this Program.
5. Employees are entitled to request the presence of a Union steward in pre-test meetings with Contractor management. Provided a Union representative has been requested and is readily available, no specimen will be collected until the steward can meet with Contractor representatives. The procedures described in this paragraph shall not operate to impede timely collection of test specimens.



Disciplinary Action

1. Possession of illegal drugs on the job or in a job status shall be cause for permanent bar from the Project site or Project employment.
2. Use of illegal drugs on the job or in a job status shall be cause for permanent bar from the Project site or Project employment.
3. Selling, aiding, or abetting the sale of or conspiring to sell illegal drugs or prescription drugs on the job or in a job status shall be cause for permanent bar from the Project site or Project employment.
4. System presence of illegal drugs or alcohol shall result in immediate bar from the project. An employee may be considered for re-employment on the Project provided the employee satisfactorily completes a drug test conducted by a NIDA/SAMHSA certified laboratory or an approved drug rehabilitation program at the employee's expense not less than sixty days following the initial disqualification. Upon successful completion of such a subsequent test or program, the applicant will be eligible for Project employment providing, as a condition of continuing employment, the employee voluntarily agrees in writing to submit to substance testing at the Owner or General Contractor's request for a period of six months.
5. Possession or use of prescription drugs without a valid prescription or alcohol on the job or in a job status shall be cause for permanent bar from the Project site or Project employment.

Test Procedures

1. Confirmatory testing procedures, including which drugs are to be screened, chain of custody and threshold and confirmation test levels shall comply with the Mandatory Guidelines for Federal Workplace Testing Programs established by the U.S. Department of Health and Human Services. Initial screening shall be conducted utilizing instant test methodology for cannabinoids (marijuana), cocaine, amphetamines, phencyclidine (PCP) and opiates.
2. Pre-Employment, Post Accident/Incident/Injury, and Reasonable Suspicion drug tests shall be by RapidTox test, or its equivalent. If the instant test is "Negative", there shall be no further testing. If the drug test is "Inconclusive", the specimen shall be split and will be sent to a NIDA/SAMHSA lab. If the subsequent test(s) (Immunoassay Screen or GC/MS) comes back from the lab as "Negative", the employer shall be responsible for any back pay owed to the employee at no cost to the Owner, or Owner's Representatives. Urine specimens shall be collected in such a manner as to give the employee as much privacy as possible without compromising the reliability of the test.
3. The employer shall also contact the Third Party Administrator for any employee whose test result is initially "Inconclusive" and shall continue to contact the Third Party Administrator until the test result is confirmed "Negative" or confirmed "Positive".

Alcohol Screening

1. Alcohol screening will be conducted in reasonable suspicion/for cause circumstances. Alcohol screening shall be conducted utilizing certified Breath Alcohol Testing devices. A test result greater than .08 b.a.c. is considered a "Positive" result and in violation of the policy.

Test Results

1. Any "Positive" test for drugs shall be reported to a Medical Review Officer (MRO). The Medical Review Officer shall review the test result and shall attempt to interview the employee to determine if there is any physiological or medical reason why the result shall not be deemed positive. If the MRO declares the test "Positive", notification shall be provided first to the employee and then to the employer's Designated Employer Representative (DER). If the employee is a member of a local union, the employer shall notify the area business agent that the individual "failed to satisfy the employment requirements of the project."



Split Specimen Test

1. In the event of a confirmed “Positive” result, the following shall apply for split specimen testing:
 - a. The employee, Union, or employer may request a split specimen test within three working days from notice of a “Positive” test result by the MRO.
 - b. The drug testing laboratory shall package the split specimen and send the specimen to a designated certified laboratory at the request of the employee, Union, or employer. The cost associated with the split specimen test shall be at the expense of the employee, Union, or employer. Costs for the split specimen test will be paid in advance by the requesting party.
 - c. Split specimen tests shall be conducted by an NIDA/SAMHSA certified laboratory. The laboratory shall endeavor to notify the MRO of “Positive” test results within five working days after receipt of the specimen. In the event the initial test proves to be a “Negative” result instead of the original “Positive” result, and the employee has paid for the test, costs for the split specimen test shall be reimbursed to the employee by the employer at no cost to the Owner, or Owner’s Representatives.

Chain of Custody

1. The collection facility and the laboratory shall establish and maintain a forensically acceptable chain of custody.
2. The collection facility must establish and maintain a forensically acceptable chain of custody, which includes the specimen technicians, the substance testing laboratory and the Medical Review Officer. It will be the responsibility of the Third Party Administrator and the laboratory to ensure that the appropriate chain of custody is maintained.

Refusal

1. Failure to sign the appropriate release forms or to comply with the testing procedures shall result in the employee being barred from the Project until such time as the applicant certifies, in writing, a willingness to comply with this Program. Signing the consent form shall not waive any individual rights available under federal and state law.

Confidentiality Requirements

1. Strict confidentiality shall be maintained at all times for all substance abuse testing program activities. All information generated in connection with the testing program is inherently sensitive and is to be treated as confidential.
2. In implementing this program care must be taken to:
 - a. Safeguard all written reports by maintaining separate, secured files and limiting written and verbal communications to the necessary functions of this procedure.
 - b. Conduct testing as privately as possible.
 - c. Limit the number of persons involved in testing activities to essential personnel only.
 - d. Prohibit the communication of confidential information about searches, tests, investigations, or the results of same to persons not authorized to receive it, including family members, friends, union representatives, or law enforcement agencies.
 - e. Release information only to those necessary to administer site employment, safety, and security; in response to legal process or when a written release has been obtained from the individual involved.
 - f. Drug and/or alcohol test results shall only be released to designated employee representatives from the **General Contractor, Subcontractor**, Owner, or Owner’s Representatives. Written authorization from the donor of the urine specimen and/or breath alcohol test shall be required for any others requesting drug and/or alcohol results. Federal, state, and/or local authorities will be able to obtain drug and/or alcohol test results only with a subpoena. The procedure to release drug and/or alcohol results is per 49CFR Part 40 of the federal guidelines.

Statistical Reports

1. The Third Party Administrator shall provide a report indicating the individuals that passed the drug test by the end of each month. The reports and method of reporting shall also meet strict confidentiality protocol. The Third Party Administrator shall provide monthly reports on all test results to the Owner, **General Contractor** and **Project Safety Manager**. The reports shall be sorted by employer, number of tests performed, percent of Negative test results, number of tests for the month and the number of tests to date.



EXAMPLE FORMS



EXAMPLE PROJECT HAZARD ANALYSIS

Item #	Trade or Contractor	Area or Operation	Risk Level High Medium Low	Specific Project Exposure(s)	Project Control Measures to Eliminate/Minimize Risk
1			HIGH		
2			MEDIUM		
3			LOW		



EXAMPLE PRE-TASK PLAN WORKSHEET

A Pre-Task Plan is required for every activity at Harvard

Contractor Name: _____ Start Date: ____/____/____ Finish Date: ____/____/____
 Work Plan Author: _____ Phone No. _____ DirectConnect #: _____
 Project Supt. _____ Phone No. _____ DirectConnect#: _____
 Safety Rep. Name: _____ Phone No. _____ DirectConnect#: _____
 Location of Work: _____

ANSWER THE FOLLOWING QUESTIONS. ADDRESS 'YES' ANSWERS IN THE WORK PLAN

	YES	NO	N/A
Will task require working on or around live systems or equipment?			
Does the task require any emergency equipment to be available or on standby?			
Fire Extinguishers, Eye Wash Stations/ Showers, Phones? Circle Each Needed			
Has the work been coordinated with other crafts in the area?			
Are the shop drawings, panel schedules, or as-builts needed to complete this task?			
Does this task require special permits/procedures?			
Are additional personnel needed to complete this task safely?			
Does this task require special training (40-Hour HAZWOPER, etc)?			
Do you need to review an MSDS to proceed with this task?			
Will weather or other working conditions affect the safe completion of this task?			
Will you need additional materials, tools or equipment to perform the task safely			
Will workers need PPE training to complete task? Will this task generate hazardous waste or material?			
Will this task impact any pollution prevention systems? (Wastewater, Stormwater system)			
Will the task introduce live chemical into the system?			
Will the task produce significant amounts of dust/fumes/noise/vibration/odors? Circle Each			
Will the work be conducted above six (6) feet?			
Will the task cause any interruptions to Harvard Properties?			
Will any work use clean steam or hot water?			
Will lifting equipment be used? (Lulls, Cranes, Backhoes, etc.)			
Will mobile elevated work platforms (MEWPs) be used?			
Will the task create hazards to people working below?			
Will the task affect perimeter security, or security equipment?			
Will the task require the addition or deletion of security equipment?			
Has Lock Out/Tag Out (LO/TO) of all Hazardous Energy been preformed?			
Are any of the following permits or forms required? (Mark all that apply. Permits must be attached to PTP)			
<input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> Excavation Permit <input type="checkbox"/> Lock Out/Tag Out			
<input type="checkbox"/> Fuel Storage Permit <input type="checkbox"/> Road Closure Permit <input type="checkbox"/> Critical Lift Plan <input type="checkbox"/> Sidewalk Closure			
Which of the following Personal Protective Equipment will be required during this task (Mark all that apply)			
<input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hard Hat <input type="checkbox"/> Leather Gloves <input type="checkbox"/> Kevlar Gloves			
<input type="checkbox"/> Safety Goggles <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Chemical Gloves <input type="checkbox"/> Rain Gear			
<input type="checkbox"/> Face Shield <input type="checkbox"/> Steel Toed Boots <input type="checkbox"/> Electrical Gloves <input type="checkbox"/> Tyvek Suit			
<input type="checkbox"/> Cutting Goggles <input type="checkbox"/> Meta Tarsal Protect. <input type="checkbox"/> Fingerless Gloves <input type="checkbox"/> Poly-Coated Tyvek			
<input type="checkbox"/> Welding Shield <input type="checkbox"/> Welding Screen <input type="checkbox"/> Welding Gloves <input type="checkbox"/> Chaps			
<input type="checkbox"/> 1/2 Face Respirator <input type="checkbox"/> Full Face Resp. <input type="checkbox"/> Tripod/Winch <input type="checkbox"/> Reflective Vest			

Pre-Task Plans must be submitted to Contractor Safety Officer 24-hours in advance of the Start of the Task.

Approval Signatures:

Work Plan Author: _____
 (Print Name) (Signature) (Date)

Area Superintendent: _____
 (Print Name) (Signature) (Date)

Project Safety Manager: _____
 (Print Name) (Signature) (Date)

CONSTRUCTION ENVIRONMENTAL HEALTH AND STANDARD – REVISION 2, JANUARY 1, 2011

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT



CONSTRUCTION ENVIRONMENTAL HEALTH AND STANDARD – REVISION 2, JANUARY 1, 2011

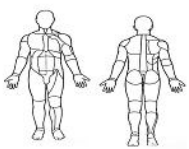
PROJECT DATA	Date of Incident:			Time: AM or PM		Day of Week			
	Date of Report:					Weather:			
	Project Manager:								
	Superintendent/ Foreman:					Project Name:			
	<u>Exact Location of Incident:</u>					<u>Drug Screen (s) Administered:</u> Y or N			
	Street Address: _____					If Yes, List Employees:			
	City/State: _____								
Area:				Are There Any Witnesses? Y or N			See Page 5 for Witness Instructions		
Type of Incident: (Select One)			WC	GL	Auto	Equip	Theft/Vandalism	Property	Utility

Incident Designation: (circle)	First Aid Only	Non-Recordable (<i>Medical Treatment</i>)	Restricted Work	Recordable (<i>Medical Treatment</i>) (<i>Lost Time</i>)
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PERSONAL INJURY – WC	Injured Employee Name:		
	Employee Home Address:	Street:	Date of Birth:
		City/State/Zip:	Phone:
	Occupation/Job Title:	Years Experience: _____	Date of Hire:
	Time Employee Started Work: AM or PM		
	Onsite First Aid Given: Y or N	If Yes, by Whom & What Given:	
	Offsite Medical Treatment: Y or N	If Yes, Treating Facility: (Name, City, State)	
	Date Treatment Given:	List PPE worn at the time of incident:	

Shade the Specific Body Part (s) Injured:

Head Brain Ears <i>Left</i> <i>Right</i> Eyes <i>Left</i> <i>Right</i> Face Jaw/Chin Mouth or Throat Nose Scalp Skull Neck Arms <i>Left</i> <i>Right</i>	Elbows <i>Left</i> <i>Right</i> Forearms <i>Left</i> <i>Right</i> Wrists <i>Left</i> <i>Right</i> Hands <i>Left</i> <i>Right</i> Fingers <i>Index</i> <i>Middle</i> <i>Ring</i> <i>Pinky</i> <i>Thumb</i>	Trunk Abdomen Back <i>Upper</i> <i>Middle</i> <i>Lower</i> Chest, Ribs and/or Breastbone Hips Pelvis Buttocks Shoulders <i>Left</i> <i>Right</i> Legs <i>Left</i> <i>Right</i> Knees <i>Left</i> <i>Right</i>	Lower Legs <i>Left</i> <i>Right</i> Ankles <i>Left</i> <i>Right</i> Foot <i>Left</i> <i>Right</i> Toes <i>Big Toe</i> <i>Second Toe</i> <i>Third Toe</i> <i>Fourth Toe</i> <i>Little Toe</i>
---	---	---	--



INCIDENT TRACKING (See Page 6 for codes)	
Body Part:	
Injury:	
Detailed Description of Injury:	
**For PA claims only: The employee and supervisor must sign the attached Medical Treatment Rights form.	

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT



CONSTRUCTION ENVIRONMENTAL HEALTH AND STANDARD – REVISION 2, JANUARY 1, 2011

GENERAL LIABILITY	Property Owner Name:	
	Property Owner Address:	Street:
		City/State:
	Detailed Description of Damages: (draw diagram – next page)	
	Estimated Damage: \$	Pictures Taken: Y or N
<u>If Utility Strike Please Indicate the Following:</u>		
Electrical Line ___ Phone Line ___ Gas Line ___	Marked <input type="checkbox"/> Mismarked <input type="checkbox"/> Unmarked <input type="checkbox"/>	
Water Line ___ Cable Line ___ Other _____	Was DigSafe Call Made?: Y or N By Whom:	
Date Called In: _____ Ticket #		

EQUIPMENT	Operator Name:		Equipment / Vehicle Number:		
			Rental: Y or N	Rented From:	
	Rental Company Phone:			Estimated Damage (\$):	
	Did Operator obey all applicable safety rules? Y or N - If NO, list exceptions:				
	Did Authorities Respond (fire, police, ambulance, etc)? Y or N		Responding Authority:		
			Contact Person Name:		
			Phone Number: :		
	Was there Property Damage: Y or N If yes, please specify:		Report / Incident Number:		
For Vehicle Damage, Describe/Draw the Specific areas damaged:					

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT



CONSTRUCTION ENVIRONMENTAL HEALTH AND STANDARD – REVISION 2, JANUARY 1, 2011

LESSONS LEARNED	<i>Was there any type of planning (ex: Pre-con, daily huddle, toolbox talk, etc) that discussed the potential for this incident, and the safe work procedures to be followed to prevent it? YES or NO Please attach a copy of document to support your findings.</i>																		
	<i>What was the Root Cause(s) of the Incident?</i>																		
	Contributing Factor(s) to the Incident: (weather, lighting, traffic control plan, communication of hazards, etc.)																		
CORRECTIVE ACTIONS	<u>Corrective Action(s) Taken or Planned</u> What was/will be done?	By Whom	<u>Estimated Completion Date</u>	<u>Actual Completion Date</u>	<u>Confirmed Initials</u>														
Incident discussed with employee to prevent recurrence? Yes___ No___																			
Any disciplinary action taken? Yes___ No___																			
If yes, describe what type:																			
Possible actions to be taken to prevent similar incidents (circle action)																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">A. Repair/replace or modify equip.</td> <td style="width: 33%; border: none;">F. Ergonomic enhancement</td> <td style="width: 33%; border: none;">K. Retraining of employees involved</td> </tr> <tr> <td style="border: none;">B. Improve job site housekeeping</td> <td style="border: none;">G. Establish a Safe Work Procedure</td> <td style="border: none;">L. Preventive maintenance</td> </tr> <tr> <td style="border: none;">C. Update inspection procedure</td> <td style="border: none;">H. Improve environmental conditions</td> <td style="border: none;">M. Improve enforcement</td> </tr> <tr> <td style="border: none;">D. Eliminate/reduce congestion</td> <td style="border: none;">I. Require/change PPE</td> <td style="border: none;">N. Modify procedure & retrain</td> </tr> <tr> <td style="border: none;">E. Change design</td> <td style="border: none;">J. Install safety guard/device</td> <td style="border: none;">O. Reassign employee to another job</td> </tr> </table>					A. Repair/replace or modify equip.	F. Ergonomic enhancement	K. Retraining of employees involved	B. Improve job site housekeeping	G. Establish a Safe Work Procedure	L. Preventive maintenance	C. Update inspection procedure	H. Improve environmental conditions	M. Improve enforcement	D. Eliminate/reduce congestion	I. Require/change PPE	N. Modify procedure & retrain	E. Change design	J. Install safety guard/device	O. Reassign employee to another job
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<i>Follow Up Communication</i>																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%; border: none;">Yes___</td> <td style="width: 15%; border: none;">No___</td> <td style="border: none;">Injury site reviewed by supervisor/safety representative with employee</td> </tr> <tr> <td style="border: none;">Yes___</td> <td style="border: none;">No___</td> <td style="border: none;">Supervisor reviewed incident with employees</td> </tr> <tr> <td style="border: none;">Yes___</td> <td style="border: none;">No___</td> <td style="border: none;">Lessons learned posted in safety review. If yes, what?</td> </tr> </table>					Yes___	No___	Injury site reviewed by supervisor/safety representative with employee	Yes___	No___	Supervisor reviewed incident with employees	Yes___	No___	Lessons learned posted in safety review. If yes, what?						
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Yes___	No___	Lessons learned posted in safety review. If yes, what?																	

EXAMPLE SUPERVISOR ACCIDENT/INCIDENT INVESTIGATION REPORT



CONSTRUCTION ENVIRONMENTAL HEALTH AND STANDARD – REVISION 2, JANUARY 1, 2011

PARTICIPANTS OF THE INCIDENT ANALYSIS		MANAGEMENT REVIEW	
Name/Title or Trade	Date	Name	Date
		Foreman:	
		Superintendent:	
		General Superintendent:	
		Safety Manager:	
Employee Signature: (print)		Project Manager:	
Employee Signature:		Other:	

**DISTRIBUTE SUPERVISOR'S ACCIDENT/INCIDENT INVESTIGATION REPORT TO THE FOLLOWING:
Construction Manager, Project Safety Manager, Owner's Project Manager, and EH&S.**

ACCIDENT TYPES

- 1 Falls On Same Level:** Slips, trips, or falls on foot level surfaces such as the ground, floors, stairs, work platforms, or rebar. Includes slips on mud, liquids, ice and other slippery surfaces and trips over obstacles such as tools, cords, rocky or uneven surfaces.
- 2 Falls From Elevations:** Falls to a lower level from elevated surfaces. Includes falls from structural steel, scaffolds, work platforms, form work, equipment, etc.
- 3 Falls From Ladders:** Falls from portable or fixed ladders including stepladders.
- 4 Falls into Opening:** Falls into floor holes, openings in the ground (i.e., caisson holes, unguarded ditch/excavation, etc.)
- 5 Material Handling – Manual:** Injuries from manually moving tools, equipment, or material. This includes over exertion due to lifting or carrying material manually and usually results in sprains/strains of the back and other body parts.
- 6 Caught In/Under/Between:** Injuries caused by power tools or equipment and resulting in crushing or pinching of fingers and/or other body parts.
- 7 Struck By/Against Object:** Injuries caused by employees being struck by flying or moving objects, or injuries caused by employees bumping into/against stationary objects.
- 8 Struck By Flying Object-Eye:** Eye injuries only caused by grinding, chipping or other operations. Includes windblown dust and foreign bodies entering the eye.
- 9 Occupational Illness** – includes the following:
 - a. Skin diseases/disorders – poison ivy, heat rash, contact dermatitis, etc.
 - b. Dust disease of lungs – silicosis, asbestosis, etc.
 - c. Poisoning due to toxic materials – lead or other metal poisoning and poisoning by carbon monoxide or other gases
 - d. Illness due to physical agents – sunstroke, heat exhaustion, frostbite, or other illnesses caused by temperature extremes or environmental conditions
 - e. Disorders caused by repeated trauma – carpal tunnel syndrome, noise-induced hearing loss.
- 10 Electrical Contact:** Injuries resulting in electrical shock caused by flow of electric current through the body. Includes shock from power tools, electrical cords, and contact with overhead power lines.
- 11 Burns:** Injuries resulting in thermal (heat) or chemical burns. Includes burns caused by welding/cutting operations, or use of chemicals.
- 12 Miscellaneous:** Avoid using this category. Only mark this category if the injury or illness doesn't fit into another accident type.

<u>CAUSE CODES:</u>	<u>PART OF BODY:</u>	
1. Improper handling of material	10. Defective equipment/tools	1. Ankle
2. Improper lifting	11. Improper/defective walk area	2. Arm
3. Improper use of tools/equipment	12. Slippery/rough surface	3. Back
4. Making safety devices inoperative	13. Poor housekeeping	4. Chest
5. Failure to use PPE	14. Improperly piled material	5. Elbow
6. Taking unsafe position	15. Windblown dust	6. Eye
7. Clean, adjust, etc. of moving equipment	16. Congested area	7. Face
8. Horseplay, distracting, fighting	17. Poor working conditions	8. Foot/Toe
		9. Groin
		10. Hand/Finger
		11. Head
		12. Knee
		13. Leg
		14. Neck
		15. Shoulder
		16. Wrist

APPENDIX O – EXAMPLE POST INCIDENT REVIEW FORM



CONSTRUCTION ENVIRONMENTAL HEALTH AND STANDARD – REVISION 2, JANUARY 1, 2011

Required Attendees	Name	Affiliation	Phone Number
Project Manager			
Superintendent			
Assistant./Area Supt.			
Project Safety Manager			
GC Safety Director			
Prime Tier Principal (if App.)			
Prime Tier Safety Rep. (if App.)			
Subcontractor Principal			
Subcontractor Foreman			
Subcontractor Safety Rep.			
Injured Person			
Other:			
Other:			
Other:			
Other:			

MEETING AGENDA

1.	Re-emphasize the commitment to an injury free environment/zero accident philosophy.
2.	Restate the purpose of the meeting (identify causal and contributing factors, prevent re-occurrence, disseminate information to all contractors).
3.	Chronology of Events:
4.	Identify Contributing Factors: Identify Root Cause:
5.	Improvement Plan (Prevention of Recurrence) A. B. C. D. - Person(s) and completion deadlines assigned? - Follow-up meeting Required?
6.	Communication to Prevent Re-occurrence
7.	Discipline Matrix Applied? (off-line discussion)

Notes:
