

GENERAL SAFETY AND HEALTH PROVISIONS

GENERAL SAFETY AND HEALTH PROVISIONS - §1926.20

Contractor Requirements

No contractor or subcontractor for any part of contract work for construction, alteration, and/or repair, including painting and decorating, shall require any employee to work in surroundings or under working conditions which are unsanitary, hazardous, or dangerous to his/her health or safety.

Accident Prevention Responsibilities

It shall be the responsibility of the employer to provide for frequent and regular inspections of the job site, materials, and equipment by competent persons designated by the employer.

A **competent person** is defined in §1926.32(f) as "one who is capable of identifying existing and predictable hazards in the surroundings or working conditions which are unsanitary, hazardous, or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them."

The use of any machinery, tool, material, or equipment which is not in compliance with OSHA standards is prohibited and they shall be identified as unsafe by tagging or locking the controls to render them inoperable or shall be physically removed from their place of operation.

The employer shall permit only those employees qualified by training or experience to operate equipment and machinery.

SAFETY TRAINING AND EDUCATION - §1926.21

General Requirements

The Department of Labor shall establish and supervise programs for the education and training of employers and employees in the recognition, avoidance and prevention of unsafe conditions in regulated employments.

Employer Responsibility

The employer should avail himself of the safety and health training programs the Department of Labor provides.

The employer shall instruct each employee in the recognition and avoidance of unsafe conditions and the regulations applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury.

Employees required to handle or use poisons, caustics, and other harmful substances shall be instructed regarding the safe handling and use, and be made aware of the potential hazards, personal hygiene, and personal protective measures required.

In job site areas where harmful plants or animals are present, employees who may be exposed shall be instructed regarding the potential hazards, and how to avoid injury, and the first aid procedures to be used in the event of injury.

All employees required to enter into confined or enclosed spaces shall be instructed as to the nature of the hazards involved, the necessary precautions to be taken, and in the use of protective and emergency equipment required. The employer shall comply with any specific regulations that apply to work in dangerous or potentially dangerous areas.

“Confined or enclosed space” means any space having a limited means of egress, which is subject to the accumulation of toxic or flammable contaminants or has an

oxygen deficient atmosphere. Confined or enclosed spaces include, but are not limited to, storage tanks, process vessels, bins, boilers, ventilation or exhaust ducts, sewers, underground utility vaults, tunnels, pipelines, and open top spaces more than 4 feet in depth such as pits, tubs, vaults, and vessels.

FIRST AID AND MEDICAL ATTENTION - §1926.23

First aid services and provisions for medical care shall be made available by the employer for every employee covered by these regulations. Regulations prescribing specific requirements for first aid, medical attention, and emergency facilities are contained in Subpart D, *Occupational Health and Environmental Controls*.

FIRE PROTECTION AND PREVENTION - §1926.24

The employer shall be responsible for the development and maintenance of an effective fire protection and prevention program at the job site throughout all phases of the construction, repair, alteration, or demolition work. The employer shall ensure the availability of the fire protection and suppression equipment required by Subpart F, *Fire Protection and Prevention*.

HOUSEKEEPING - §1926.25

During the course of construction, alteration, or repairs, form and scrap lumber with protruding nails, and all other debris, shall be kept cleared from work areas, passageways, and stairs, in and around buildings or other structures.

Combustible scrap and debris shall be removed at regular intervals during the course of construction. Safe means shall be provided to facilitate such removal.

Containers shall be provided for the collection and separation of waste, trash, oily and used rags, and other refuse. Containers used for garbage and other oily, flammable, or hazardous wastes, such as caustics, acids, harmful dusts, etc. shall be equipped with covers. Garbage and other waste shall be disposed of at frequent and regular intervals.

ILLUMINATION - §1926.26

Construction areas, aisles, stairs, ramps, runways, corridors, offices, shops, and storage areas where work is in progress shall be lighted with either natural or artificial illumination. The minimum illumination requirements for work areas are contained in Subpart D, *Occupational Health and Environmental Controls*.

SANITATION - §1926.27

Health and sanitation requirements for drinking water are contained in Subpart D, *Occupational Health and Environmental Controls*.

PERSONAL PROTECTIVE EQUIPMENT - §1926.28

The employer is responsible for requiring the wearing of appropriate personal protective equipment in all operations where there is an exposure to hazardous conditions or where these regulations indicate the need for using such equipment to reduce the hazards to the employees.

Regulations governing the use, selection, and maintenance of personal protective and life saving equipment are described in Subpart E, *Personal Protective and Life Saving Equipment*.

ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS - §1926.33

Access

"Access," for the purpose of the standard, means the right and opportunity to examine and copy. Access to employee medical and exposure records must be provided in a reasonable manner and place. If access cannot be provided within 15 days after the employee's request, the employer must state the reason for the delay and the earliest date when the records will be made available. Responses to initial requests, and new information that has been added to an initial request, are to be provided without cost to the employee or representative. The employer may give

employees copies of the requested records, give the employees the records and the use of mechanical copying facilities so the employee may copy the records, or lend employees their records for copying off the premises. In addition, medical and exposure records are to be made available, on request, to OSHA representatives to examine and copy.

Exposure Records

Upon request, the employer must provide the employee, or employee's designated representative access to employee exposure records. If no records exist, the employer must provide records of other employees with job duties similar to those of the employee. Access to these records does not require the written consent of the other employees. In addition, these records must reasonably indicate the identity, amount, and nature of the toxic substances or harmful physical agents to which the employee has been exposed. Union representatives must indicate an occupational health need for requested records when seeking access to exposure records without the written authorization of the employee(s) involved.

Medical Records

The employer also must provide employees and their designated representatives access to medical records relevant to the employee. Access to the medical records of another employee may be provided only with the specific written consent of that employee. The standard provides a suitable sample authorization letter for this purpose. Prior to employee access to medical records, physicians, on behalf of employers, are encouraged to discuss with employees the contents of their medical records; physicians also may recommend ways of disclosing medical records other than by direct employee access. Where appropriate, a physician representing the employer can elect to disclose information on specific diagnoses of terminal illness or psychiatric conditions only to an employee's designated representative, and not directly to the employee. In addition, a physician, nurse, or other responsible health care person who maintains medical records may delete from requested medical records the names of persons who provided confidential information concerning an employee's health status.

Analyses Using Exposure or Medical Records

The standard assures that an employee (or designated representative), as well as OSHA, can have access to analyses that were developed using information from exposure or medical records about the employee's working conditions or workplaces. Personal identities, such as names, addresses, social security and payroll numbers, age, race, and sex, must be removed from the data analyses prior to access.

Trade Secrets

In providing access to records, an employer may withhold trade secret information but must provide information needed to protect employee health. Where it is necessary to protect employee health, the employer may be required to release trade secret information but may condition access on a written agreement not to abuse the trade secret or to disclose the chemical's identity.

An employer also may delete from records any trade secret that discloses manufacturing processes or the percentage of a chemical substance in a mixture. The employer must, however, state when such deletions are made. When the deletion impairs the evaluation of where or when exposure occurs, the employer must provide alternative information that is sufficient to permit the requester to make such evaluations.

The employer also may withhold a specific chemical identity when the employer can demonstrate it is a trade secret, the employer states this to the requester, and all other information on the properties and effects of the toxic substance is disclosed. The specific chemical identity, however, must be disclosed to a treating physician or nurse when that physician or nurse states that a medical emergency exists and the identity is necessary for treatment. When the emergency is over, the employer may require the physician or nurse to sign a confidentiality agreement.

The employer also must provide access to a specific chemical identity in non-emergency situations to an employee, an employee's designated representative

or a health care professional if it will be used for one or more of the following activities:

- Assess the hazards of the chemicals to which employees will be exposed.
- Conduct or assess sampling of the workplace atmosphere to determine employee exposure levels.
- Conduct pre-assignment or periodic medical surveillance of exposed employees.
- Provide medical treatment to exposed employees.
- Select or assess appropriate personal protective equipment for exposed employees.
- Design or assess engineering controls or other protective measures for exposed employees.
- Conduct studies to determine the health effects of exposure.

In these instances, however, the employer may require the requester to submit a written statement of need, the reasons why alternative information will not suffice, and to sign a confidentiality agreement not to use the information for any purpose other than the health need stated and not to release it under any circumstances, except to OSHA.

The standard further prescribes the steps employers must follow if they decide not to disclose the specific chemical identity requested by the health professional, employee, or designated representative. Briefly, these steps are as follows:

- Provide a written denial.
- Provide the denial within 30 days of the request.
- Provide evidence that the chemical identity is a trade secret.

- Explain why alternative information is adequate.
- Give specific reasons for the denial.

An employee, designated representative, or health professional may refer such a denial to OSHA for review and comment.

Employee Information

At the time of initial employment and at least annually thereafter, employees must be told of the existence, location, and availability of their medical and exposure records. The employer also must inform each employee of his or her rights under the access standard and make copies of the standard available. Employees also must be told who is responsible for maintaining and providing access to records.

Transfer of Records

When an employer ceases to do business, he or she is required to provide the successor employer with all employee medical and exposure records. When there is no successor to receive the records for the prescribed period, the employer must inform the current affected employees of their access rights at least 3 months prior to the cessation of business and must notify the Director of the National Institute for Occupational Safety and Health (NIOSH) in writing at least 3 months prior to the disposal of records.

Retention of Records

Each employer must preserve and maintain accurate medical and exposure records for each employee. The access standard imposes no obligation to create records but does apply to any medical or exposure records created by the employer in compliance with other OSHA rules or at his or her own volition.

Exposure records and data analyses based on them are to be kept for 30 years. Medical records are to be kept for at least the duration of employment plus 30 years. Background data for exposure records such as laboratory reports and work sheets

need be kept only for 1 year. Records of employees who have worked for less than 1 year need not be retained after employment, but the employer must provide these records to the employee upon termination of employment. First-aid records of one-time treatment need not be retained for any specified period.

OSHA does not mandate the form, manner, or process by which an employer preserves a record, except that chest X-ray films must be preserved in their original state.

Three months before disposing of records, employers must notify the Director of NIOSH.

MEANS OF EGRESS - §1926.34

General

In every building or structure exits shall be so arranged and maintained as to provide free and unobstructed egress from all parts of the building or structure at all times when it is occupied. No lock or fastening to prevent free escape from the inside of any building shall be installed except in mental, penal, or corrective institutions where supervisory personnel is continually on duty and effective provisions are made to remove occupants in case of fire or other emergency.

Exit Marking

Exits shall be marked by a readily visible sign. Access to exits shall be marked by readily visible signs in all cases where the exit or way to reach it is not immediately visible to the occupants.

Maintenance and Workmanship

Means of egress shall be continually maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.

EMPLOYEE EMERGENCY ACTION PLANS - §1926.35

Scope and Application

This section applies to all emergency action plans required by a particular OSHA standard. The emergency action plan shall be in writing (except for employers with 10 or fewer employees) and shall cover those designated actions employers and employees must take to ensure employee safety from fire and other emergencies.

Elements

The following elements, at a minimum, shall be included in the plan:

- (1) Emergency escape procedures and emergency escape route assignments;
- (2) Procedures to be followed by employees who remain to operate critical plant operations before they evacuate;
- (3) Procedures to account for all employees after emergency evacuation has been completed;
- (4) Rescue and medical duties for those employees who are to perform them;
- (5) The preferred means of reporting fires and other emergencies; and
- (6) Names or regular job titles of persons or departments who can be contacted for further information or explanation of duties under the plan.

Alarm System

The employer shall establish an employee alarm system which complies with §1926.159.

If the employee alarm system is used for alerting fire brigade members, or for other

purposes, a distinctive signal for each purpose shall be used.

Evacuation

The employer shall establish in the emergency action plan the types of evacuation to be used in emergency circumstances.

Training

Before implementing the emergency action plan, the employer shall designate and train a sufficient number of persons to assist in the safe and orderly emergency evacuation of employees.

The employer shall review the plan with each employee covered by the plan at the following times:

- Initially when the plan is developed,
- Whenever the employee's responsibilities or designated actions under the plan change, and
- Whenever the plan is changed.

The employer shall review with each employee upon initial assignment those parts of the plan which the employee must know to protect the employee in the event of an emergency. The written plan shall be kept at the workplace and made available for employee review. For those employers with 10 or fewer employees, the plan may be communicated orally to employees and the employer need not maintain a written plan.

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OSHA Instruction STD 3 -1.1
June 22, 1987
Office of Construction and Maritime
Compliance Assistance

SUBJECT: Citation Policy Regarding 29 CFR 1926.20, 29 CFR 1926.21 and Related
General Safety and Health Provisions

- A. Purpose. This instruction clarifies the citation policy for 29 CFR 1926.20, General Safety and Health Provisions, 29 CFR 1926.21, Safety Training and Education, 29 CFR 1926.23, First Aid and Medical Attention, and 29 CFR 1904.2, Recordkeeping Requirements.
- B. Scope. This instruction applies OSHA-wide.
- C. Action. OSHA Regional Administrators and Area Directors shall ensure that the policy set forth in this instruction is applied in enforcing the referenced standards for the construction industry.
- D. Federal Program Change. This instruction describes a Federal program change which affects State programs. Each Regional Administrator shall:
 - 1. Ensure that this change is promptly forwarded to each State designee.
 - 2. Explain the technical content of this change to the State designee as requested.
 - 3. Ensure that State designees are asked to acknowledge receipt of this Federal program change in writing, within 30 days of notification, to the Regional Administrator. This acknowledgment should include a description either of the State's plan to implement the change or of the reasons why the change should not apply to that State.
 - 4. Review policies, instructions and guidelines issued by the State to determine that this change has been communicated to State personnel. Routine monitoring shall also be used to determine if this change has been implemented in actual performance.

E. Interpretation. When a construction inspection is performed, the following guidelines will be followed:

1. An evaluation of the safety and health program will be completed. (See sample guidelines in Appendix A.) These guidelines will be modified, based on the CSHO's professional judgment, to account for size and type of construction. A key indicator of an effective program will be the degree of knowledge which employees have of potential site specific safety and health hazards. This knowledge requires training (site familiarization) of skilled as well as nonskilled crafts in hazard recognition based on the employee's specific work environment and job related hazards.
2. Program deficiencies such as lack of management policy, safety and health rules, inadequate assignment of responsibility, or poor employee awareness/participation shall be discussed with the employer.
3. Violations of the requirements for instruction, first aid, recordkeeping, and identification and control of hazards shall be cited as indicated in the appropriate section of 29 CFR 1926.20, 29 CFR 1926.21, 29 CFR 1926.23, or 29 CFR 1904.2.
4. Where the conditions warrant a citation for violation of 1926.20 or 1926.21, it may be issued even if additional 29 CFR 1926 alleged violations were not documented. Note that 1926.21(b) requires only safety and health instructions. Employers are required to implement a safety and health program in accordance with the above mentioned standards. However, employers should be encouraged to implement a formal safety and health training program with the guidelines in Appendix A.
5. Violations for 29 CFR 1926.20(b) in a routine inspection may be cited as other-than-serious or serious as circumstances warrant.
6. Recordkeeping violations (29 CFR 1904) shall be cited where records are not available for the individual site. Where construction employees are subject to common supervision, but do not report or work at a fixed establishment on a regular basis or where employees are engaged in physically dispersed activities, records for such employees shall be maintained as follows:
 - a. Records must be maintained either at the field office or at the mobile base of operations.

b. Records may also be maintained at an established central location. If records are maintained centrally:

- (1) The address and telephone number of the place where the records are kept must be available at the worksite, and
- (2) There must be personnel available at the central location during normal business hours to provide information from the records.

NOTE: The sections above describe the proper location of OSHA records. Although the supplementary record and the summary must be maintained according to the aforementioned criteria, it is possible to prepare and maintain the log at an alternate location or by means of data processing equipment, or both. Two criteria must be met:

- (1) Sufficient information must be available at the alternate location to complete the log within 6 workdays after receipt of information that a recordable case has occurred, and
- (2) A copy of the log updated to within 45 calendar days must be present at all times in the establishment.

F. Background. Due to OSHA's increasing emphasis on preventing construction injuries and illnesses, OSHA is reemphasizing the review of the contractor's safety citation policy regarding 29 CFR 1926.20 through 1926.23 and 29 CFR 1904.2. It also provides uniform field procedures for evaluation of safety and health programs in the construction industry.

Signed/
John A. Pendergrass
Assistant Secretary

DISTRIBUTION: National, Regional and Area Offices
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OSHA Instruction STD 3-1.1
June 22, 1987
Office of Construction and Maritime
Compliance Assistance

Appendix A

EMPLOYER'S SAFETY AND HEALTH PROGRAM

Yes No

A. Management Commitment and Leadership.

1. Policy statement: goals established, issued, and communicated to employees.
2. Program revised annually.
3. Participation in safety meetings, inspections; agenda items in meetings.
4. Commitment of resources is adequate.
5. Safety rules and procedures incorporated into site operations.
6. Management observes safety rules.

B. Assignment of Responsibility.

1. Safety designee on site, knowledgeable, and accountable.
2. Supervisors (including foremen) safety and health responsibilities understood.
3. Employees adhere to safety rules.

C. Identification and Control of Hazards.

1. Periodic site safety inspection program involves supervisors.
2. Preventative controls in place (PPE, maintenance, engineering controls).
3. Action taken to address hazards.
4. Safety Committee, where appropriate.
5. Technical references available.
6. Enforcement procedures by management.

Yes No

D. Training and Education.

1. Supervisors receive basic training.
2. Specialized training taken when needed.
3. Employee training program exists, is ongoing, and is effective.

E. Recordkeeping and Hazard Analysis.

1. Records maintained of employee illnesses/injuries, and posted.
2. Supervisors perform accident investigations, determine causes and propose corrective action.
3. Injuries, near misses, and illnesses are evaluated for trends, similar causes; corrective action initiated.

F. First Aid and Medical Assistance.

1. First aid supplies and medical service available.
2. Employees informed of medical results.
3. Emergency procedures and training, where necessary.

NOTE: This Instruction was retyped from the original for use in this document.

U.S. Department of Labor Program Highlights



Fact Sheet No. OSHA 93-29

ACCESS TO EMPLOYEE EXPOSURE AND MEDICAL RECORDS

SCOPE — Employers in general industry and the maritime and construction industries must provide records access to all employees exposed to toxic substances and harmful physical agents, their employee representatives, health professionals, and OSHA. The rule does not require creation of any records, only preservation. Access means the right to examine and copy records.

ACCESS RULES — Employers must provide records promptly, generally within 15 working days. They must provide a date for release of the information and an explanation of the delay should it take longer to process the request. Employers are to inform their workers initially and at least annually of their rights to access to medical and exposure records. OSHA may obtain personal medical records promptly without the written consent of the subject employees, but will adhere to rules of agency practice and procedure governing OSHA access to employee medical records contained in Title 29 Code of Federal Regulations (CFR) 1913.10.

Records requests need not be in writing except where trade secrets are involved. Union and health professionals must have specific written consent to gain access to employees' personal medical records but may examine exposure records without such consent. However, they must state the specific record needed and the occupational health need for gaining access to the information. Health professionals include physicians, occupational health nurses, industrial hygienists, toxicologists, and epidemiologists who provide medical or other occupational health services to exposed employees.

Employees have prompt and no unreasonable barriers to gaining access to their own exposure and medical records except where a physician

representing the employer believes that direct employee access to certain sensitive information in the record could be detrimental to the employee. However, they have access to exposure records of others when these exposures represent their past or present exposure or exposure where an employee is being assigned or transferred.

RECORDS AND RETENTION RATES — The rule covers records of employee exposure to toxic substances and harmful physical agents and employee personal medical records. Exposure records must be maintained for 30 years and medical records for the duration of employment plus 30 years. First aid records and experimental toxicological research records are excluded from the 30-year retention requirements.

If a company maintains a chemical inventory or set of material safety data sheets, it need not retain production records, shipping records, invoices, batch cards or other similar documents. Biological monitoring results, except those pertaining to alcohol or drugs, are to be retained, but records created in anticipation of litigation (workers' compensation examinations, for example) need not be. Personal medical records for short-term employees (less than one year) do not have to be retained if they are provided to the employee on termination.

Employers need not copy X-rays and may require viewing on site or at some other suitable location. All X-rays, except chest X-rays, may be microfilmed for records storage.

TOXIC SUBSTANCES — Toxic substances and harmful agents include any material listed in the National Institute for Occupational Safety and Health (NIOSH) Registry of Toxic Effects of Chemical Hazards (RTECHS); substances which have evidenced an

acute chronic health hazard in testing conducted by or known to the employer; or substances in a material safety data sheet kept by or known to the employer indicating that the material may pose a health hazard. Except for trade secrets, employers are to disclose the specific chemical identity [chemical name and Chemical Abstract Service (CAS) number] of materials for which exposure records are requested.

TRADE SECRETS — Employers may withhold the specific chemical identity of a toxic substance if:

- they can support a claim that this information represents a trade secret;
- all other information concerning the toxic substance is disclosed as required;
- they state that the specific chemical identity is being withheld as a trade secret;
- they make the chemical name available to health professionals, employees, and designated representatives under certain specified conditions.

In a medical emergency, an employer must immediately disclose the specific chemical identity of a toxic substance to a treating physician or nurse when

needed for emergency or first aid treatment. The employer may obtain a statement of need and a confidentiality agreement as soon as circumstances permit.

When there is no emergency, requestors seeking trade secret identity must put their request in writing, describing the medical or health need for which this is requested and explain why other information (such as health risks of the chemical, proper protective measures, etc.) is insufficient. Requestors must also describe the procedures they will take to protect confidentiality, agree not to use the information except for health purposes, and not to disclose the information to anyone except OSHA. Confidentiality agreements must be signed and may include a liquidated damages provision, but no penalty bond.

Employers denials of request for specific chemical identities must be in writing within 30 days of the request. Denials must provide evidence that the information is a trade secret and explain how alternate information will suffice. The requestor can appeal the denial to OSHA. If the agency finds the denial to be improper, the employer can be cited and penalties proposed.

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