Project Requirements

PLAYBOOK

Dear Supplier,

Buildings + Design has prepared this playbook to share important information with your company in order to effectively conduct business with Cleveland Clinic in the built environment.

If you are a new Cleveland Clinic supplier, you should have already completed the registration process. As a registered supplier you can begin doing business with Cleveland Clinic in accordance with the policies and procedures contained in this playbook, including but not limited to the terms and conditions of your contract and/or purchase order.

As a supplier, your company and its representatives are subject to adhering to policies and procedures, please contact us at Buildings_Design@ccf.org if you have any questions or concerns. These policies are subject to change periodically and will be communicated to you in a timely manner.

Our mission is to create and maintain a World Class healing environment for our patients, their families and our fellow caregivers.

Thank you!

February 2026

Cleveland Clinic

NON-EMPLOYEE ONBOARDING

Contractor Onboarding Requirements

All contractors and facilities maintenance providers working at Cleveland Clinic sites—including hospitals, health centers, and administrative buildings—must complete onboarding via RedCarpet/SilkRoad before starting work. This applies to new construction, renovations, and maintenance.

Process Overview:

- Each company must designate a Primary Point of Contact (POC) to submit the Contractor Non-Employee Onboarding Form.
- A Cleveland Clinic Coordinator will initiate onboarding in SilkRoad.
- Onboarding tasks may include:
- Background check
- Compliance training
- TB skin test (if applicable)
- Individuals must provide a valid email address.
- Upon completing all tasks, individuals will receive instructions to obtain a Cleveland Clinic Non-Employee ID Badge

Cleveland Clinic Badge Office Locations & Contact Information:

Site	Location	Hours of Operation	Contact Information
Main Campus	Cleveland, Ohio	M – F | 7:30 a.m. – 4 p.m.	216.444.1208
CCAC Administrative Buildings	Beachwood, Ohio	M – F | 8 a.m. – 4:30 p.m.	216.448.5688
Akron	Akron, Ohio	M – F | 7:30 a.m. – 3 p.m.	330.344.2199
Mercy Hospital	Canton, Ohio	M – F | 8 a.m. – 3 p.m.	330.458.4102
Union	Dover, Ohio		330.602.0799 x 2472
Weston Hospital	Weston, Florida	M – F | 8 a.m. – 4 p.m.	
Indian River Hospital	Vero Beach	M – F | 8 a.m. – 4 p.m.	772.290-6337
Martin Health North	Stuart, Florida	M – F | 8 a.m. – 4 p.m.	772.223.5945 x 14722
Lou Ruvo	Las Vegas Nevada		772.290.6337

Please note that this information is subject to change due to any future policy and/or procedures that are implemented by Cleveland Clinic Protective Services. The appropriate parties will be notified of any changes.

ICRA Infection Control Risk Assessment

For more information click here

CONSTRUCTION SAFETY PROGRAM

The Cleveland Clinic's goal is to be the best place to receive care anywhere and be the best place to work in healthcare. Through it all, we work as a team of teams, guided by our values and Care Priorities, everywhere there is a Cleveland Clinic.

Care Priorities Inform the Work We Do

Patients: We provide each patient with a lifetime of high quality, seamless care enabled by technology.

Caregivers: We create an inclusive and supportive culture that empowers caregivers to thrive.

Organization: We steward our resources, enabling us to grow responsibly and serve as many patients as possible.

Community: We serve our communities by tailoring care to meet their unique needs and ensure better health.

Culture Defines Who We Are

Our Cleveland Clinic Values define who we are and serve as the foundation of our culture. By living our Values every day, in every interaction, we ensure the best possible care and service for all.

Quality & Safety: We ensure the highest standards and excellent outcomes through effective interactions, decision-making, and actions.

Empathy: We imagine what another person is going through, work to alleviate suffering, and create joy whenever possible.

Teamwork: We work together to ensure the best possible care, safety, and well-being of our patients and fellow caregivers.

Integrity: We adhere to high moral principles and professional standards by a commitment to honesty, confidentiality, trust, respect, and transparency.

Inclusion: We intentionally create an environment of compassionate belonging where all are valued and respected.

Innovation: We drive small and large changes to transform healthcare everywhere.

PROGRAM INTRODUCTION

The Cleveland Clinic (CC) Buildings + Design team consists of Developers, Maintainers, Transitioners, and everyone else in between. We focus on transforming global healthcare design by providing a healing environment for patients, caregivers, and the communities we serve. Our goal is to create and maintain a World Class healing environment for our patients, their families and our fellow caregivers Contractors, Subcontractors, Vendors, and Suppliers are to conduct themselves as partners in this commitment.

We are dedicated to being a High Reliability Organization with a goal of Zero Harm. This requires that all our processes, policies, and procedures are consistent, and potential errors are caught and corrected before harm occurs. This applies to all of our organization's Construction Teams.

Program Overview

This program outlines minimum safety requirements for Contractors, Subcontractors, Vendors, Suppliers, and Customers working on construction or renovation projects at Cleveland Clinic (CC) properties. Its purpose is to foster a strong safety culture and improve safety, quality, delivery, and cost performance.

It provides Environmental Health and Safety compliance standards to ensure a safe environment for patients, staff, the public, and contractor personnel, while allowing hospital operations to continue uninterrupted and maintaining compliance with OSHA and Joint Commission regulations.

Contractors must integrate these standards into their Site-Specific Safety Programs, using them as baseline requirements. When policies conflict, the more stringent standard applies.

All personnel involved—including subcontractors, vendors, and suppliers—must follow the policies and procedures outlined. Construction management professionals are responsible for understanding and enforcing these standards.

Questions about policy interpretation should be directed to the CC Buildings + Design Department.

Program Scope

The Enterprise Construction Contractor Safety Program is an Environmental Health and Safety compliance program designed to ensure that all construction, renovation, and other similar type activities are completed in accordance with applicable Cleveland Clinic policies and procedures, OSHA standards, and Federal, State, and Local laws.

Purpose

To create and maintain a World Class healing environment for our patients, their families and our fellow caregivers

Aspiration

We focus on transforming global healthcare design by providing a healing environment for patients, caregivers, and the communities we serve.

Guiding Principles

Collaborate, Innovate and Question
Draw on Research
Balance Solutions with Big Picture Thinking
Ensure Good Stewardship of our Resources

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General Contractor Safety Program Expectations

Tool Use & Inspection

Personal Conduct

Hazardous / Toxic Substances

Appendices

These resources are also listed on Cleveland Clinic's Supply Chain website

INSTITUTION STATEMENTS

Regulatory Agencies

- **NATIONAL FIRE PROTECTION ASSOCIATION (NFPA)**

The mission of the international nonprofit NFPA, established in 1896, is to reduce the worldwide burden of fire and other hazards on the quality of life by providing and advocating consensus codes and standards, research, training, and education.

- **NFPA 101, LIFE SAFETY CODE**

The Code addresses those construction, protection, and occupancy features necessary to minimize danger to life from the effects of fire, including smoke, heat, and toxic gases created during a fire. The Code establishes minimum criteria for the designs of egress facilities to allow prompt escape of occupants from buildings or, where desirable, into safe areas within buildings.

Other Fire-Related Considerations; The Code addresses other considerations that are essential to life safety in recognition of the fact that life safety is more than a matter of egress. The Code also addresses protective features and systems, building services, operating features, maintenance activities, and other provisions in recognition of the fact that achieving an acceptable degree of life safety depends on additional safeguards to provide adequate egress time or protection for people exposed to fire.

Centers for Medicare & Medicaid Services (CMS)
Under the Social Security Act, CMS mandates that all Medicare and Medicaid providers meet minimum health and safety standards. As a participant, Cleveland Clinic must comply with NFPA 101 Life Safety Code (LSC), which governs fire safety in building design, construction, and operations. These NFPA codes are enforceable through CMS regulations, and compliance requires referencing applicable laws, standards, and documentation to maintain certification.

The Joint Commission
The Joint Commission is an independent, non-profit organization that accredits over 17,000 healthcare organizations across the U.S. Its accreditation is a nationally recognized symbol of quality and reflects a commitment to meeting defined performance standards.

Joint Commission standards focus on patient safety, quality of care, and maintaining a secure environment. This handbook outlines how work activities must comply with these standards and applicable regulatory requirements.

Interim Life Safety Measures (ILSM): Maintaining a safe, functional, and effective environment for patients, staff, and visitors when life safety is diminished because of Life Safety Code (LSC) deficiencies and/or construction activities. This Standard Operating Procedure outlines the procedures from implementing ILSM, a series of administrative actions, to temporarily compensate for hazards posed by existing LSC deficiencies and/or construction activities.

Federal, State & Insurance Regulations
Environmental Protection Agency (EPA)

Occupational Safety and Health Administration (OSHA) OSHA 29 CFR 1910 and 1926

American National Standards Institute (ANSI)
A117.1-1986 Providing Accessibility and Usability for Physically Handicapped People Americans With Disabilities Act (ADA)

National Fire Protection Association (NFPA)
NFPA 241, Standard for Safeguarding Construction, Alteration, and Demolitions operations
Ohio Fire Code

Definitions

Owner: Cleveland Clinic (Cleveland Clinic).

Agreement: Means an agreement pursuant to which Company provides services to Cleveland Clinic.

Authorized Person: Selected and approved by the employer for a specific job duty or duties.

Cleveland Clinic Main Campus: Includes Main Campus, and all Family Health Centers, Physician practice sites, Emergency Departments, Express Care Centers, Urgent Care Centers and Ambulatory Surgical Centers reporting to this facility.

Combustible Material: A material that, in the form in which it is used and under the conditions anticipated, will ignite and burn; a material that does not meet the definition of noncombustible or limited combustible.

Company: Means a person, organization, or entity providing services to Cleveland Clinic.

Compartmentalization: The dividing of a building into compartments to limit the spread of fire and restrict the movement of smoke.

Competent Person: One who can identify 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 remediate those conditions.

Confined Space: Any space not intended for continuous employee occupancy, having a limited means of egress, which is subject to a potentially hazardous atmosphere. These spaces include, but are not limited to manholes, vaults, sewers, storage tanks, boilers, and other new construction.

Construction: Any work or project undertaken on facility property or within a segregated area and may include, but is not limited to erection, alteration, repair, dismantling, demolition, machine extraction, structural maintenance, painting, land clearing, earth moving, grading, excavation, trenching, digging, boring, drilling, facility modifications, tooling installations, and machine re-work.

Construction and Renovation Risk Assessment Sub-Committee (CRRAS): This sub-committee is responsible for providing the life-safety conditions and other regulatory work practices that will be required during the construction renovation project.

Contractor, Construction Manager (CM), General Contractor (GC): These are professional construction service providers responsible for managing and executing various phases of a project, including planning, design, and construction.

- A Contractor refers to any non-CC Facilities individual, firm, or company performing construction or installation work on Cleveland Clinic property.
- This includes activities such as building construction, renovations, demolition, excavation, site work, equipment installation, and modifications.

Contractor Superintendent: The Contractor Superintendent is responsible for day-to-day operations on the construction site and control of the schedule.

Construction Foreman (Job Foreman): A construction Foreman (Job Foreman) is the personnel assigned to oversee a construction crew.

Employee: Person employed by an employer; i.e. the Cleveland Clinic.

Employer: Firm or entity that has employees working on Cleveland Clinic property or project(s).

Excavation: Any man-made cut, cavity, or depression in the earth's surface.

Fire Alarm System: The combination of devices working together to detect and warn occupants of fire-related emergencies. These systems may be activated automatically by smoke detectors, heat detectors, and sprinkler heads or by manual means such as pull stations or call points.

Fire Hazard: Any situation, process, material, or condition that can cause a fire or explosion or that can provide a ready fuel supply to augment the spread or intensity of a fire or explosion, all of which pose a threat to life or property.

Fire Suppression System: The system installed within a building or structure used to extinguish or prevent the spread of fire.

Fire Watch: The assignment of a person or persons to an area for the express purpose of notifying the fire department, the building occupants, or both of an emergency.

Falling Object Protection: A reference to the utilization of devices, barriers, restricted zones, or procedural measures designed to prevent, intercept, or channel falling materials, whether intentional or unintentional. Falling object protection is provided in anticipation of falling objects, subsequent to pre-task planning risk assessments.

General Public: All persons not employed by the Contractors, consultants, or tenants of the Cleveland Clinic Project(s). The general public includes Cleveland Clinic patients, visitors, and employees not directly involved with the project, facilities, or other construction-related contracts.

Good Catch: A "Good Catch" refers to an incident where a potential release of hazardous energy was successfully prevented through proactive measures such as preplanning, adherence to procedures, stop-work actions, or failsafe controls. These actions helped avoid property damage or personal injury that could have occurred without intervention.

Health Acquired Infection (HAI): Health Acquired Infection where the environment or staff contributed to the contraction of the infection.

Hazard: Anything that has the potential to contribute to or cause a harmful event. A hazard can be an unsafe condition or an unsafe act.

Hazardous Material: Hazardous materials are substances, mixtures, or materials that can cause injury, illness, or environmental harm through any form of exposure. They include items identified by health, safety, environmental, or transportation regulations as capable of producing adverse effects.

Hierarchy of Controls: For each identified hazard, risk reduction actions should be developed that will utilize the following controls in the priority order listed below which are considered from most, to least effective:

- 1st Elimination or substitution
- 2nd Engineering changes
- 3rd Exposure reduction/isolation
- 4th Administrative controls
- 5th Work procedures
- 6th Application of Personal Protective Equipment

Hot Work: Activities which result in the generation of open flames, sparks, or heat.

Imminent Danger: Any conditions or practices on the job site in which an immediate danger exists which could reasonably be expected to cause death or serious physical harm to any persons, property damage, or before the imminence of such danger can be eliminated. It may be a safety hazard such as an unstable trench or exposed electrical wire that could cause a serious or fatal accident immediately under present conditions, or activities that could damage other structures. It also may be a health hazard such as toxic substances or dangerous fumes, dusts, or gases that could cause death or irreversible physical harm, shorten life, or reduce physical or mental performance.

Impairment: An approved authorization to temporarily disable a building's fire detection or suppression system for specific activities such as maintenance, testing, repair, or renovation.

Incident: An "incident" is defined as any workplace injury, illness, disease, or property or environmental damage. It also includes any near-miss situation where an unintended energy release event occurred that did not result in minor harm or loss to people, property, or the environment, yet, under slightly different circumstances, could have resulted in significant harm, loss, or damage.

Infection Control Risk Assessment (ICRA): This is a matrix type risk critique of the proposed construction work. Infection Prevention (IP) reviews the scope and location of activity and stipulates the conditions that must be met for the duration of the project to keep patients, employees, and visitors safe. Regional Cleveland Clinic hospitals may have individual practices and protocols.

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Interim Life Safety Measures (ILSM): Maintaining a safe, functional, and effective environment for patients, staff, and visitors when life safety is diminished because of Life Safety Code (LSC) deficiencies and/or construction activities. This policy outlines the guidelines for implementing ILSM, a series of administrative actions to temporarily compensate for hazards posed by existing LSC deficiencies and/or construction related activities.

Job Hazard Analysis (JHA): An overall job plan outlining all associated hazards and corrective measures for a specific operation on at the project level.

Job Board: All projects require a board/binder that includes applicable permits, an approved Project Drawing, a commercial grade (20lb ABC) fire extinguisher, a sprinkler shutoff tool, ILSM Handbook, and the Construction Contractor Fire Plan. A clipboard or folder is an acceptable substitute for a job board. Job board shall be located at the entrance to the work area.

Job Site: The site of contract work and related areas such as storage, mockup, and laydown facilities on CC properties. For all work, "On-Site" refers to the work location and any areas CC has designated—or may designate in the future—for the Contractor's use in performing the work.

Life Safety Code: National Fire Protection Association (NFPA) 101 establishes requirements for construction, protection, and occupancy features to minimize life-threatening risks from fire, including smoke, fumes, or panic. It sets minimum criteria for designing egress facilities to ensure prompt occupant escape or, where appropriate, movement into safe areas within buildings.

Lockout Tagout (LOTO): Locking is a method of controlling hazardous energy by preventing a switch or other electrical circuit opening device or energy restraining device from becoming accidentally altered. A tag is attached to identify the Contractor, contact information (i.e., phone number), and the date that the tag was posted.

Near-Miss: Describes an unintended energy release event resulting in no harm or loss to people, property, or the environment which under different circumstances, could have resulted in significant harm or loss.

Mobile Communication Equipment (MCE): Includes devices such as cell phones, pagers, portable email and text messaging devices, two-way radios, data transmitters, mobile book readers, Bluetooth devices, and electronic tablets. Texting refers to any keyboard-based task (e.g., email, Twitter, SMS, mobile messaging). Personal Entertainment Devices include iPods, MP3/CD players, mini TVs, portable stereos, radio receivers, electronic tablets, and e-books.

Mobile Elevating Work Platforms (MEWP): A general reference to aerial lifts that include boom-supported lifts, scissor lifts, aerial work platforms and portable work platforms.

Owner Representative (OR): A CC assigned Owner Representative (OR) is responsible for oversight and knowledge of all aspects of capital improvement projects including feasibility studies, program, budget development, procurement, contracting, design, construction, safety, quality, equipment, and activation. CC OR are specifically leading construction safety, quality, cost control, schedule, and equipment coordination efforts.

Project: The entire scope of work, including the provision of labor, equipment, materials, and services, as described in the contract between Cleveland Clinic and the Contractors.

Professional Engineer (PE): An individual who has fulfilled education and experience requirements and passed rigorous exams that, under state licensure laws, permits them to offer engineering services to the public.

Project Drawing: Drawings of the work area must highlight any zones affected by Interim Life Safety Measures (ILSM). If ILSM are impacted, the drawings must show temporary safety conditions—such as alternate exits, doors, fire alarms, or sprinkler systems—until original features are restored.

Project Manager (PM): A Cleveland Clinic (CC) Project Manager oversees all aspects of capital improvement projects—including feasibility, programming, budgeting, procurement, contracting, design, construction, safety, quality, equipment, and activation. PMs lead efforts in construction safety, quality control, cost management, scheduling, and equipment coordination.

Project Safety Coordinator / Manager: The contractor personnel responsible for administering and overseeing emergency planning, incident investigations, and the monitoring, tracking, and coordination of safe operations must have the authority to enforce the safety program requirements throughout the duration of the contract. This individual(s) may be a dedicated (full-time) or dual role position as established in the contract.

- Dedicated Contractor Project Safety Coordinator / Manager –A contractor individual responsible for overseeing safety compliance for its firm's employees during the performance of a contract but works only on the safety aspects of the project. Requirements for a Dedicated Contractor Project Safety Manger is included below.
- Dual Role Project Safety Coordinator - A Superintendent, Foreman, or Supervisor who also oversees safety compliance for their team during a project. This role is only allowed on smaller, less complex, lower-risk projects and must meet specific experience, training, and certification requirements.

Public Area: Any Cleveland Clinic area accessible to the general public not requiring a badge or escort. Work areas within public spaces must be controlled to prevent attractive nuisances such as ladders, lifts, equipment, and tools.

Qualified Person: An individual designated by the employer who, through formal credentials or extensive experience, can identify and

resolve issues related to the specific work, subject, or project.

Root Cause Analysis (RCA): RCA is a tool used to understand the underlying causes of an event by analyzing steps, participants, and breakdowns in procedures or processes. It helps improve designs, streamline operations, anticipate issues, prevent recurrence, and share lessons learned.

Safety Data Sheet (SDS): A document providing information and instructions on chemicals or hazardous materials in the workplace. SDS includes details on hazards and risks, safe handling requirements, and actions to take in case of fire, spill, or overexposure.

Site-Specific Safety Plan (SSP): Contractors must prepare a Site-Specific Safety Plan that aligns with CC Safety Program requirements and their contract. The SSP should detail how the work will be performed safely at the specific job site, addressing any unique hazards.

Startup Inspection (SI): An initial inspection with the CC representative to confirm the contractor has obtained required permits, safety equipment, and a Project Drawing. It ensures the project scope is clearly defined and complies with CC procedures.

Steel Erection: The construction, alteration, or repair of steel buildings, bridges, and other structures including the installation of structural steel, bracing, and metal decking.

Supervisor: Supervisor shall mean any person in charge of work, regardless of title or classification.

Task Hazard Analysis (THA): The immediate local task level preplanning efforts. They should address the steps of the process, the identified hazards, and the responding mediation controls with signatures of participants involved in their assigned specific tasks.

Worker: Any individual providing construction services onsite, including tradespeople, leased workers, subcontractors, independent contractors or consultants, and volunteers.

OWNER CONTROLLED INSURANCE PROGRAM (OCIP)

Incident Response

In the event of an injury or illness involving a Contractor, Subcontractor, Vendor, or Supplier employee, a designated Contractor Safety representative—such as a Safety Professional, Project Manager, or Superintendent—must immediately assess the situation and initiate the appropriate response.

Emergency Response Procedures

1. Call 911 if emergency medical services are needed.
2. Administer first aid using a certified first aid/CPR provider or another qualified individual.
3. Notify Contractor safety leadership immediately via phone or text.
4. If further medical treatment is needed but no ambulance is required, transport the individual to the designated occupational clinic. Transportation must be arranged by a Safety Professional, supervisor, or employer. Injured individuals are not permitted to transport themselves.
5. Maintain an AED on-site at all times.
6. OCIP Contractors must use the nearest Cleveland Clinic Urgent Care for minor injuries. For serious injuries, use the CC Main Campus ER (9500 Cedar Avenue, Cleveland, OH 44106, Phone: 216-445-4500).
7. Establish an emergency rally point for site evacuation. Account for all personnel and report to the CC Owner's Representative (OR). Ensure all workers are familiar with the Project-Specific Emergency Action Plan.
8. During any emergency, prioritize scene safety and triage. Notify the CC OR and Safety Program Manager as soon as possible via phone or text.
9. Submit a preliminary incident report—including a description, injury details, and initial root cause—to the CC OR and Safety Manager within 8 hours.
10. Conduct a project team incident review promptly.
11. CC Leadership and the Contractor will complete a follow-up review after the Contractor's report is submitted

Incident Reporting / Emergency Communications

All incidents—including injuries, occupational illnesses, vehicle accidents, public events, near-misses, and good catches—must be reported immediately to the Contractor Safety Manager. Timely notification to Cleveland Clinic project leadership and safety personnel is required.

Within 24 hours, the Contractor must complete:

- An Incident Investigation Report
- A Root Cause Analysis (RCA)
- A written summary of lessons learned and corrective actions

In the event of a catastrophic accident, immediate notification of appropriate personnel is critical to minimize harm and prevent structural damage.

Some examples of incidents that need to be reported immediately include, but not limited to:

- Amputations
- Burns
- Direct lightning strike
- Electrical Shock
- Fall from height
- Fatalities
- Loss of consciousness
- Major bleeding
- Paralysis to any part of the body
- Toxic exposures

Media Inquiries

Project personnel are not permitted to speak to the media under any circumstances. All media questions must be directed to Cleveland Clinic's Corporate Communications Media & Public Relations office at 216-444-0141. The Contractor is responsible for enforcing this policy.

Investigation Assistance

Contractors and Subcontractors must promptly report any claims to the CC Project Owner's Representative (OR), Facilities Manager, and/or Safety Manager. They are expected to fully support the investigation of any incident involving injury or property damage by:

- Providing relevant evidence
- Securing witness statements
- Ensuring witness participation during the investigation
- Cooperating with all parties involved in claim resolution and defense

Incident Management

An incident is defined as any workplace injury, illness, disease, property damage, or environmental harm. It also includes near-miss events where an unplanned release of energy occurred but did not result in injury or damage.

The Contactor project team is required to report all incidents the same day to a Contractor Safety Manager/Professional, who will in turn report them promptly to Contractor Safety leadership and CC Representatives (OR/PM, Facilities Manager, Safety Manager).

Workers' Compensation Claims

All parties must prioritize immediate medical care for injured workers. In emergencies, paramedics will determine the appropriate treatment facility.

All Parties involved with the Project shall report all injuries or occupational-related illnesses to the CC Project OR, Facilities Manager and/or Safety Manager immediately. All Contractor personnel will follow these procedures if an employee sustains bodily injury or an occupational-related illness while working at the Project Site:

1. Injured Workers should report to the Contractor job-site offices for injury assessment. If medical treatment is required beyond the scope of First Aid that can be administered on-site, the injured Worker will be escorted to their initial medical appointment. The
2. injured worker and accompanying supervisor should secure a Treatment Authorization Form and WC First Report of Employee Injury form (BWC 1101) from the CM Project Site Safety Manager. It is inferred that all Subcontractors onsite should have access to this form.
3. Contact the designated medical facility to advise them that an injured Worker will be arriving. Present the Treatment Authorization Form found in Section 7 of the OCIP manual along with the BWC 1101 Form to the clinic or hospital upon registration to identify the injured Worker as an OCIP participant working at a Cleveland Clinic OCIP Project site. Contractor and Subcontractor must designate a representative at the site to escort an injured Worker to the medical facility. This individual is to remain with the injured employee at the medical facility while he/she is being treated. The treating physician will provide a Work Status Form stating whether the injured employee can return to work, a list of restrictions, if any, and the estimated length of time the injured worker must be on modified duty. Copies of the Work Status Form should be provided to the Employee, Employer, and the CM Project Site Safety Manager. If the Work Status Form is not submitted to the Contractor, the Contractor will request a copy from the injured Worker's employer. The employee should also return the BWC1101 Form with the employee portion completed along with the portion completed by the medical provider.
4. As soon as possible, and within 24 hours of notice of injury sustained at the Project Site, the employer of an injured worker shall do the following:
    - Conduct a Supervisor's Accident Investigation.
    - Complete the WC First Report of Employee Injury form (BWC 1101).
    - Project Site Safety Manager will work with the injured employee's employer to report the claim to the Bureau of Workers Compensation.

Upon receiving notification of an incident, Contractor Safety leadership is responsible for following the Cleveland Clinic project incident notification tree, which includes the following steps:

1. Notify Cleveland Clinic OR & Cleveland Clinic Construction Safety Program Manager.
2. Notify OSHA or the applicable state agency if required.
3. Assure that Owner notification and OCIP reporting has occurred as appropriate.
4. Once the injured individual begins to receive care or diagnosis by an off-site medical provider for a work-related illness or injury, the coordination of that care or diagnosis is managed by the following:

Return-to-Work / Modified Duty / Early Return-to-Work Policy

Contractors and Subcontractors must implement a Return-to-Work Program for any injured team member covered under Workers' Compensation. This includes providing light duty assignments that accommodate medical restrictions.

Injured workers must not be laid off due to a lack of available work during an active claim.

The CC Contractor Safety Program is committed to returning injured or ill team members to work as soon as medically approved. Temporary transitional assignments should support continued treatment and recovery.

BUILDINGS + DESIGN
RESPONSIBILITIES

Safety Roles & Responsibilities

The Contractor shall be responsible for initiating, maintaining, supervising, and enforcing all safety precautions and programs in connection with the performance of the contract for the on-site safety of their Employees and Subcontractors performing work for the benefit of this project. This includes responsibilities for vendors, delivery and transportation services, and service providers at the project location.

Each Employer shall be responsible for initiating, maintaining, supervising, documenting and enforcing all safety precautions and programs in connection with the performance of the contract for the safety of its Employees, its Subcontractors, Caregivers, The Public, and the work site in general.

The Employer shall comply with all applicable provisions of federal, state, and local laws, ordinances, codes and regulations affecting safety and health, including but not limited to the Occupational Safety and Health Administration (OSHA) act, and OSHA standards.

Each Contractor and Subcontractor shall comply with the most stringent of the following:

1. Applicable state OSHA standards and safety orders or federal OSHA standards (Code of Federal Regulations (CFR), Title 29), and any standard incorporated by reference
2. The Employer's Site-Specific Safety Program (SSSP)
3. The Owner OCIP / Enterprise Construction Safety Program

Subcontractor Safety Responsibilities

Subcontractors are responsible for initiating, maintaining, supervising and enforcing the safety requirements outlined by the CC OCIP Safety Manual / Enterprise Contractor Safety Manual and the Contractor's SSSP.

Contractor's Safety Manager (CSM), Contractor's Safety Representative (CSR) and Subcontractor's Safety Representative (SSR)
Contractor's Safety Manager (CSM) and Contractor's Safety Representative (CSR) Requirements

1. The Contractor's Safety Manager (CSM) shall be identified in writing to the Owner and Construction Safety Manager prior to the commencement of work.
2. The CSM shall have a minimum of 3 years of qualified project safety representative experience on similar size and type construction projects. Qualifications of the CSM shall include one of the following certifications: Construction Health and Safety Technician (CHST), Associate Safety Professional (ASP), Certified Safety Professional (CSP), or have a Construction Health and Safety Technician certification (CHST) and at least 5 years of direct supervisory experience on similar projects.
3. At a minimum, the Subcontractor's Safety Manager (SSM) will have an OSHA 30-hour card issued within previous 3 years, and be a Construction Health and Safety Technician (CHST).
4. CC reserves the right to require the removal and replacement of the CSM,CSR.
5. The CSM shall be provided for the duration of the contract when total project Employee count is greater than 50. The Contractor's Safety Representatives (CSRs) shall be provided for the duration of the work when the Contractor and its Subcontractors are at the project site.
6. A CSM or CSR or their alternate shall be present at all times when work is taking place.
7. If the Contractor has multiple distinct work locations within the scope of the OCIP, each location shall have a CSM or CSR and Subcontractor's Safety Representatives (SSR) as required by contract present when work is taking place.
8. An Alternate Contractor's Safety Manager (CSM) or Alternate Contractor's Safety Representative (CSR) meeting the same qualifications as the CSM or CSR shall be present when the CSM or CSR is not present at the project. The alternate CSM or alternate CSR shall hold the same responsibilities as the CSM or CSR. These duties may be assumed by a similarly qualified project supervisor for short-term safety coverage.
9. The Contractor shall notify CC Contractor Safety Manager and Owners Representative when the CSM will not be present on the project. This notification shall include the name of the designated alternate CSM.
10. The Contractor shall maintain a list of Contractor and SSRs. This list shall be available for review upon request.

Subcontractor's Safety Manager (SSM) and Subcontractor's Safety Representative (SSR) Requirements

1. Each Subcontractor must have a designated SSR who is assigned the responsibilities for managing all safety aspects associated with their Subcontractor.
2. If a Subcontractor has 50 or more Employees, a dedicated full-time SSM must be assigned to the project.
3. The SSM and SSRs must be approved by the Contractor based on their experience and qualification to administer and manage safety programs.
4. The Contractor and OAR reserve the right to direct the removal and replacement of the SSM if necessary.
5. The SSM shall be provided for the duration of the contract. The SSR(s) shall be provided for the duration of the work when the Subcontractors are at the project site.
6. A SSM or SSR shall be present at all times when work is taking place.
7. At a minimum, the SSM will have an OSHA 30-hour card issued within previous 3 years, be a CHST, OHST, ASP, CSP or have at least 5 years of direct supervisory experience on similar projects.

Safety Observations

Contractors shall conduct (at a minimum) weekly, written site inspections of the job site, and document opportunities for improvement regarding any unsafe practices or unsafe conditions that require attention and document their correction of issues under their oversight responsibility. These should be done daily. Findings and action recommendations shall be reviewed and discussed with the project construction team, in a timely manner, to eliminate unsafe practices and conditions identified as opportunities for improvement.

Contractors shall establish inspection requirements that include all the project leadership team (Project Executive/Director, Project Mangers, Project Superintendents, and Project Safety) and their required observation schedule.

Contractor shall also establish requirements of Subcontractor Leadership and Subcontractor safety representatives for observation and documentation of their own safety related opportunities for improvement.

Contractor Site Specific Safety Orientation Program

Contractors must provide a project-specific safety orientation to all new Contractor and Subcontractor employees, vendors, and suppliers before they begin work onsite. This includes anyone performing "Work" under contract, such as servicing machinery or equipment. Fuel and material delivery drivers are excluded.

The orientation must cover, at a minimum:

1. Cleveland Clinic's Purpose and Aspiration
2. Stop Work Authority
3. Site-Specific Requirements, including:
    - PPE Requirements
    - Mobile Communication Equipment
    - Parking
    - Access RFID Badge
    - Hospital Access – CC ID Badge Process
    - Emergency Procedures (First Aid, Medical Emergency)
    - Incident Reporting
    - Media Policy
    - Return to Work Program
    - Substance Abuse Policy
    - Tobacco Policy
    - Fall Protection
    - Rigging
    - Crane Use
    - Scaffolding
    - Ladder Use
    - Confined Space Entry
    - Excavation & Trenching
    - Equipment Operation
4. Daily Pre-Task Planning / JHA / THA Programs
5. Stretch & Flex Program
6. Hazardous Areas
7. Hazardous Substances & SDS Locations
8. Hazards Specific to Owner's Operations
9. Housekeeping – "Nothing Hits the Ground" Policy
10. Safety Expectations Specific to the Project
11. CC ICRA Program
12. CC Hot Work Procedures
13. CC CRRAS Requirements

14. Moisture Control

All Contractor and Subcontractor employees must attend a project-specific safety orientation prior to beginning work. The orientation provides essential information on project-specific hazards and mitigation controls.
Attendees must acknowledge in writing that they have received, understood, and agreed to comply with the site-specific safety rules and requirements.

Subcontractors must:

- Identify their competent person(s), if applicable.
- Provide a 24-hour emergency contact list with names and phone numbers.

Contractors are responsible for managing the Orientation Completion Identification Program, which includes issuing RFID Hardhat Stickers upon successful completion of training.

Contractor Disciplinary Program

Contractors must implement a structured disciplinary program to enforce safety and health precautions for all personnel on the job site. This includes:

- Addressing non-compliance with OSHA or the Contractor's Site-Specific Safety Plan.
- Stopping work immediately in areas where Imminent Danger conditions are identified until corrected.
- Investigating the cause of such conditions and implementing preventive actions.

CC representatives may observe worksite performance and report safety non-conformances to the Contractor. The Contractor must:

- Take immediate corrective action.
- Apply disciplinary measures to both the violating employee(s) and their supervisor/employer.
- Maintain documentation of all violations for review upon request.

SITE ACCESS

RFID Program (On specified projects only)

Upon successful completion of the Contractor Orientation, all craft/trade and project workers will be issued an RFID Tag, which must be worn on the right side of the hard hat.

Turnstile entry gates will be installed at designated access points for each project. All personnel must enter and exit through these gates.

The Contractor is responsible for managing RFID onboarding for their workforce.

Identification Badges

All contractor leadership (including Project Executives, Managers, and Field Supervisors), as well as any contractor or subcontractor personnel performing work inside or connected to any Cleveland Clinic hospital building or structure, must obtain a Cleveland Clinic (CC) ID badge.

Badge Requirements and Process

- All badge applicants must complete the Non-Employee Onboarding Process (refer to Appendix J: Non-Employee Visitation and Onboarding Standard Operating Procedure).
- ID badges must be worn and clearly visible at all times within Cleveland Clinic buildings and structures.

Project Access Guidelines

- Before a project receives its Certificate of Occupancy, contractor and subcontractor personnel who do not require hospital access are only required to obtain an FCA RFID tag (if specified for the project).
- Once the Certificate of Occupancy is issued, all onsite personnel must have a current CC “Blue” ID badge obtained through the onboarding process.

Contractor Responsibilities

- Contractors must issue each worker a numbered hard hat sticker or badge upon completion of project orientation.
- Contractors must maintain a log of worker details, including name, trade, company, date of hire, and termination date.
- When a worker is no longer assigned to the project, the contractor must update the log accordingly.

Badge Return

- All CC “Blue” ID badges must be returned to the contractor when personnel leave the project. The contractor is responsible for disposing of badges under the direction of the CC Owner’s Representative or Security Department.

Contractor Substance Abuse Prevention Program

Contractors must implement a Substance Abuse Prevention Program that includes:

1. Pre-employment Testing
2. For-Cause Testing for reasonable suspicion of impairment
3. Post-Incident Testing for any individual whose actions may have contributed to an incident or injury
4. Diversion/Possession Controls and corrective actions, including discipline and enforcement

The program must clearly define supervisor responsibilities and outline documentation procedures when impairment is suspected. Recommended best practices include:

- Document observations in writing
- If feasible, involve a second supervisor to confirm and record performance concerns
- Notify Cleveland Clinic Police if safety concerns arise
- Privately inform the employee of the need for immediate evaluation; do not leave them unattended

- Escort the employee to the designated testing site and remain until evaluation is complete
- Arrange safe transportation after testing
- Suspend the employee without pay pending investigation

Non-compliance, including refusal to participate in evaluation or investigation, will result in removal from Cleveland Clinic property and may lead to permanent exclusion.

Drug Testing Procedures:
Urine specimens must be analyzed by a SAMHSA-approved testing authority (or per union agreement) using a minimum 9-panel test.

Visitors Policy
Visitors not directly involved in onsite construction must first report to the Contractor's project office to receive a site orientation, agree to safety requirements, and sign a visitor release form.
Contractors must:

- Provide and enforce use of required PPE (hard hat, safety glasses, high-visibility vest/clothing, and proper footwear).
- Brief visitors on current site conditions and applicable safety rules.
- Escort visitors at all times while on site.
- Ensure visitors do not operate equipment.
- Confirm all visitors are at least 18 years of age.
- Enforce adherence to the Contractor Project Safety Program.

Media Capture Requests (photos, video, interviews) must be approved by Cleveland Clinic's Corporate Communications Media & Public Relations office at 216-444-0141.

Site Security Requirements:

- Secure and monitor all access points during and after work hours.
- Regularly inspect fencing, barricades, and signage to ensure public protection.
- Implement a security system plan (e.g., motion-activated cameras) to monitor the site perimeter, tower crane base, and detect unauthorized access.
- Obtain CC OR approval for the security system plan.
- Post signage at perimeter fencing and gates stating:

"No Trespassing. Violators Will Be Prosecuted. Monitored by Video Surveillance."

PLANNING REQUIREMENTS

Daily Pre-Task Planning Requirements

Contractors and Subcontractors must implement a daily pre-task planning system to address site safety, security, and environmental hazards. This includes:

1. A site-wide daily plan, supported by:
    - Job Hazard Analysis (JHA): Broad project-level planning shared among Subcontractors.
    - Task Hazard Analysis (THA): Crew-level planning for specific tasks.
2. Each JHA must include:
    - Work area evaluation
    - Required permits and training
    - Hazard checklist
    - Step-by-step task description
    - Hazards per step
    - Mitigation actions
    - PPE requirements
    - Crew sign-off
    - THA development for each task
3. Contractors/Subcontractors must coach employees on special procedures (e.g., lockout/tagout, excavation, confined space entry, hot work) per OSHA and contract requirements.
4. Additional responsibilities include:
    - Conducting or verifying required regulatory training.
    - Participating in emergency evacuation drills and submitting feedback via CC EHS fire drill sheets.
    - Maintaining OSHA-required safety records (e.g., incident logs, OSHA 300 postings).
    - Reporting monthly safety statistics to Owner/OCIP.
    - Leading accident investigations and root cause analyses.
    - Documenting lessons learned.
    - Performing and documenting daily site safety inspections.

Contractor Field Supervisors – Superintendent and Foreman

Field supervisors are responsible for the training, oversight, and conduct of their crews. As frontline leaders, they play a critical role in promoting and enforcing the Safety Program.

Qualifications:

- Must meet OSHA's definition of a Competent Person for all construction phases
- Must have completed an OSHA 30-Hour Construction course within the past 5 years
- Must have a minimum of 5 years of construction experience

Safety Responsibilities:

1. Authority to stop work when hazardous conditions are present
2. Plan work with a safety-first approach to protect all personnel
3. Lead daily Pre-Task Planning (PTP), Job Hazard Analysis (JHA), and Task Hazard Analysis (THA) activities
4. Coordinate with other trades to manage and mitigate shared risks
5. Conduct weekly safety inspections of work areas
6. Lead weekly toolbox safety meetings
7. Participate in accident investigations and root cause analyses
8. Complete required ICRA Training
9. Maintain current certification in CPR, First Aid, AED, and Blood-Borne Pathogens (Red Cross or approved equivalent)
10. Complete drug and alcohol reasonable suspicion training

Contractor Safety Meetings
Contractor shall have regular weekly scheduled safety meetings to review with Subcontractor Safety Representatives field observations, incident trends, best practices, site conditions, and upcoming significant project schedule events. It is a recommended "Best Practice" that these meetings occur weekly and involve a site tour to aid in the identification of potential issues, hazards, and or safety concerns.

Emergency Planning
The contractor shall ensure adequate means available to monitor weather activities and have severe weather action plans in place to provide the monitoring, communication, and actionable response for such events. Contractor shall utilize an emergency notification signal for all onsite personnel in case of an emergency. This notification shall be included in the SSP and communicated during the orientation. Contractor shall determine manufacturer-recommended maximum wind speeds for operating aerial lifts, scissor lifts, scaffolds, bucket hoists, and cranes during the project.

Lone Worker Program
The contractor shall develop and implement procedures to address Lone Worker Activities, ensuring employee awareness and safety when working alone on property. Contractors must have safety plans in place for all lone workers.

Contractors will ensure, by applying all reasonable measures, the protection of employees who are performing their duties in areas or under conditions where they are required to be on their own.

It is recognized that for most tasks performed on CC property lone worker activities should be an isolated occurrence and requires specific pre-task planning and communication.

All efforts shall be made to ensure High Risk Activities are not performed alone. High risk activities include the following:

- Working from heights
- Working in confined spaces
- Lock out/tag out operations
- Working with electricity
- Working with hazardous substances or materials
- Working with material under high pressure
- Working where there is a possible threat of violence
- Working in isolation from first aid services or immediate/emergency assistance

Activities deemed Low Risk should be planned with the lone worker checking in and out of the task with a supervisor as well as reviewing the THA for the assigned task. Individually and collectively, supervisors and employees should be required to assess the conditions or circumstances under which an employee may be working alone to determine the risks, the level of risk, and prevention measures required to reduce those identified risks to acceptable levels. A critical part of the JHA is the determination of emergency assistance procedures.

SITE PERSONNEL TRAINING

Safety Training
All Contractors shall verify their employees have received required training per OSHA regulations prior to the employee being permitted to work on any CC Project. Documented proof of this training shall be maintained by the Contractor and the training documentation shall be made readily available to CC Representative.

Contractors requiring Cleveland Clinic ID badges are required to complete the ICRA 8 Hour Awareness Training.

Union Members	Union Contractor Management Staff, Bldg. Inspectors, Architects, Engineers	Non-Union Workers/Facilities Maintenance Providers/ Consultants	Non-Union Spanish Speaking Contractors
Practice 8-Hour awareness training class	Click here	Click here	Click here

- All on-site workers must have completed the OSHA 10-Hour Construction Outreach Training Course. The OSHA 30-Hour Construction or Instructor Card supersedes this requirement.
- New employees must provide a copy of their course completion card to the Contractor and orientation administrator.
- Contractors must maintain documentation verifying each employee's training completion.
- Contractors are responsible for ensuring all personnel meet or exceed OSHA training requirements for specific tasks and equipment operation.
- All personnel must be current in First Aid/CPR training.

All construction personnel are expected to work safely and responsibly. Minimum responsibilities include:
1. Attend the Project Safety Orientation before starting work.
2. Understand and follow the CC Safety Program, applicable OSHA Standards, and the site-specific safety plan.
3. Participate in required safety training for assigned tasks.
4. Contribute to the development and implementation of Pre-Task Plans (PTPs), Job Hazard Analyses (JHAs), and Task Hazard Analyses (THAs).
5. Work safely to prevent injury or property damage.
6. Use PPE, tools, and equipment properly.
7. Report unsafe conditions, tools, or equipment immediately.
8. Report all incidents and accidents to supervisors without delay.
9. Administer or seek appropriate first aid and medical attention for any work-related injury or illness.
10. Comply with the Contractor Substance Abuse Policy.
11. Implement a visual field verification system to confirm training for operating forklifts and Mechanically Elevated Work Platforms (MEWPs), as well as for identifying qualified riggers (e.g., hard hat bands, color-coded stickers).

Competent Person

1. Before construction begins, each Contractor and Subcontractor must designate a Competent Person for applicable activities as required by OSHA regulations. Each tiered Subcontractor must document their designated Competent Person to the Contractor, who will maintain a current list.
2. Competent Persons must have the necessary knowledge, experience, training, and authority to identify hazards and take corrective action. They must have completed the OSHA 30-Hour Construction training within the past five years.
3. Responsibilities include maintaining and coordinating safety permits (e.g., confined space entry, hot work, traffic control plans).
4. Contractors must ensure appropriate coaching or disciplinary action is taken in response to unsafe behavior.
5. Competent Persons must coordinate transportation for employees with minor injuries to the Contractor's first aid station or the designated OCIP medical facility.

Stretch & Flex

1. Contractors must implement a daily Stretch & Flex program on CC projects to help workers warm up and prevent injuries such as sprains, strains, and muscle soreness.
2. Participation is mandatory for all on-site personnel prior to beginning work activities.
3. Contractors should incorporate professional guidance to tailor the program to specific job tasks and review Subcontractor programs for suitability.
4. Stretch & Flex routines are encouraged to be performed as a group during pre-task planning discussions, including JHA and THA reviews.

Stop Work Authority

Contractors must empower and encourage all workers to stop work immediately if they or others are exposed to any safety risk. Workers should feel confident in exercising this authority without fear of retaliation. Stop work interventions are appropriate in the following situations:

1. A worker has a question or misunderstanding about the task being performed.
2. A hazard is identified that was not addressed in the Job Hazard Analysis (JHA) or Task Hazard Analysis (THA).
3. A known hazard has not been adequately mitigated through barricades, protective measures, or operational safeguards.
4. Fall protection is missing, inadequate, or improperly used.
5. Excavation protection is insufficient or absent.
6. Personnel are working or walking under suspended loads.
7. Work is being performed in a confined space without proper authorization.
8. A worker is positioned unsafely or in a hazardous body location.
9. Hazardous energy is not properly controlled or locked/tagged out (LOTO).
10. Operations pose a risk to public or patient safety.
11. Any other serious or unforeseen safety hazard arises.

GENERAL CONTRACTOR
SAFETY PROGRAM EXPECTATIONS

Safety Requirements

All Contractors must comply with the following:

1. All applicable Federal, State, and Local governmental safety standards.
2. Safety rules and practices communicated by Cleveland Clinic that apply to the specific project or construction site.
3. Their own written safety policies and programs.
4. Fire Department Connections (FDC) signage must remain visible and unobstructed outside buildings/structures.
5. Contractors are responsible for providing a safe and healthy work environment for all workers on-site, including Subcontractors, trades, supervision, suppliers, Cleveland Clinic personnel, patients, visitors, and others impacted by construction activities.

Contractors must:

- Maintain access to the most current version of this safety document on-site.
- Post all required Federal, State, Local, and Governmental notices.
- Display a list of current emergency contact numbers, including Fire, Police, Ambulance, Hospital/Occupational Clinic, Rescue, Facilities, EHS Safety, and Security.

Cleveland Clinic reserves the right to monitor Contractor operations for safety performance, workmanship, security, protection of operations, work progress, housekeeping, and compliance with design specifications. Contractors must ensure safe work practices and legal compliance at all times.

Contractors must have their health and safety program/policy readily available for review by the Owner Representative, Project Manager, EHS Representative, Contractor Safety Program Manager, or other designated Cleveland Clinic personnel.

At a minimum, Contractors must establish and maintain:

1. A requirement for all workers to attend site-specific safety orientation.
2. A risk assessment process, including pre-task analysis/method statements and hazard evaluations.
3. A Personal Protective Equipment (PPE) program to ensure adequate protection for all workers.
4. Oversight and monitoring of construction and renovation projects at each facility.

Conduct Expectations

All individuals performing work on Cleveland Clinic projects—including Contractors, Subcontractors, vendors, and suppliers—must:

1. Perform duties in a courteous, conscientious, and caring manner, prioritizing the safety and comfort of patients, visitors, and staff.
2. Maintain professionalism and adhere to Cleveland Clinic's policies and procedures.
3. Promote a positive image as representatives of Cleveland Clinic.
4. Foster a culture of safety within project teams and among all stakeholders.
5. Uphold a work environment free of illegal or unethical behavior.
6. Support and enforce Cleveland Clinic's drug-free and tobacco-free workplace policies.
7. Protect the confidentiality of patient and business information.
8. Follow Cleveland Clinic's processes, procedures, and Corporate EHS Compliance Program.
9. Encourage a just safety culture where safety concerns can be raised without fear of retaliation.
10. Remain vigilant about potential hazards and ensure proper PPE is provided and worn as required.

Personal Protective Equipment Plan

The Cleveland Clinic is committed to protecting Contractors, Subcontractors, Vendors, and Suppliers from recognized occupational hazards. The Occupational Safety and Health Act (OSHA) General Duty Clause states that employers will provide a workplace free of recognized hazards for their employees. Controlling a hazard at its source is the best way to protect employees.

When engineering, work practice and administrative controls are not feasible or do not provide sufficient protection, Contractors and Subcontractor shall provide personal protective equipment (PPE) to their employees and always ensure its use onsite. Personal

protective equipment, commonly referred to as PPE, is equipment worn to minimize exposure to a variety of hazards. Examples of PPE include such items as gloves, foot and eye protection, protective hearing devices (earplugs, muffs), hard hats, face shields, and respirators.

Each Contractor shall perform the following and document as necessary to ensure all employees, Subcontractors and visitors are protected:

1. Conduct a hazard assessment of the workplace to identify and control physical and health hazards.
2. Be knowledgeable and aware of when specialized personal protective equipment (PPE) is necessary.
3. Know what kind of protective equipment is necessary and most applicable to the work task.
4. Understand and provide the required training necessary in the proper use and care of Personal-protective equipment.
5. Identify, provide, train, and ensure maintenance for appropriate PPE for employees.
6. Periodically review, update, and evaluate the effectiveness of the PPE.

The supervisor should select PPE that will provide a level of protection greater than the minimum required to protect employees from hazards. It is recommended that the workplace be periodically reassessed for any changes in conditions, equipment or operating procedures that could affect occupational hazards.

At a minimum the following PPE requirement will be required for all work on CC Property:

Eye Protection

Contractors must enforce a 100% eye protection policy on all job sites. All personnel must wear ANSI Z87.1-compliant safety glasses with side shields at all times, including prescription eyewear. Dark lenses are prohibited indoors, in enclosed spaces, and at night.
Additional Protection Requirements:

- Face shields and/or goggles are required when exposed to particulate matter from overhead work, hammering, welding, grinding, cutting, heating, burning, insulation handling, or hazardous chemicals (e.g., acids, caustics, cryogenic fluids, dust).
- Face shields + safety glasses must be worn during tasks with flying debris risks (e.g., chipping, drilling, chiseling, powder-actuated tools).
- Overhead work and spray-applied fireproofing require both safety glasses and face shields.
- Chemical splash goggles + face shield are mandatory when handling or dispensing chemicals—refer to SDS for specific PPE.
- Welding screens must be used to protect nearby personnel or the public from exposure.
- Laser use is restricted to trained and qualified operators; training proof must be on file. Laser areas must have posted warning signs and barriers.

Head Protection

All personnel must wear non-metallic hard hats meeting ANSI Z89.1 standards at all times, including during finish-stage work. Hard hats must be worn with the brim facing forward unless obstructed by attachments like welding shields. All attachments (e.g., welding hoods, face shields) must be securely affixed to the hard hat. Soft top welding is prohibited.

Foot Protection

Work boots are mandatory for all personnel and must match the hazards of the job site. Rubber boots are required when working near damaging liquids or concrete. Safety-toe footwear must meet ASTM F2413-11 standards and is required for tasks with crush injury risks (e.g., falling/rolling objects, heavy equipment, jack hammering, drilling, rigging).
Additional requirements:

- Slip-resistant devices must be used when needed.
- Sneaker-style shoes, tennis shoes, sandals, street shoes, high heels, and open-toe footwear are prohibited.
- Metatarsal protection covers are required for tasks involving jack hammers or compacting equipment.
- Contractors may enforce stricter footwear standards.

Hand & Arm Protection

Contractors must require gloves whenever there is a risk of hand injury. A cut hazard assessment must be conducted to determine the appropriate level of protection. Tasks involving sharp edges or puncture risks require cut-resistant gloves. More stringent protection may be enforced by Contractors.

Glove and sleeve selection must match the specific hazards and tasks—gloves designed for one function may not protect against others. Employees must use gloves specifically suited to their work environment.

Cutting Safety

All cutting with hand or power tools must be done on a supported surface. Freehand cutting or holding materials against the body is strictly prohibited.

Hearing Protection

Hearing protection is required in all high noise level areas of the project. Hearing protection may also be required where excess noise exposure exists even on a temporary basis. This would include situations where equipment such as jackhammers, saws, drills, grinders, or heavy equipment are being utilized, and the 80-decibel limit is exceeded.

Contractor/Subcontractors shall implement the necessary hearing protection in response to these noise hazards.

Areas where noise levels exceed the 80-decibel standard, even on a temporary basis, shall require adequate hearing protection. This protection could include muffs, plugs, or a combination thereof. Individuals required to wear such hearing protection shall be properly fitted and trained.

Where routine exposure to noise more than the 85 TWA (Time Weighted Average, 8-hour Workday) decibel level occurs, the Contractor/Subcontractor's personnel are subject to the provisions of the OSHA Hearing Conservation Standard.

Clothing Requirements

Contractors must ensure all personnel maintain a professional appearance that reflects Cleveland Clinic's standards and supports safety and infection control. Appropriate attire includes full-length trousers and shirts with at least 4-inch sleeves.
Prohibited Attire Includes:

- Political endorsements
- Vulgar, obscene, threatening, or harassing messages
- Messages contrary to anti-discrimination/harassment policies
- Attire provoking social issue debates

Additional Requirements:

- Clothing must be clean when working inside hospital facilities to prevent infection risks.
- High-visibility (Class 3) vests or clothing must be worn as the outermost layer when working near traffic.
- CC ID badges must be worn above the waist with the photo visible.

Contractors are responsible for defining and enforcing dress standards appropriate to job roles and site conditions.
Contractors must ensure all personnel maintain a professional appearance that reflects Cleveland Clinic's standards and supports safety and infection control. Appropriate attire includes full-length trousers and shirts with at least 4-inch sleeves.
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- CC ID badges must be worn above the waist with the photo visible.

Contractors are responsible for defining and enforcing dress standards appropriate to job roles and site conditions.

PPE Training

Contractor and Subcontractor Supervisors must be trained to understand:

1. When PPE is necessary and required.
2. Proper use, adjustment, and limitations of PPE.
3. Care, maintenance, and expected useful life of PPE.

Contractors must post appropriate caution signage in all areas requiring PPE, including locations where eye, face, hand, hearing, or head protection is mandatory.

Respiratory Protection

Contractors, Subcontractors, and suppliers must protect personnel from exposure to airborne hazards exceeding OSHA's Permissible Exposure Limits (PEL) or Short-Term Exposure Limits (STEL), as defined by OSHA and ACGIH.

1. If engineering or administrative controls (e.g., isolation, ventilation, limited exposure) are insufficient, approved respirators must be used.
2. Respiratory protection is required when working in enclosed spaces with toxic or hazardous materials.
3. Tasks such as sandblasting, cutting, or grinding concrete—especially those involving silica—require appropriate respiratory protection, including air-purifying respirators.
4. Subcontractors must assess work activities and attempt to eliminate hazards through engineering controls.
5. Personnel required to wear respiratory protection must be trained, fit-tested, and medically qualified.
6. Contractors must implement a respiratory protection program that includes maintenance and care of respirators and related equipment.

Heat Stress Program

Contractor and Subcontractor leadership are jointly responsible for preventing heat-related illnesses on all Cleveland Clinic projects.

1. Designated personnel must monitor job-specific heat exposure and recommend mitigation strategies.
2. If workers are exposed to heat for more than one continuous hour per day or exceed TLV thresholds, project leadership must be trained in heat stress prevention.
3. Environmental factors affecting heat stress include temperature, humidity, air velocity, and radiant heat.
4. Contractors must implement a “Best Methods” plan tailored to project conditions, which includes:
    - Training workers on heat stress prevention.
    - Providing drinking water and electrolyte replacement options.
    - Establishing shaded or cooled break areas and hydration stations.
    - Adjusting work schedules to reduce heat exposure.
    - Ensuring workers take necessary precautions in hot environments.
    - Evaluating work tasks for heat-related risks.
    - Implementing appropriate work/rest cycles.
    - Scheduling work to minimize heat stress.
    - Training employees to recognize and respond to heat-related symptoms.

Cold Stress Program

Cleveland Clinic recognizes that Contractor and Subcontractor employees working in extreme cold or cold/wet environments are at risk for cold stress. Short-term or prolonged exposure can lead to serious health issues, including hypothermia and frostbite.
Contractor and Subcontractor project leadership are responsible for preventing cold-related illnesses on all Cleveland Clinic projects. A “Best Methods” plan must be implemented based on project-specific hazards and available resources. This plan should include:

1. Monitoring cold stress conditions and recommending actions to reduce risks such as frostbite or hypothermia.
2. Ensuring project leadership is trained to identify signs and symptoms of cold stress and apply appropriate prevention measures.
3. Developing a written plan that identifies work activities with potential cold stress exposure.
4. Ensuring workers are properly dressed for cold conditions, including coverage of extremities.
5. Prohibiting direct contact with cold metal surfaces using bare skin.
6. Providing additional breaks in warm environments or break rooms.
7. Rotating employees working in cold conditions to limit exposure.
8. Supplying adequate drinking water and advising workers to limit caffeine intake.
9. Educating workers on how to recognize and report cold-related injuries or illnesses.
10. Advising workers to keep a change of clothes available in case garments become wet.
11. Allowing time for workers to acclimate to cold site conditions.
12. Scheduling work to minimize exposure to extreme cold and wind.

Shutdowns

Any necessary shut-down (electrical, mechanical, plumbing, etc.) requests must be coordinated with CC. Cleveland Clinic will require a minimum of seven (7) days written notice prior to required shutdown or disruption. Depending on shutdown potential impacts it is recommended that as a best practice the shutdown requests be made at least two weeks (14 days) prior to need. Necessary [regular or premium] shutdown time required is to be included in the base estimate. All shutdowns are to be performed after CC business hours. Information about the shutdown procedure shall be provided and posted in writing to all affected departments. (refer to Utility Shut-down).

Mobile Communication Equipment Use (MCE)

Use of mobile technology on projects can create user distractions and negatively affect other project personnel. Contractor shall establish parameters for use on the project to eliminate distractions and hazards.

The following MCE guidance shall apply:

1. Cell phones may not be used within certain designated hospital areas. Conformance to these specific cell free zones shall be maintained.
2. Cell phones are prohibited during the operation of motorized equipment, cranes, or vehicles on a job site.
3. When in active work locations, do not walk and use a mobile device. If mobile device usage must occur, ensure that it is performed in visible stationary location and/or away from work activities.
4. If setting up mobile equipment on-site (testing, surveying, video, etc.) ensure that equipment is visible. The setup should not create additional hazards for the project personnel.

Fall Protection

All work at or above 6 feet requires 100% positive fall protection—including steel erection, roofing, scaffolding, leading-edge work, and excavation.

Prohibited Methods:
- Safety Monitor systems or Attendants are not permitted as fall protection.

Contractor Responsibilities:
- Use conventional fall protection: guardrails, perimeter cables, or personal fall arrest systems (PFAS).
- Maintain and inspect fall protection daily.
- If conventional methods aren't feasible, pre-plan anchorage points rated to 5,000 lbs. with harness and self-retracting lanyard.
- Do not use perimeter protection as anchorage unless engineered by a PE.
- Horizontal lifelines must be PE-designed.
- Guardrails must not be used to support equipment (e.g., cords, hoses).

Guardrail Standards:
- Cable: ½" steel, flagged per OSHA, looped with 3 clamps per side. No open eye turnbuckles.
- Wood: No protruding nails, max 8 ft spacing, no mid-span splicing, no metal studs.
- Dimensions: Top rail at 42" ±3", mid-rail at 21", toe board at 3½".

Falling Object Protection:
- Toe boards required around shafts and edges.
- Debris netting (≤½" openings, 50 lb. resistance) must be secured to guardrails.

Roofing Operations:
- Warning lines ≥15 ft from leading edge.
- Tie-off required beyond warning line.
- Line height: 34–39", flagged every 6 ft, stanchions secured.

Lift Work:
- 100% tie-off required on articulating and scissor lifts.
- Include fall protection details in daily THAs.

Equipment Standards:
- Fall protection gear must be ≤5 years old from manufacture or in-service date.
- Labels/tags must be legible—illegible equipment is prohibited.

Floor Openings:
- Openings >2" must be covered, barricaded, or protected.
- Covers must support 2× expected load, be secured, labeled "HOLE" or "COVER," and sealed if water intrusion is possible.

Training:
- All workers exposed to fall hazards must be trained in hazard recognition, prevention, and proper use of fall protection equipment.
- Contractors must include rescue procedures in their project-specific Fall Prevention Plan.

Barricades & Signage

Contractors must install barricades, signs, and signals in accordance with 29 CFR 1926 Subpart G and the Ohio Department of Transportation's Manual on Uniform Traffic Control Devices (MUTCD).

General Requirements:

1. Ensure visibility and protection in public-use areas (e.g., sidewalks, entrances, corridors, stairways, roadways).
2. Secure barriers (guardrails, fences, partitions, overhead protection) to prevent displacement. If temporarily removed, place an attendant or gate guard at openings.
3. Keep public pathways clear for safe ingress/egress.
4. Install OSHA-compliant guardrails on both sides of bridges, ramps, runways, and platforms.
5. Use canopies, catch platforms, and fencing to protect pedestrian traffic near construction zones.
6. Provide 6-foot-high temporary fencing around above-ground operations adjacent to public areas.

Barricade Tape Use:
- Use caution and danger tape only as a temporary measure while permanent barriers are installed or removed.
- Post signage with contractor name, hazard description, supervisor contact info, and work duration.
- Signage must be bilingual, OSHA-compliant, and professionally presented.
- CC may require hard barricades if tape is not properly maintained.

Tape Color Guidelines:
- Yellow caution tape: Lower-risk hazards; access allowed with caution.
- Red danger tape: High-risk hazards; access restricted to authorized personnel only.
- All taped areas must include signage identifying the contractor and hazard.

Additional Requirements:
- Hard barricades may be required based on risk type, location, duration, or CC direction.
- A certified flagger must control motorized equipment movement in areas with public exposure, including open access gates during deliveries.

Scaffolding

The Contractor shall implement scaffolding safe controls and oversight programs for the safe erection, use, inspection, and dismantling of scaffolding on the project. The following shall be included in the scaffold safety program:

Each part of the platform or scaffolding shall be capable of supporting at least 4 times its intended load. Footings shall be sound and rigid. Concrete blocks, bricks, buckets, barrels, or similar items shall not be used for supports. All planking shall be OSHA approved

planking and installed with an overlap to a minimum of 6 inches, not more than 12 inches and secured to prevent movement.

Scaffolds three (3) sections or higher shall be tied to a solid support. All tube-and-coupler scaffold, tubular welded scaffold, etc. shall be secured against displacement every 26 feet vertically and every 30 feet horizontally. Where a solid support is not available, outriggers shall support the scaffold. Scaffolds more than four (4) sections high shall be guyed with rope or wire at each corner.

All manufacturers' bracings, couplings, or stacking and vertical locking pins shall be installed on metal scaffolding prior to use.
All legs shall have base plates, screw jacks or casters.

Guardrails and toe boards must be provided on all sides and ends of scaffolds 6 feet or more in height. If the scaffold platform is less than 45 inches wide, guardrails should be installed at heights of 4 feet or higher. Open-sided ends shall be guarded. Cross bracing shall not be used as handrails.

Fall protection shall be used with workers 100% tied off on any scaffold platform greater than six feet in height and not equipped with standard handrails, midrails or decking. When erecting and dismantling scaffolding, Contractor employees shall be 100% tied off Scaffolds shall be provided with an access ladder or equal safe access.

Scaffolds with a width less than 60 inches must have guardrails (top, mid and toe) installed when the work platform is more than 48 inches (4 feet) above the floor or lower work area.

Outriggers are required when the working surface is 5 feet above the floor. This applies to "baker" style scaffolds.
Rolling scaffolds shall have their wheels locked when in use. No scaffold shall be moved while occupied, or while tools or equipment are on it.

Contractors/ Subcontractors/suppliers must have a competent person involved with the erection, dismantling, and inspection of scaffolding. Appropriate protection shall be provided for individuals working around scaffolding or for those who are exposed to overhead hazards while working on scaffolding.

All Contractors/ Subcontractors/suppliers shall utilize a scaffold-tagging inspection program. All scaffolds shall have a scaffold tag attached, indicating the Contractor/Subcontractor's name, date of installation, duration of anticipated use, and status of scaffold safety requirements. All scaffolds shall contain a scaffold inspection tag, signed, and dated by the contractor's competent person, denoting that the scaffold has been inspected and is safe to use prior to any employee utilizing that scaffold that day. Contractors/ Subcontractors/suppliers shall inspect all elevated work platforms each day. Defects shall be corrected prior to use.
Examples of Scaffold Inspection Tag "Best Practices" include colored inspection tags to represent: Safe for Use (Green), Under Construction (Yellow), and Unsafe, Do Not Use (Red).

Stairs or stair-towers are required as the primary means to access floors, roofs, and elevated landings. Manufactured stairs, job-built wood stairs, temporary stair towers or permanent stairs shall be provided for worker access and shall be installed as soon as practical. Stairs shall be equipped with required slip resistant treads, stair rails and guardrails at intermediate landings, as well as at the slope, width, and landings, in accordance with applicable OSHA regulations and Local Building codes.

Steel Erection

Contractor shall require steel erection Subcontractor and metal decking installer Subcontractor to implement and always use 100% positive fall prevention devices when working over 6 feet. Workers engaged in steel erection activities including but not limited to connecting, decking, and bolt up, are not exempt from 100% fall protection requirements when working from elevations of six feet or greater.

Contractors have the right to impose more stringent fall protection requirements dependent upon the work to be performed and the associated risks of the work area. Contractor shall ensure steel erection contractor is at minimum in compliance with OSHA requirements (excluding the less stringent OSHA fall protection exemptions).

The Contractor's rescue plan for all elevated work shall be documented on the Contractor Site-Specific Safety Program, JHA, and THA. A rescue man-basket shall be available during overhead work by Contractor/Subcontractor.

"Controlled Access Zones", "Controlled Decking Zones", use of a "Safety Monitor" and "Warning Lines" are not permitted as primary means of fall protection.

Contractor shall provide written notice to Subcontractor a Notice to Commence Steel Erection that includes data as required by OSHA.

Guardrail Removal Program

The Contractor shall develop and implement a Guardrail Removal Program. The Guardrail Removal Program shall include a permit system where removal of guardrails is controlled and overseen by the Contractor. The CSM Representative must be notified of the guardrail removal before any fixed fall protection railings are removed.

Guardrail Removal Permit must be used to document the management from removal of the guardrail through the guardrail being put back in place.

Adequate fall prevention devices and barricading shall be used at all loading platforms prior to removing existing perimeter protection. Loading areas shall utilize a leading edge and rear guardrail system to protect other trades during load landing operations with positive fall protection for assigned workers.

Concrete & Masonry

Contractors shall ensure operations performing concrete and masonry operations be performed in accordance with 29 CFR 1926, Contractors must follow 29 CFR 1926 Subpart Q and the following site-specific requirements:

Fall Protection:

- Masons performing overhand brick/block laying must use vertical lifelines or equivalent fall protection.
- Leading-edge concrete work requires engineered fall protection systems.
- Work above 6 ft requires a fall protection plan in the SSP, JHA, and daily THA.
- Scaffold-based overhand brick/block installation requires 100% fall protection.

Structural Safety:

- No construction loads on concrete structures unless approved by a qualified structural professional.
- Protruding rebar must be guarded to prevent impalement.
- Rebar mats with spacing >6”x6” must have safe walking surfaces (e.g., mesh or plywood).

PPE & Equipment Use:

- Workers must wear PPE to prevent chemical burns from concrete/mortar.
- Pneumatic hose operators must wear face shields, goggles, and hardhats.
- Wood/form cutting must be done on supported surfaces—no freehand or body-supported cutting.
- Mortar mixers with belt drives must have covers closed after startup.
- Powered tools (e.g., troweling machines) must have “dead man” switches.

Concrete Pumping & Buckets:

- Use ground-penetrating radar or similar tech before core cutting to avoid damaging embedded systems.
- Concrete buckets must not be operated over workers and must use tag lines.
- Buckets with hydraulic/pneumatic gates must have safety latches.
- Pumping systems using compressed air must have fail-safe connectors; discharge pipes must be supported for 100% overload.

Site Controls:

- Post-tensioning areas must be restricted with signage and barriers; only essential personnel allowed behind jacks.
- Contractors must verify stable ground conditions and safe outrigger pressures for pump trucks.
- Safe travel paths and hazard-free zones must be established for concrete equipment.

Cutting Operations:

- Wet cutting is preferred; if dry cutting is necessary, use dust control (e.g., vacuums) and PPE per SDS.
- Dry cutting must not impact other workers, facilities, or the public.

Cast-In-Place Concrete Requirements

- Formwork must be designed, erected, and maintained to support all anticipated loads.
- Below-grade formwork >4 ft must have sloped or benched soils and safe access.
- Metal banding is prohibited; use poly or nylon.
- Shoring systems must be PE-designed and inspected before, during, and after concrete placement.
- Removal of forms/shores only after concrete strength is verified (e.g., break test).
- Workers climbing rebar/formwork must use 100% fall protection.
- Areas for form stripping must be barricaded.

Use of Ladders

Contractors shall prohibit the use of metal ladders on CC projects. Contractors may implement more stringent ladder safety programs. At a minimum, the ladder safety program shall include the following:

1. Job-built/made ladders are prohibited onsite.
2. Ladders shall not be used as platforms or scaffold planks.
3. Ladders must be free of grease and oil. Personnel shall face the ladder and grip side rails with both hands when ascending or descending. Tools and other objects must be hoisted or carried in a tool pouch—not by hand.
4. Extension and straight ladders must be tied off at the top or staked at the bottom when in use. Until secured, a second person must stabilize the ladder. Only one person is allowed on a ladder at a time. Barricades or guardrails must be installed at ladder access points to prevent fall hazards.
5. Ladders must not block doorways or passages unless the area is barricaded and warning signage or a spotter is in place.
6. Extension ladders must be set at a 1:4 slope (1 foot out for every 4 feet of height).
7. Stepladders must not be used as leaning ladders. The top step and back braces must not be used as steps or seats.
8. Damaged ladders must be removed from service. Ladders shall not be painted except for identification stenciling. Ladders must be inspected daily by the user, and inspection documentation must be available onsite. Labels and rating stickers must be legible.

9. All manufactured ladders must be equipped with safety feet.
10. If employees are working from a ladder, a competent person must assess whether positive fall protection is feasible or necessary. If the worker extends beyond the side rails or cannot maintain three points of contact, fall protection or an alternative access method must be used.

Confined Space Entry

Confined spaces—including tanks, manholes, vessels, containers, pits, bins, vaults, tunnels, shafts, trenches, ventilation ducts, or other enclosures with known or potential hazards—shall not be entered without strict adherence to a confined space entry policy compliant with 29 CFR 1910.146.

Contractors shall implement a confined space entry program that includes the following minimum requirements:

1. Isolate the area to prevent unauthorized entry and eliminate hazardous substances or energy sources. Lockout/tagout procedures must be followed.
2. Atmospheric monitoring must confirm safe entry conditions:
    - Oxygen: 19.5% – 22.0%
    - Flammable gas: ≤10% of the Lower Flammable Limit (LFL)
    - Toxic contaminants: ≤Permissible Exposure Limit (PEL)
3. Periodic atmospheric testing must occur throughout the entry, especially after breaks. Continuous monitoring is preferred. Results must be documented on the entry permit.
4. A confined space entry permit must be completed, reviewed, and signed by the entry supervisor. The permit must remain at the entry location until the operation is complete, and all personnel have exited.
5. A dedicated attendant must monitor the space, maintain constant communication, and know who is inside. The attendant may not perform other duties or enter the space unless relieved.
6. Adequate ventilation must be provided and designed specifically for confined spaces.
7. Spaces 5 feet or deeper require a mechanical retrieval system for human rescue. Entrants must wear full-body harnesses connected to the system.
8. Rescue procedures must be established prior to entry. The local Fire Department must be notified if they are the designated rescue provider.
9. All entrants must have current certification and carry documentation during confined space activities.
10. Upon completion, the entry permit must be canceled and a copy submitted to the Project Safety Representative.

Excavation & Trenching Activities

The Contractor/Subcontractor, prior to starting excavation or trenching, shall notify any public authority having jurisdiction over the project and secure any required approval/permit.

Prior to excavation, trenching or digging, a project dig permit shall be initiated by the Contractor/Subcontractor for the purposes of locating underground utilities in the vicinity of work. The Contractor shall use an excavation permit program for any opening deeper than 12 inches and shall be maintained for duration that excavation is open.

Prior to opening any excavation or trench, the penetrating contractor shall notify 811 and Cleveland Clinic OR/Facility necessary personnel to determine whether underground installations (sewer, telephone, fuel, electric lines, etc.) may be encountered and where they are located. “Daylighting” or “Potholing” shall be conducted prior to utilizing mechanical excavation equipment on property.

The Contractor/Subcontractor must designate a competent person trained in soil classification and the recognition of trenching and excavation hazards. The competent person shall perform daily inspections of excavations.

The competent person from the Subcontractor must be present at the worksite anytime the excavation or trench is occupied.

Inspections shall occur before the work begins, and after rain or other hazardous events that may affect the stability of the excavation. If evidence of possible cave-in or engulfment is apparent, all work in the excavation shall cease until the necessary precautions have been taken to protect the workers.

Shoring systems, sloping of the ground, or other equal measures (including trench boxes or sliding trench shields) shall be used on the walls and faces of all excavations 4 feet or more in depth when workers are exposed to the danger of moving ground. Shoring at depths less than 4 feet may be required if examination of the ground indicates the possibility of hazardous ground movement.

Trenches and excavations 4 feet and over in depth or presenting a hazard to the worker shall be sloped, benched, or shored to protect employees from cave-in. Tabulated data for shield, support or other protective systems from the manufacturer must always be available while the equipment is onsite. Protective systems as defined in 29 CFR 1926.650-652 shall be designed by a licensed Professional Engineer. Support systems for excavation more than 20 feet deep, adjacent to structures, or subject to water or vibration shall be designed by Professional Engineer.

Except in hard rock, excavations below the footings of foundations or retaining walls shall not be permitted.

Excavations 4 feet or more in depth and occupied by personnel shall be provided with ladders or other effective means of exit. These

access points must be located within 25 feet of the area in which the work is being performed.

Water shall not be permitted to accumulate in a trench or excavation.

Adequate barrier protection for the excavation(s) shall be provided. Barriers shall be easily visible, day or night. Trenches and excavations 6 feet or more in depth require fall protection.

Trenches and excavations greater than 12” shall be barricaded to prevent persons from walking into them and signage must be posted.

Trenches and excavations exposed to vehicular traffic must be protected with a hard barrier. When excavating in a public road, street, or highway, a traffic control plan that meets the local jurisdiction requirements and the Manual on Uniform Traffic Control Devices (MUTCD) - Federal Highway Administration (FHWA) is required.

When an atmospheric condition may exist and/or develop in an excavation, atmospheric monitoring of the excavation shall take place before and during entry. Ventilation shall be provided when the monitoring indicates the necessity of such.

Excavated earth or other materials shall be stored more than 2 feet from the excavation.
At no time shall equipment be operated within 2 feet of any excavation. If it is necessary to operate heavy equipment on a level above and near an excavation, the sides of the excavation shall be sheet- piled, shored, and braced as necessary to resist additional pressure.

Backfilling and removal of trench supports shall progress from the bottom of the trench. Ropes shall be used to pull out the jacks after all workers have cleared the trench.

Drilled caissons will have fall protection provided both during and upon completion of the drilling by use of personal fall protection, guardrails or use of casing extending a minimum of 42 inches above the ground.

Use of Mobile / Heavy Equipment

The design capacity of any piece of equipment shall not be exceeded, nor shall the equipment be modified in any manner that alters the original safety or capacity factor.

Mobile equipment shall be fitted with suitable alarms and motion sensing devices, including backup alarms, where required.

Contractor/Subcontractors working around heavy equipment (excavators, front end loaders, haul vehicles) shall be required to wear high visibility vests while performing these operations.

Equipment shall be inspected by the subcontractor/supplier using and/or controlling such equipment prior to its use on the job, and periodically thereafter to ensure that it is in safe working order. Inspections shall be documented, and the results of such should be kept on-site. Special attention shall be given to such items as cables, hoses, guards, booms, blocks, hooks, and safety devices. Defective equipment shall be removed from service immediately, and a warning tag attached. Equipment with exposed gears, belts, couplings, etc. must be provided with proper guards.

A safety observer/spotter shall be assigned to watch the movement of heavy mobile equipment where such movement may cause a hazard to other personnel, or where equipment could hit overhead lines or structures. The Observer/Spotter shall also ensure that people are kept out of the way or path of suspended loads, and clear of the mobile equipment.

Flaggers and spotters must be provided for cranes, equipment, and vehicles in congested areas and when backing up.

Personnel assigned to this task shall be trained. A conversation between operator and flagger/spotter shall be held prior to performing task to confirm signals. Flaggers/spotters shall be equipped with a signal device to get operators attention (example: Whistle, Air horn).

Contractor shall ensure sufficient flagger/traffic control coverage at areas of entry and exit to the project during use. Traffic control shall utilize MUTCD approved signal signage during activities and be trained in traffic control processes and procedures.

Winch trucks shall not have a load suspended from the hook while traveling. The load shall be secured on the bed of the truck. The hook of a winch/boom truck must be tied down or secured in some manner and not allowed to dangle freely when traveling.

Natural and synthetic fiber ropes—such as manila, nylon, polyester, or polypropylene—shall not be used as slings on mobile equipment.

Only trained, qualified, and authorized personnel shall operate mobile equipment. Subcontractors shall not operate equipment owned or operated by another subcontractor unless prior written authorization is provided.

No riders permitted on side of equipment nor in the cab of any equipment.

Contractor shall ensure excavation Subcontractors provide onsite spill kits for use on site in the event of a hazardous material spill.

Cranes

Detailed crane lift plans shall be required and reviewed by the Contractor prior to starting any crane work on Cleveland Clinic projects. Incomplete lift plans will not be accepted. All crane work will be coordinated and planned with other cranes on-site.

A formal pre-lift meeting will be held for all Critical Lifts. Critical Lifts include:

- Lifts that exceed 75% of the crane's net capacity
- Working near energized overhead power lines/equipment (within 20 ft.)
- Lifting of personnel with basket
- Lifts requiring crane to drive or track with a load
- Lifts involving two or more cranes or using two or more pieces of equipment to lift
- Lifts over any portion of an occupied building – a plan must be coordinated for the removal of any occupants during lifts over buildings/structures
- Lifts over occupied buildings/public streets/sidewalks

Annual inspection must be on file on site prior to operation of any crane. Each crane shall have a current annual inspection conducted by a third party and document shall be submitted to Contractor.

Each subcontractor is responsible for complying with and providing documentation based on the following requirements and providing a description of the crane selection and placement procedures. All operators must possess a current national operator's certification for their assigned equipment (NCCO or OSHA recognized Operator license). Cranes are to have the following in cab areas; load charts, manufacture's crane specific operation manual, fire extinguisher and hand signal posted.
Operator shall perform documented daily inspections on the crane that they will operate to include but not limited to operating mechanical parts of the crane prior to each shift.

All cranes must use anti two blocking device.

Cranes are to be operated within the design limits specified by the manufacturer.

The rated load capacity of the crane is never to be exceeded.

Rated load capacities, recommended operating speeds and special hazard warnings or instructions, shall be posted conspicuously on all equipment.

All accessible areas within the radius of the counterweight swing must be barricaded to limit access prior to operation of the crane. No personnel are allowed within the confines of the crane swing radius barricade while the crane is in operation. Barricades shall be maintained while in operation.

A minimum clearance of 12 feet must be maintained between the crane and any energized overhead power lines or critical structures. Under no circumstances should the crane or its load enter this restricted zone.

Personnel are prohibited from riding on the hook or the "headache" ball.

All OSHA requirements must be followed when using personnel baskets.

Rescue man-baskets shall be available onsite for all elevated work.

Outriggers must be fully extended and on firm ground. Outrigger pads/mats should be utilized per manufacturer's specifications.

Crane inspections must be conducted on equipment per the OSHA standards. These inspections and the competent person are the responsibility of the crane owner and the subcontractor providing the crane.

Each subcontractor is required to daily inspect rigging equipment to be used prior to placing equipment in service such as grab hooks, spreader bars, extension devises, slings, and wire ropes.

Cranes with a suspended load shall not be left unattended for any period of time.

No one should walk, stand, or work under suspended loads or equipment suspended above them.

Subcontractors and suppliers must attend pre-construction meetings on crane signaling and related safety topics when their work involves crane operations or when requested by the project safety representative.

Working or riding on crane loads suspended, lowered, or hoisted is prohibited except as permitted by 29 CFR 1926.550(g)(4), focusing

on crane suspended personnel platforms.

Critical Care Transport (CCT) Helicopter Requirements

Cleveland Clinic Main Campus has 3 helipads, 2 on Building E and 1 on Building Q.
The Contractor shall Contact CCT via Cleveland ClinicTadmin@Cleveland Clinic.org advising of any crane on or near hospital grounds as soon as practical, no less than 7 days.

The Contractor shall provide the following Crane details:

- The Contractor Name
- Location of Crane
- The Contractor to provide crane site location, type of Crane (mobile, crawler, tower), location of crane use on site and crane specifications for use on site (crane capacity, add ons, Jib, Luffer etc.)
- Maximum height of crane(s)
- Project location/ location of crane in relation to existing building/ location of crane on project. (Preferred use of a map location/ drawing with crane position overlay.)
- The Contractor must provide a designated contact person for the request, along with a point of contact for the day of work. This should include an emergency contact list and specific
- Duration of activity, start/stop times.

Crane Safety Requirements

1. Cranes reaching or exceeding 200 feet above ground must submit FAA Form 7460-1 at least 30 days prior to use and comply with all FAA requirements, including structure flagging, lighting, and CCT communication protocols.
2. Based on crane height and location, CCT may require work stoppage during helicopter landings or departures. This must be coordinated in advance with the CC Owner's Representative (OR), Contractor, and CCT during the planning meeting.
3. Daily tower crane operations may require logging in/out with CCT. During helicopter activity, CCT will notify the Contractor's point of contact, who must instruct crane operators to stop work and position the boom safely until cleared to resume.
4. Cranes must be stowed securely when not in use, with tower cranes positioned with the trolley tight to the structure and hook raised. Access points must be secured to prevent unauthorized entry.
5. Contractors must schedule a crane logistics meeting at least 30 days in advance, involving CCT, CC Security, EMT, Facilities, OR, Safety, CM/GC, and the crane company.
6. Tower crane banners must be approved by Cleveland Clinic, the crane owner, and the manufacturer.
7. A third-party inspection is required after crane assembly, any setup changes, or events that may affect safe operation.

Rigging

Any Contractor or Subcontractor employee performing rigging must be a trained and qualified rigger. The following requirements apply:

1. Rigging equipment, including fastenings and attachments, must be inspected by a competent person before each use and shift.
2. All hooks must have safety latches (except shakeout hooks).
3. Suspended loads must never be left unsecured or unattended.
4. Softeners should be used when possible to protect rigged materials.
5. Wire rope slings must be inspected for frays, kinks, and wear before use.
6. Safe working load limits must never be exceeded.
7. All rigging devices must have legible rated capacity tags.
8. Fiber rope slings must be inspected for damage before use and during service.
9. Damaged or defective slings must be tagged and removed from service immediately.
10. Rigging devices must not be used as fall protection, and vice versa.
11. Manufacturer's load ratings must be followed at all times.
12. Wire rope must not be used if broken wires exceed 10% in any eight-diameter length.
13. Slings must not be shortened using knots, bolts, or makeshift methods.
14. Sharp edges must be padded to protect slings.
15. Shock loading is prohibited; slings must not be pulled from under resting loads.
16. Chains are not permitted for lifting crane loads.
17. Loose loads must be rigged appropriately; skip boxes may be required for items like rebar bags.
18. Layered materials (e.g., plywood, lumber) must be secured or placed in lifting containers.
19. Free rigging on forklift tines is prohibited unless using an engineered attachment within manufacturer limits.

Electrical Safety Requirements

Extension Cords:

- Damaged cords (e.g., taped repairs or replaced plugs) must not be reused.
- Must be routed to avoid damage and tripping hazards.
- Suspend overhead using non-conductive materials when possible.
- Must be 12-gauge or larger and not used as permanent wiring.
- All extension cords must have GFCI protection at the source (temporary receptacle or portable GFCI).

Receptacles:

- Temporary-use outlets not part of permanent wiring must have GFCI protection.
- Permanent outlets used for temporary power must also be GFCI-protected by the Contractor.

Energized Devices:

- Devices like switches and outlets must have non-conductive, secured covers.
- Electrical tape is not an acceptable substitute.
- If covers are removed for finishing work, devices must be de-energized and locked/tagged out by a qualified person.

Panel Boxes:

- Must be clearly marked with circuit and voltage information.
- Temporary wiring with open conductors or wire nuts must be wrapped with electrical tape.
- Substantial covers (metal, plywood, or equivalent) and dead fronts are required on energized panels.
- Main disconnects and branch circuits must be properly labeled.

Temporary Lighting:

- Must be strung at least 7 feet above the floor.
- Use bulb guards or shatterproof bulbs.
- Lights must not hang by cords unless designed to do so.
- Must be on a GFCI breaker and not share circuits with temporary outlets.
- Cords must be protected or elevated and not hung from sprinkler lines.

Lock-Out/Tag-Out (LOTO):

- Goal is 100% LOTO for all systems with potential energy.
- If LOTO is not feasible, an Energized Electrical Work Plan must be developed and approved before work begins.
- Notify the Contractor CSM and CC OR/PM before starting energized work.
- Follow CC LOTO procedures (see Appendix G).

Other Electrical Safety:

- Metal or conductive fish tapes/lines are prohibited; use non-conductive alternatives.

Power strips must be commercial grade and not overloaded; household types are not allowed

Energized Electrical Equipment

The Contractor will provide notice to all Subcontractors working on-site when any of the buildings permanent electrical system is energized. The project team will review the status of the transfer to permanent power system at project meetings with Contractors. Cleveland Clinic Facilities LOTO Procedures will be followed for all Active Facility LOTO operations with Facilities being the entity to lock out any Hospital power supply. The Contractor shall coordinate with Cleveland Clinic OR and Cleveland Clinic Facilities for any group/gang lockouts.

It is policy that no one works on live electrical circuits. If a situation arises where it is infeasible to perform a task with the circuit de-energized, a formal pre-construction meeting must occur and a formal energized work safety policy developed prior to the commencement of any work on live electric circuits.

All electric equipment, conductors, bus bars/tubes and cables, shall be considered energized, unless they have been de-energized, tagged, tested for voltage, and effectively grounded.

Operating voltages of equipment and conductors, cables, bus bar/tubes, shall be determined before working on or near energized parts. Employees working on or near energized equipment, conductors, cables, or bus bars shall utilize appropriate protective equipment, such as rubber gloves and sleeves, arc blast clothing and helmets, or live line tools to maintain an isolated or insulated position. All rubber gloves and other line tools or devices shall be rated above the voltage involved.

All live line tools used in hot work shall be utilized within the manufacturer's certification and recommended test ratings.All live line tools shall be visually inspected before use each day. Tools to be used shall be wiped clean of contaminants and shall be free of mechanical defects. Defective tools shall be removed from service and tagged. When measuring devices are used on or near energized conductors or related equipment, they shall be non-conductive.

Contractor shall comply with Cleveland Clinic Lock-Out Tag-Out policies (See Appendix I. Lock Out Tag Out Safe Operating Procedures)

Hot Work Program

The Contractor shall implement a Hot Work Specific Program in accordance with the following CC Main Campus Hot Work specific guidelines and requirements which shall be followed for any activity that involves the use of open flames, or the generation of sparks or heat. (See Appendix B-G)

Fire Protection

Hot Work Permits:

- Required for all hot work.
- Contractors issue permits for exterior work; CC issues permits for interior work (See Appendix B-G).

Fire Systems:

- Fire detection and suppression systems must remain operational unless an authorized impairment is approved and documented by Facilities Engineering.

Fire Extinguishers:

- A 20lb ABC extinguisher must be present at the hot work site.
- Must be inspected annually by a certified organization and monthly by visual check.
- Must be in good working condition.

Work Area Requirements:

- Area within 35 ft. of hot work must be free of hazards and combustible materials.
- Use fire blankets, curtains, covers, or welding shields to protect nearby materials.
- Welding screens are required to protect adjacent trades.

Equipment:

- Must be used as intended, visually inspected, and confirmed to be in good condition before each use.

Fire Watch:

- Required for the full duration of hot work.
- Must be performed by a designated person with no other duties.
- Fire watch must remain in visible sight of the hot work area.

Pre-Hot Work Procedures

Pre-Hot Work Inspection & Checklist (See Appendix B-G)

A thorough inspection and risk assessment of the area is required prior to the commencement of any hot work activity. This serves to mitigate circumstances that could increase the potential of an adverse fire event due to the hot work activity. This also ensures adequate fire prevention and safety measures are in place.

A. Utilize Pre-Hot Work Checklist in the Hot Work Inspection Form to assess the hot work location.
B. Complete Hot Work Details and verify relevant items in Pre-Inspection Checklist located in the Hot Work Inspection Form.
C. Verify hot work start time.
D. Verify condition of fire detection or suppression systems with Facilities if an authorized impairment has been approved.
E. Submit Hot Work Inspection Form to designated official or department before the commencement of hot work.

Performing Hot Work

A. Responsible party conducting the hot work shall verify a fire extinguisher is present, all noted safety measures are in place, and designated fire watch is present.
B. Commence hot work and initiate active fire watch.
C. Designated fire watch actively monitors the area and completes fire watch log with documentation in 15-minute intervals for duration of hot work activity.
D. Fire watch shall be able to see the hot work during the operations.

Completion of Hot Work

A. Communicate to Facilities to restore fire detection or suppression systems if an authorized impairment has taken place.
B. Upon completion of hot work activity, the designated fire watch must conduct an additional active fire watch for 60-minutes with documentation in 15-minute intervals to verify there is no lingering risk of fire because of the hot work activity (the 60-minute time requirement is increased to 3-hours for areas with no fire detection or suppression system).
C. Complete Post-Hot Work Checklist on Hot Work Inspection Form.
D. Submit completed Hot Work Inspection Form and Fire Watch Log to designated official or department.

TOOL USE & INSPECTION

The correct tool shall be utilized for the task. This includes cutting tools. Personal knives are not permitted onsite. Construction Knives such as box cutters and razor knives shall be reviewed by the Contractor for safety function and application. All efforts shall be taken to identify a better tool for the task that can be used for cutting of the material, stripping of wire, or other related cutting activities.
Note: it is implied that there is a better tool for the task, and if due diligence to identify a specific tool for task determines that none exists, a specific task hazard analysis (THA) plan shall be developed and signed off by the Contractor prior to use.

Tools and equipment used at elevation, at the floor edge, or near floor openings shall be tethered to prevent them from dropping to a lower level. Area below overhead work shall be barricaded to prevent access with appropriate signage.

Hand & Power Tools

Contractors using hand and power tools shall follow 29 CFR 1926, Construction Industry Regulations, Subpart I – Hand and Power tools, American National Standards Institute (ANSI) standards, in addition to the following procedures and requirements:

General

A. Hand and power tools shall be used for their intended purpose, inspected, and maintained according to the manufacturer's instructions and recommendations.
B. Safety devices that come with the tool and/or are required by the manufacturer shall not be removed or altered.
C. Power tools that are designed to have a guard shall have the guard in place during use.
D. All portable grinders must have handle attachment and approved guard in place while being used. Personnel shall use approved face shield with safety glasses when using grinders.
E. Grinding wheels/discs shall not be operated beyond their rated speeds (RPM) and shall never be left running when not in use.
F. Abrasive/grinding wheels, when removed from mounting or stored, shall be Stored in a dry location to prevent damage.
G. Power tools that create sparks shall be used only in locations where there are no flammable or combustible materials in the work area. A hot work permit shall be required.
H. When work is being performed overhead, above a lower level where employees are exposed, tools shall be tethered.
I. All cutting activities with hand and power tools shall be done on a supported surface. Cutting free hand or holding materials against body parts to cut shall be prohibited. Trash cans shall be placed at all workstations.
J. All power tools shall have a "dead man" switch that automatically shuts off power whenever the hands of the operator are removed from the tool.
K. No cartridge style nail guns, nor any tool that uses a cartridge or any explosive charge, shall be permitted in public areas, unless authorized by Cleveland Clinic OR.
L. Rotating drill equipment will require a properly adjusted clutch which will disengage device if it becomes "bound" up. Employees must be trained on proper clutch adjustment to prevent injury. Tools with handles must have them securely attached and used during operation.

Hand Tools

A. Cheater bar extensions are prohibited on any hand tool unless manufactured for the tool.
B. When working with hand tools such as chisels, workers shall cut away from the body to prevent lacerations. All sharp tools shall be retracted when not in use and placed in a holder, not in the worker's pocket.
C. Impact tools such as chisels, wedges and drift pins shall be kept free of mushroomed heads.
D. Pneumatic power tools shall be attached to the air hose and shall be secured with a "whip-check" or similar device to prevent the tool from dentally disconnecting.
E. All air hoses, with an inside diameter exceeding 1/2 inch, shall have a flow/ pressure reduction safety device at the source of supply or branch line to reduce pressure in case of hose damage or failure.
F. Compressed air shall not be used for cleaning purposes.

Portable Power Tools

Portable power tools must not be operated unless the employee is trained in their use.
All hand, pneumatic and power tools will be kept in good condition with regular maintenance. Pneumatic-powered tools are to be secured to the hose by positive means to prevent the tool from becoming accidentally disconnected. Air compressors shall have a pressure reducing valve to prevent hose whip in event of airline break or damage. Pneumatic hose sections must be secured (clamped or wired) together at each coupling connection.

Tools are to be operated according to manufacturer's instructions and guidelines. PPE appropriate for the hand, pneumatic or power tools will be always worn when in use. Tools must be inspected for defects prior to each use. Inspections must comply with regulatory and manufacturer requirements. All guards, handles, shields, and safety devices must be installed on all power tools prior to use and shall not be modified or removed during use.

Use of powder-actuated tools shall be reviewed and approved by Cleveland Clinic OR and Cleveland Clinic Facilities prior to use within hospitals. Operators of powder-actuated tools must be authorized, must possess tool specific valid credentials, and wear proper personnel protective equipment. Powder-actuate tools shall not be stored in the hospital during non-working hours. Appropriate signage must be present in the area while in use.

Chain Saw Operators shall wear full length chaps (e.g., Kevlar) or the equivalent, wire mesh face shield, leather gloves, safety goggles, steel/composite toed boots and hearing protection when operating a chain saw.

All defective tools must be taken out of service immediately and tagged defective.

Portable Generators

1. Generators shall be placed to minimize the buildup of fumes in work areas. The Contractor shall ensure generator placement does not adversely impact any Hospital patient or staff areas due to air intake of fumes.
2. Portable generators shall not be placed near air compressors supplying air to respirators.
3. Must be turned off before fueling.
4. Generators shall be grounded if required by manufacturer.
5. No gas-powered generators are permitted to be used within existing occupied buildings.
6. Generators shall be equipped with GFCI outlets or GFCI outlets provided.

Compressed Gas Cylinder Safety, Storage, Use

1. Compressed gas cylinders shall be secured in an upright position. Compressed gas cylinders shall remain secured during storage and use.
2. Valve protection caps shall be in place where cylinders are not in use or are transported. When transported cylinders shall be secured in an upright position. Regulators shall be removed, and valve protection caps put in place before cylinders are lifted or moved. Cylinders shall not be stored or set up near heat producing devices or open flames. All cylinder storage or use carts shall have 5 ½ foot fire rated barrier between the two gases when in use. Cylinders shall be secured at all times.
3. When cylinders are hoisted, they shall be secured on a cradle or specific cylinder lifting device. They shall not be hoisted by means of choke slings.
4. Oxygen cylinders, cylinder caps, valve couplings, hose regulators, and apparatus shall be kept free from oil or grease. Oxygen shall not be directed at oily surfaces, greasy clothes, or within a fuel oil or other storage vessel. Combustible materials shall not be stored near cylinders.
5. Cylinders containing oxygen, acetylene, or other fueled gas shall not be taken into confined spaces.
6. Adequate ventilation of work areas shall be provided to prevent accumulation of flammable gases. Smoke capturing equipment shall be used when performing hot-work operations (welding, cutting, soldering) within the hospital buildings per the CRRAS Permit.
7. Torches shall be lit using a striker. Cigarette lighters, matches, and similar items shall not be used.
8. Permission must be obtained from EHS to store compressed gas cylinders within Hospital buildings. No Propane cylinder containers are permitted to be stored inside the building
9. Oxygen and acetylene tank cylinders that are in storage (outside of building) shall be separated at a minimum of 20 feet. All tanks shall be capped and secured in a vertical position when not in use and stored outside the building.
10. No size and/or type of compressed gas cylinder shall be stored in gang boxes.
11. Contractors shall comply with City of Cleveland Hazardous material permit requirements.

Stilts

Stilts are not permitted for use on Cleveland Clinic projects.

PERSONAL CONDUCT

Workplace Violence/ Harassment

Workplace Violence & Harassment

- CC enforces a Zero Tolerance Policy for violence or harassment.
- Unacceptable behaviors include physical/verbal threats, intimidation, and harassment.
- All incidents must be reported immediately to supervisors.
- Violations may result in termination, removal from property, or police involvement.

Prohibited Acts:

1. Intimidation – Acts causing fear for personal safety.
2. Threat of Violence – Threats of harm to people or property.
3. Acts of Violence – Physical harm or property damage.
4. Harassment – Unsolicited verbal, physical, or visual intimidation.

Additional Conduct Policies:

- Firearms, ammunition, and weapons are prohibited on CC property.
- Personal knives, including for construction, are not allowed.
- CC ID badges are required in active hospitals.
- Contractors may not use public restrooms or CC cafeteria/food services.

The use of cell phones is prohibited in some areas of the CC Health Systems complex. The cell phone use onsite shall be limited to foremen/supervision. Trades may use phones on personal time.
DO NOT USE CELL PHONES ON PATIENT CARE FLOORS. NO EXCEPTIONS!!

Contractors shall park in authorized areas as directed by the Owners Representative. Public parking areas shall not be used by contractor employees or subcontractors unless authorized. No Pets allowed on CC Property.

Housekeeping / Cleanliness

- Contractors must provide containers for debris and maintain clean construction areas, sealing off non-construction zones.
- Dust, vapors, and noise must be minimized and contained.
- A daily clean-up and debris disposal plan must be implemented.
- Debris leaving the site must be covered and cleaned up immediately.
- A “nothing hits the ground” approach is required—waste collection devices must be used and emptied regularly.
- Hospital work must follow ILSM procedures; waste gondolas must have hard covers and remain clean.
- Work areas must be orderly to avoid contributing dust or dirt to hospital environments.
- Trip hazards must be prevented, and egress paths kept clear.

HAZARDOUS/ TOXIC SUBSTANCES

Contractors must implement a Hazardous Materials and Waste Management Plan compliant with all regulations.

Maintain a complete list of SDS for all chemicals onsite or have online access.

Subcontractors, vendors, and suppliers must also comply.

Hazardous materials must be stored and disposed of properly—no disposal in drains or storm systems.

Silica Dust

1. A formal Silica Exposure Control Plan must be part of the SSP.
2. A trained Competent Person must oversee silica-generating tasks.
3. Workers must receive hazard awareness training before starting such tasks.
4. A JHA must outline controls and PPE to minimize exposure.
5. Crews must evaluate silica exposure daily.
6. Coordinate with other trades to reduce exposure risks.
    - Common silica-generating tasks include:
        - Drilling, crushing, cutting, grinding concrete
        - Milling asphalt
        - Jack hammering, demolition
        - Earthmoving, coring, blowing joints, dumping hoppers

Asbestos / Lead

- Identify suspected asbestos/lead materials before work begins.
- Handle and store materials per OSHA requirements.
- All workers must have awareness-level training.
- Stop work immediately if asbestos or lead is suspected; notify CC OR/PM.
- Only certified abatement contractors may perform removal.

Managing Risks

Contractors must minimize hazardous material risks by:

1. Inspecting labeling, use, and storage during audits.
2. Training personnel on relevant procedures.
3. Maintaining spill response procedures.
4. Using spill containers under dispensers.
5. Ensuring fuel tanks >500 gallons are double-walled and protected.
6. Providing required information to regulatory agencies.
7. Arranging regular removal of regulated waste.
8. Placing 20lb ABC fire extinguishers within 25 ft. of fuel or flammable storage.

Bloodborne Pathogens

1. Contractors must take all reasonable steps to protect employees from exposure to infectious body fluids.
2. All CC Contractors and their Safety Representatives must implement an Exposure Control Plan per 29 CFR 1910.1030.
3. Areas with spilled blood or body fluids must be barricaded and cleaned promptly before resuming work.
4. Personnel assisting injured individuals must wear PPE from a Bloodborne Pathogens kit, which must be included in the Contractor's first aid supplies.
5. If tasks may involve exposure to blood or body fluids, the Contractor must notify the CSM and offer Hepatitis B Vaccination with documentation of acceptance or refusal.
6. All body fluids are considered contaminated and must be cleaned and disposed of using:
    - PPE during cleanup
    - Puncture-resistant, labeled containers with the Biohazard symbol

- Proper disposal at a servicing facility

7. Contaminated materials must be labeled and treated as hazardous.
8. This policy must be reviewed during orientation.
9. First aid/CPR-certified employees must be trained in company procedures for minimizing exposure risks.

Water Intrusion Program

Water damage from sources like floods, roof/steam leaks, groundwater, or sewer backups can harm building materials and furnishings. If not promptly addressed, moisture can lead to mold growth. Contractors must maintain an active moisture control program throughout the project.

Cause of Mold / Fungus Growth

Mold can develop within 24–48 hours of moisture exposure, especially if undetected. Spores often enter through doors, windows, or HVAC systems and grow on damp surfaces. Key conditions promoting mold include:

- Moisture: Relative humidity >60%; moisture levels >12%
- Temperature: 40–100°F
- Nutrient Sources: Dust, soil, leaves, organic matter, adhesives, etc.

Prevention

Moisture control is essential. Immediate response to any water release is critical to prevent mold development

Remediation

Remediation steps should include:

1. Identify the water source and expected contaminants.
2. Document all water-damaged areas, including under furnishings.
3. Use a moisture meter to assess drywall damage.
4. Remove wet materials within 24–48 hours; if timing is unknown, assume over 48 hours.
5. Decontaminate using diluted bleach or approved disinfectant-detergent, then air-dry.
6. Attempt to contain damage before repairs; contact OCIP Insurance prior to starting.
7. Contractors must report significant water releases or ongoing moisture issues to the CC OR.
8. Document incidents with details: location, date, cause, corrective actions, resolution date, re-inspection results, and photos.
9. Train contractor personnel during orientation on the link between water damage and mold; report recurring moisture issues to Facilities.
10. Re-inspect cleaned areas to confirm dryness and absence of mold.

Appendices

Appendix A: Cleveland Clinic Main Campus Emergency Situation Codes

Appendix B: Environment of Care and Interim Life Safety Measures

Appendix C: Construction Contractor Fire Plan

Appendix D: Cleveland Clinic Fire Safety Management Plan

Appendix E: The Joint Commission Survey – Daily Checklist

Appendix F: Fire Stop Penetration Tracking Form

Appendix G: Fire Watch Log

Appendix H: Confined Space Procedures

Appendix I: Lock Out Tag Out (LOTO) Safe Operating Procedures

Appendix J: Non-Employee Visitation and Onboarding Standard Operating Procedure

Appendix K: Injury Classifications

Appendix L: Facility Modifications Policy

Appendix M: Interim Life Safety Measures

These resources are also listed on Cleveland Clinic's Supply Chain website

COST REIMBURSEMENT

The purpose of this document is to present all information to the contractor in the early stages of a project to ensure the project is efficient and effective in managing costs. This document effectively sets the expectations.

In order for a Contractor to be successful one needs to understand how the current process works. Below are the key processes to understand.

This guide should be treated for all contracts with cost-reimbursement terms.

We feel the information provided will allow the Contractor all the tools and resources available for future successful projects.

Contract supersedes any discrepancies

PRECONSTRUCTION KICKOFF

The purpose of the PreConstruction kickoff meeting is to communicate: 1. Expectations of the Contractor 2. Set up workflows and reoccurring meetings 3. Provide information and answer questions

All individuals involved in processing and approving of the pay applications and contractual documents. This should include the OR, CRT team members (if applicable), CM's PM & specific individual(s) who prepare cost documents and DA subs, if required.

Expectations to the Contractor: In this PreConstruction kick-off meeting we explain the expectations and details required of the CM. We share the project review tracker and explain how comments are tracked (see I. Project Review tracker for more info).
Workflows and Reoccurring meetings: We set up necessary dates for approving documents before they are executed (contractual documents - CMOC, pay application - Oracle).

- **Invoice workflow:** CM is expected to follow the pay application due date according to the contract documents. The project kickoff reinforces this date and shows the workflow (see D. Invoicing for more information).
- **Contractual docs workflow:** The project team sets up a review schedule that allows transactions to be approved prior to CMOC submission (see E. Contractual docs for more information).

Other Information: The kickoff also serves a purpose of explaining the following items:

- **Items before construction:** We explain the items needed for construction 1. Staff and Union rates approvals 2. Approve SOV's 3. Review and Approve equipment rates 4. Review Cost and Cash Flow Model Reports (see B. For more information)
- **Escalation Process:** We explain the escalation process for resolving comments or questions raised by the Contract review team.
- **Templates:** We share the following templates to be used on the project. These are referenced in Exhibit A. - E. below:

  Equipment Log ***(Exhibit a.):*** This template tracks all items purchased by the Project that does not get incorporated into the building(s). This template is used for final collection/distribution.
  Allowance Log ***(Exhibit b.):*** This template tracks specific costs against specified contract allowances. Approved LOA's are needed to spend against the allowance with change orders making up the difference in case of over/under runs of allowance amounts.
  Contingency Log ***(Exhibit c.):*** This template tracks the activity of the contingency. All activity needs to have approved LOAs (see D. Contractual documents for more information)
  Equipment Rental ***(exhibit d.):*** This template calculates the monthly cost acceptable per contractor owned equipment. It shows the total allowable cost the equipment rental item can be charged to the project. Before renting owned equipment, template needs to be pre-approved and compared against the cost of Owner purchasing the equipment directly.

  Hold Log ***(Exhibit e.):*** This template tracks specific costs against specified contract holds. Approved LOA's are needed to spend against the holds.
  Job Cost Ledger: To be provided by contractor (needs to be in excel as shall include: Project Number, Project Name, Invoice date, vendor's name, Invoice # & amount requested)
  Discount/rebate tracker: To be provided by contractor
- **Charge backs:** If owner expectations of the Contractor are not met, the contract has established a charge back clause for additional time of Owner in resolving (see H. Charge back for more information)
- **Contract:** Answer any questions regarding contract.

Items required before construction: The PreConstruction kickoff meeting also serves as a place to set up the following expected deliverables prior to Construction below:

- **Examples:** Contractor shall provide an example of Discount/Rebate tracker, Cost Modeling report and Job cost model for preparation of PreConstruction Kickoff.
- **GMP/EMP:** Contractor shall provide estimated GMP/EMP date and expected timeline for delivering on this date. (See D. Invoicing For more information on what is required).
- **Rates:** Contractor shall provide proposed rates from subcontractors on the project. This is required prior to issuance of a LOA Award. See below on what is required:

  1. **LS:** Union rates are required (see C. For more information on what information is required for union rates)
  2. **Design Assist (DA):**Union rates are required (see C. For what is required for union rates)
  3. **Staff Rates** (see C. For more information on establishing staff rates with option to fix)

CONSTRUCTION KICKOFF

- **Design Assist (if applicable):** If applicable to project, please send RFP to CRT for approval prior to executing. Please include CRT in DA interviews.

The purpose of the kickoff meeting is to communicate: 1. Expectations of the Contractor 2. Set up workflows and reoccurring meetings 3. Provide information and answer questions

All individuals involved in processing and approving of the pay applications and contractual documents. This should include the OR, CRT team member (if applicable), CM's PM & specific individual(s) who prepare cost documents & DA representative(s) (if applicable).

Expectations to the Contractor: In this kick-off meeting we explain the expectations and details required of cost reimbursement and LS contractors. We share the project review tracker and explain how comments are tracked (see i. Project Review tracker for more info).
Workflows and Reoccurring meetings: We set up necessary dates for approving documents before they are executed (contractual documents - CMOC, pay application - Oracle).

- **Invoice workflow:** CM is expected to follow the pay application due date according to the contract documents. The project kickoff reinforces this date and shows the workflow (see D. Invoicing for more information).
- **Contractual docs workflow:** The project team sets up a review schedule that allows transactions to be approved prior to CMOC submission (see E. Contractual docs for more information).
- **Reoccurring meetings:** The project kickoff is used to establish a date for the reoccurring meetings (see F. Reoccurring Meetings for more information).

Other Information: The kickoff also serves the purpose of explaining the following items: 1. Items before Construction, 2. Escalation Process 3. Templates and 4. Charge backs

- **Items before construction:** We explain the items needed for construction 1. Staff and Union rates approvals 2. Approve SOV's 3. Review and Approve equipment rates 4. Review Cost and Cash Flow Model Reports (see B. For more information)
- **Escalation Process:** We explain the escalation process for resolving comments or questions raised by the Contract review team.
- **Templates:** We share the following templates to be used on the project. (These are referenced in Exhibit A. - E.)

  Equipment Log (Exhibit a.): This template tracks all items purchased by the Project that do not get incorporated into the building(s). This template is used for final collection/distribution.
  Allowance Log (Exhibit b.): This template tracks specific costs against specified contract allowances. Approved LOA's are needed to spend against the allowance with change orders making up the difference in case of over/under runs of allowance amounts.
  Contingency Log (Exhibit c.): This template tracks the activity of the contingency. All activity needs to have approved LOAs (see d. Contractual documents for more information)
  Equipment Rental (exhibit d.): This template calculates the monthly cost acceptable per contractor owned equipment. It shows the total allowable cost the equipment rental item can be charged to the project. Before renting owned equipment, template needs to be pre-approved and compared against the cost of Owner purchasing the equipment directly.

  Hold Log (Exhibit e.): This template tracks specific costs against specified contract holds. Approved LOA's are needed to spend against the holds.
  Job Cost Ledger: To be provided by contractor (needs to be in excel as shall include: Project Number, Project Name, Invoice date, vendor's name, Invoice number and amount requested)
  Discount/rebate tracker: To be provided by contractor

- **Charge backs:** If owner expectations of the Contractor are not met, the contract has established a charge back clause for additional time of Owner in resolving (see h. Charge back for more information)
- **Contract:** Answer any questions regarding contract.

ITEMS BEFORE CONSTRUCTION

The purpose of the 'Items before construction' as referenced in the Project Kickoff meeting is to establish rates, pay application format & cost and cash flow models.

Rates: It is important to establish rates on the project to: 1. Set expectations on what is approved/included in labor rates 2. Saves times during the construction phase and 3. Eliminates any contract disputes

- **Staff:** CM staff rates are approved during the RFP process and incorporated into the initial PO to the Contractor (Both CM and DA subcontractors). These rates are based on actual costs in accordance with the contract terms at the time of the RFP. If proposed in a competitive environment, a fixed yearly escalation can be established that calculates updated rates in January 1 of each year. Establishing rates can be done to eliminate the need to update rates on a continuous basis. New members of the project team (if pre-approved by owner) will need to establish rates if being added to the project. See attached staff rate template.
- **Staff changes:** The CM is responsible for ensuring that CRT has all current rates and all applicable support prior to billing new rates. The CM should ensure all information is received and reviewed by the CM prior to submitting for CRT for their review. Rates should not be billed unless they are approved by the CRT and reviewed by the CM. The status of rates should be tracked using the project review tracker.
- **Union:** Union rates need to be approved prior to LOA award. Rates are established based on following: Union Base pay and related union benefits, taxes (FICA, SUTA & FUTA) and workers' compensation. See attached union template. Rates are updated 2 times a year: when the union year ends and when worker's compensation year ends.
- **Union changes:** The CM is responsible for ensuring that CRT has all current rates and all applicable support prior to billing new rates. The CM should ensure all information is received and reviewed by the CM prior to submitting for CRT for their review. Rates should not be billed unless they are approved by the CRT and reviewed by the CM. The status of rates should be tracked using the project review tracker.
- **Equipment:** Equipment rates need to be Approved by Owner. Prior to renting, the Contractor shall fill out the 'Equipment rental' schedule as referenced in exhibit d. This shows the allowable amount to charge per month and duration of the project. Also shows the estimated cost to rental and is compared against a 3rd party estimate to buy.

Pay Application Format: It is important to review the pay application formation in the early stages of the project. This allows the owner an opportunity to approve the presentation of the contract amounts for future changes. The format of AIA documents should also align with BSO's approved template.

Financial models: The Cash Flow and Cost Modeling Models should be presented to the Owner for acceptance before submitting on a reoccurring basis during the project. This presents the opportunity of the owner to ensure all financial information is complete and will be able to be shared with the owner.

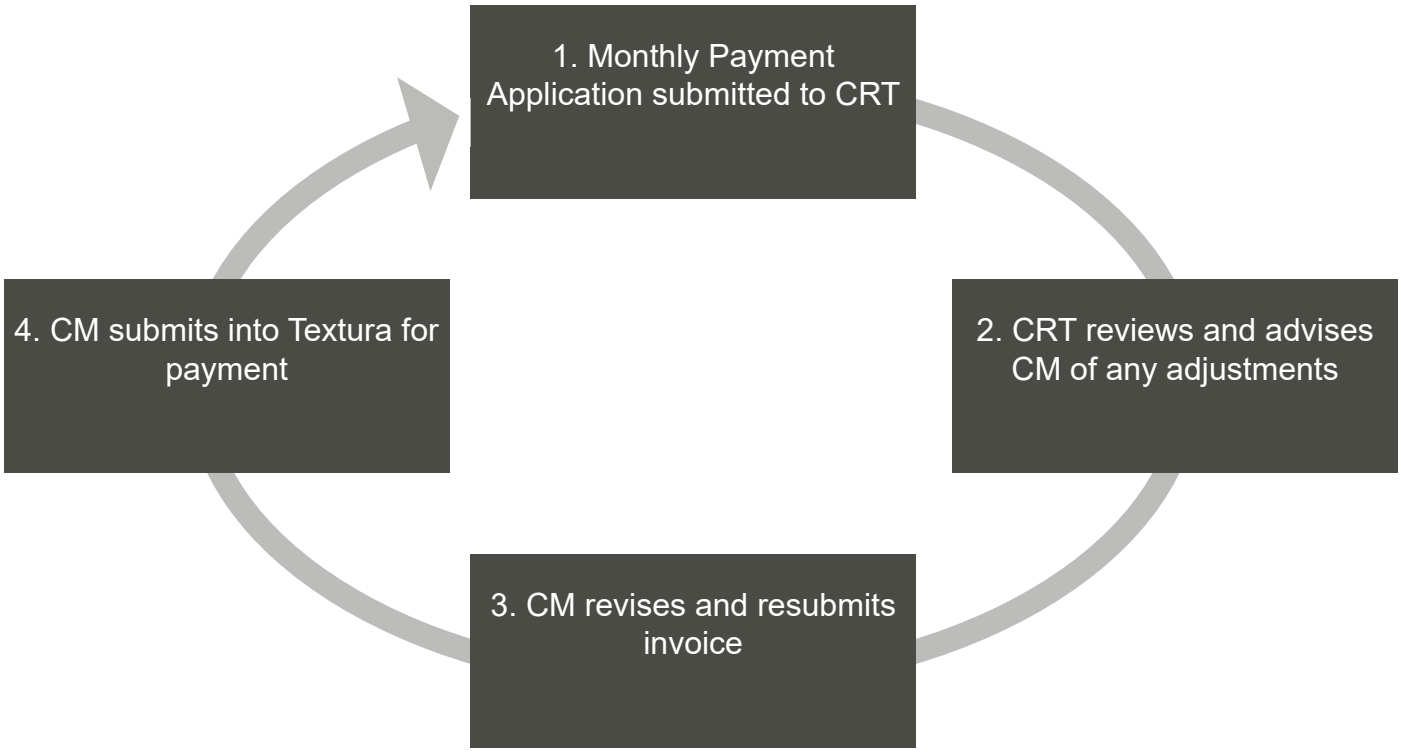
- **Cost Modeling in excel format:**
    1. Should show all committed and uncommitted costs incurred as of the date of the report (subcontracts, purchase orders, change orders for CM and each Subcontractor and Supplier)
    2. Forecast of foreseeable and estimated costs (including proposed/anticipated change orders)
    3. Costs incurred to date
    4. CM's estimate of COW to be incurred in completing the Project
    5. CM's recommendations for corrections if expected costs to exceed contract amount
- **Cash Flow Model in excel format:**
    1. Actual spent to date compared to budget
    2. CM's explanation of variances

INVOICING PROCESS

The purpose is to set the expectation for pay applications and the workflow.

All cost reimbursement contracts (GMP, IPD & Cost-reimbursement contracts)

Expectations to the Contractor: It is the responsibility of the CM on the project to ensure that project costs are accurate, timely and complete. It is the expectation that the CM reviews all costs before submitting to the Owner. The Pay Application that is sent to the owner for approval shall be treated as 'complete' and deemed ready for uploading for payment (if no pre-approval process is in place). This does not mean a 'Pencil Copy' as that may be sent to the OR prior to our review.
Invoice Workflows: See below for the workflow process for pay applications with CRT incorporated into the project.
Each step is detailed out to the right.



1. **Monthly Payment Application submitted to CRT:** The CM shall submit the complete pay application to the CRT team member and the OR. As part of the submission, the following items needs to be included.
    - **Logs:** As part of the invoice submission, the following detailed forms need to be completed as mentioned in the kick-off meeting.
        - Equipment Log
        - Allowance Log
        - Contingency Log
        - Discount/Rebate Tracker
        - Equipment Rental
        - Hold Log
        - Job Cost Ledge
    - **Construction Manager:** As part of the invoice, the CM shall provide the following in addition to the logs mentioned above.
        AIA documents: The required G702 and G703 shall agree with the Owner's PO and should be complete and accurate.
        Summary sheet: The Summary Sheet must include detailed line item billing from the G703, with all supporting documentation attached.
            Staff: Summary of hours by position with associated time sheets and support. Please refer to c. Items before Construction for submitting updated rates.
            Reimbursables: Actual invoices for each item billing with prior approvals
            Fee calculations: Calculations for fees and insurances
            Union labor (if applicable): Certified Payroll required. Union should be treated as weekly amounts if system can show totals by week (Total wages + Total Liabilities). If not, a detailed summary is necessary for each tradesman followed by their hours and pre-approved rate. Please refer to c. Items before Construction for submitting updated rates.
    - **DA Contractors (if applicable):** The DA subcontractor shall provide the following as part of the payment application:
        AIA documents: Required G702 and G703 that is complete and accurate
        Summary sheet: Summary sheet should be complete and accurate and tie to the work completed in the G703. Included in the summary is the total for each category as shown below.
            Staff: Summary of hours by position with associated time sheets and support. Please refer to c. Items before Construction for submitting updated rates.
            Reimbursables: Actual invoices for each item billing with prior approvals
            Union Labor: Certified Payroll required. Union should be treated as weekly amounts if system can show totals by week (Total wages + Total Liabilities). If not, a detailed summary is necessary for each tradesman followed by their hours and pre-approved rate. Please refer to c. Items before Construction for submitting updated rates.
            Fee calculations: Calculations for fees and insurances
            Equipment Rental: See b. Items for before Construction for more information. Rates need to be approved ahead of billings.
            Job Cost Ledger: To be provided by contractor (needs to be in excel and shall include: Project Number, Project Name, Invoice date, vendor's name, Invoice # & amount requested).
2. **CRT reviews and advises CM of any adjustments:** CRT provides comments (if any) using a project review tracker in excel format (see i. Project Review Tracker). This tracker is used to track all comments and specify: 1. Who the comment is addressed to 2. What the comment is 3. What amount is being questioned. The project review tracker is shared weekly (see e. Reoccurring meetings) and as open items are added.
3. **CM Revises and resubmits:** The CM corrects the pay application and resolves all the comments from the Project Review Tracker by 3 business days. The CM fills out the 'Contractor Response' column in the project review tracker for each comment. This comment should provide enough detail that makes it easier to see what was done to resolve the comment.
4. **CM submits into Textura for payment:** If approved by CRT in writing, the pay application can be uploaded into Textura for payment. Any remaining comments need to be resolved in subsequent payment application and/or escalated (see g. Escalation for more information).

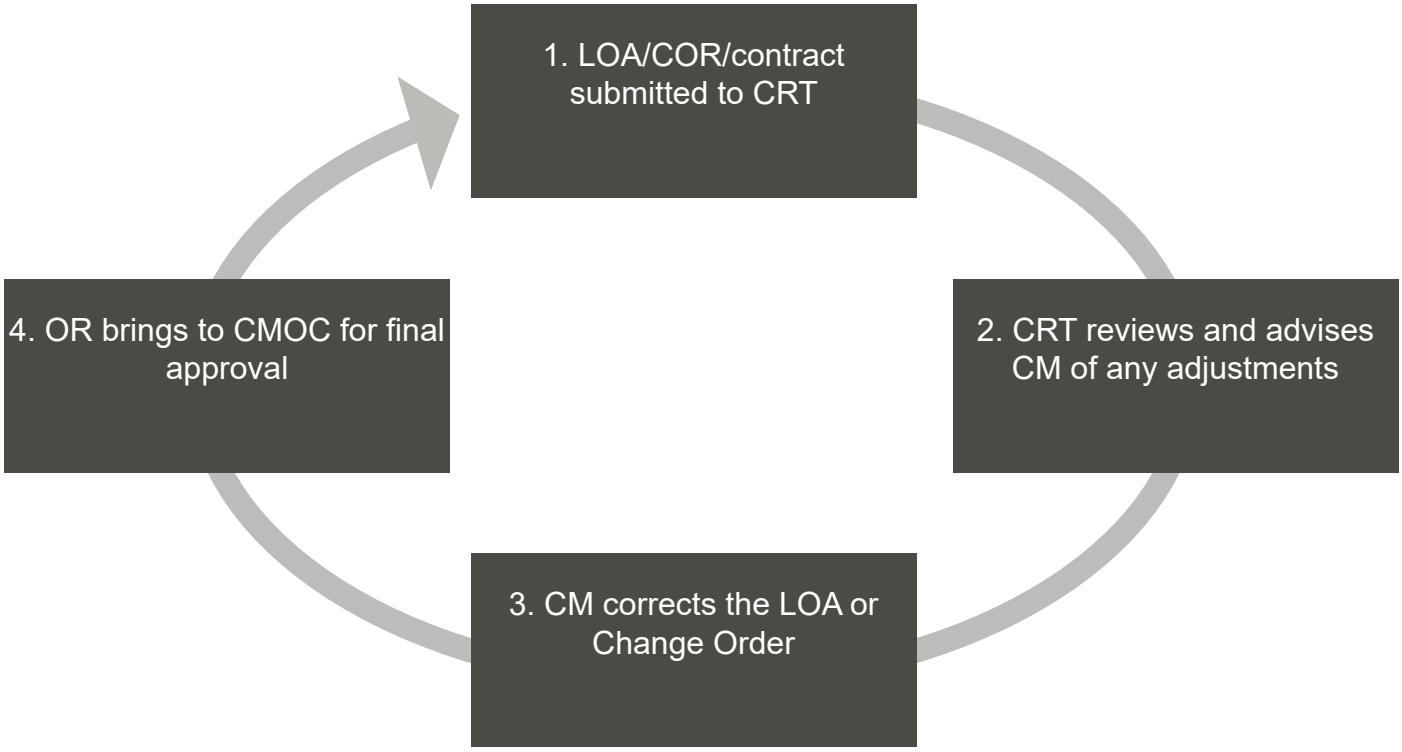
CONTRACTUAL DOCUMENTS

The purpose is to set the expectations for all contractual documents (LOA's/ COR's/contract documents)

All cost reimbursement contracts (GMP, IPD & Cost-reimbursement contracts)

Expectations to the Contractor: It is the responsibility of the CM on the project to ensure that project costs are accurate, timely and complete. It is the expectation that the CM reviews all costs before submitting to the Owner. All contractual documents sent to the owner should be previously reviewed by the CM to ensure the document is properly supported and has proper supporting documentation.

Invoice Workflows: See below for the workflow process for Contractual s with CRT incorporated into the project.
Each step is detailed out to the right.



1. **LOA or COR submitted to CRT:** The CM shall submit the contractual document to the CRT team member and the OR. As part of the submission, the following items needs to be included for each transaction type.
    - **LOA Award:** As part of the LOA award, the pre-approved rates need to be included (See c. Items before construction for more information on how to establish rates).
    - **LOA/COR:** LOA's/COR's are either LS or T&M. Please indicate in the description which type it is as it has different supporting requirements as shown below:

        LS: The Following required documentation is required for Lump Sum. Note LOA needs to be submitted prior to work starting.

        1. Detailed summary that breaks out labor into hours and pre-approved rates, and reimbursables.
        2. Quotes (or invoices) for reimbursables
        3. Analysis by CM evaluating estimates are fair and reasonable

        T&M: The Following required documentation is required for Time and Materials. An estimate needs to be prepared prior to work beginning.

        1. Detailed summary that breaks out labor into hours and pre-approved rates and reimbursables.
        2. Invoices for all materials billed
        3. Signed tickets that are: 1. Signed by the CM's superintendent 2. Complete and that shows name, date worked and classification of each individual.
        4. Signed certified payroll that covers all dates worked from the signed tickets
    - **Contract:** The following needs to be provided for GMP/EMP's
        1. Detailed summary
        2. Allowances and Holds separate from subcontractors
        3. Details on all calculations on fees/insurances
        4. Detail summary from each DA contractor that includes:
            - 1st tier LS contractors and how they were competitively bid (if >50k) with pre-approved rates
            - Staffing plan with pre-approved rates
            - Details on calculations on fees/insurances
2. **CRT reviews and advises CM of any adjustments:** CRT provides comments (if any) using a project review tracker in excel format (See I. Project Review Tracker). This tracker is used to track all comments and specifies: 1. Who the comment is addressed to 2. What the comment is 3. What amount is being questioned. The project review tracker is shared weekly (see e. Reoccurring meetings) and as open items are added.
3. **CM Revises and resubmits:** The CM corrects the pay application and resolves all the comments from the Project Review Tracker by 3 business days. The CM fills out the 'Contractor Response' column in the project review tracker for each comment. This comment should provide enough detail that makes it easier to see what was done to resolve the comment.
4. **CM submits into Oracle for payment:** If approved by CRT in writing, the pay application can be uploaded into Oracle for payment. Any remaining comments need to be resolved in subsequent payment application and/or escalated (see g. Escalation for more information).

REOCCURRING BASIS TOUCH POINTS

The purpose of the reoccurring meetings are: 1. Provide timely feedback 2. Resolve comments timely 3. Communicate charge backs 4. Review Cost model and Cash Flow reports 5. Review constraint logs

All individuals involved in processing and approving of the pay applications and contractual documents. This should include the OR, CRT team member (if applicable), CM's representative(s) & DA representative(s) (if applicable).

1. **Provide timely feedback (weekly):** In a weekly basis CRT will communicate all closed comments from the project review tracker (see i. Project Review Tracker). This will allow the team to learn from the comments to prevent future comments related to the same issue.
2. **Resolve comments timely (Weekly):** In a weekly basis CRT will share with all participants the open comments from the Project Review tracker (see. I. Project Review Tracker). If possible, escalated parties will be included in these weekly meetings (see. G Escalation for more information).
3. **Communicate charge backs (Weekly):** In a weekly basis CRT will share all participants the status of charge backs and the different levels for each issue (see h. Charge back for more information).
4. **Review constraint logs (Weekly):** In a weekly basis the CM will share the current constraint log and answer any questions.
5. **Review Cost Model and Cash Flow reports (Monthly):** On a monthly basis the CM will share the current monthly reports (see c. Items before Construction for what is included in these reports).

ESCALATION PROCESS

The purpose of the escalation process is to address the comments timely and properly escalated to the correct parties for resolution. Below is the current escalation process set in place.

All individuals involved in processing and approving of the pay applications and contractual documents. This should include the OR, CRT team member (if applicable), CM's representative(s) & DA representative(s) (if applicable).

Current	OR/CRT team lead/CM Project Manager (Also Core team, if IPD project)	The OR and CRT will work with the CM (and team contractors) to resolve all comments in the current workflow (see d. Invoicing and e. Contractual docs). A weekly meeting has been established to go over these comments timely (see f. Reoccurring meetings). If invoice is outstanding (3 business days late and/or response), notification will be made to project team that invoice will be escalated to the next level.
Level 1	RDC/Contract Review Manager/CM Project Executive (Also Executive Core team, if IPD project)	In the event comments are not resolved with current project team (OR/CRT team lead?CM), the issue will be presented to the RMC and Contract Review Manager. This escalation is caused by one of three issues: 1. Disagreement between the parties, 2. Item not being resolved timely (typically >30 days) and 3. Pay Application being >3 business days late. Escalation also applies when comments are not addressed by 3 business days. If invoice is outstanding (6 business days late and/or response), notification will be made to current escalated level that invoice will be escalated to the next level.
Level 2	Finance Director/Senior Director of Construction & Engineering / CM Project Executive (Also Executive Core team, if IPD project)	In the event comments are not resolved with the 1st Level (RMC/Contract Review Manager), the issue will be presented to Senior Director of Construction & Engineer and Finance Director. This escalation is caused by one of three issues: 1. Disagreement between the parties, 2. Item not being resolved timely (typically >60 days) and 3. Pay Application being >6 business days late. Escalation also applies when comments are not addressed by 6 business days. If invoice is outstanding (9 business days late and/or response), notification will be made to current escalated level that invoice will be escalated to the next level.
Level 3	CM Project Executive (Also Executive Core team, if IPD project)	In the event comments are not resolved with the 2nd Level (Senior Director of Construction & Engineering & Finance Director), the issue will be presented. This escalation is caused by one of three issues: 1. Disagreement between the parties, 2. Item not being resolved timely (typically >90 days) and 3. Pay Application being >9 business days late. Escalation also applies when comments are not addressed by 9 business days.

CHARGE BACK EXPECTATIONS

In accordance with the contract (see below 10.2.1.1), the Owner may reduce the applicable progress payment by a reasonable amount due to repeated submissions of inaccurate, missing information, non-reimbursable costs and costs more than 60 days late. This process will explain the expectations of the CM, what the issues are, the communications associated with the issues and the cost of the charge back.

10.2.1.1 If Construction Manager repeatedly submits applications for payment, invoices or supporting costs provided in other contexts (e.g. Change Order proposals) that are inaccurate or missing required backup or request reimbursement for costs that are not reimbursable and should be accounted for as part of Construction Manager's Fee, or submits applications for payment, invoices or supporting costs more than 60 days after the end of the calendar month for which they are due, then Owner may (upon review of the circumstances) reduce the applicable progress payment (or such other payment due Construction Manager in connection with the submission) by a reasonable amount to account for the additional time and effort required of Owner in reviewing and addressing the situation. Issues uncovered in the progress payment application review process as described in this Section 10.2.1.1 shall not be considered audit findings subject to Section 3.7.12

Expectation of CM: It is the responsibility of the CM on the project to ensure that project costs are accurate, timely and complete. It is the expectation that the CM reviews all costs before submitting to the Owner. This contract clause allows the CM to learn from their errors timely and to develop controls to prevent future repeatable errors.

Issues: CRT has compiled a list of recurring issues identified during past reviews to help clarify errors and communicate their frequency to project teams. This list is not exhaustive and may be updated as new issues arise.

Duplicated Fee	Equipment Log
Duplicated Labor	Missing support
Duplicated Reimbursable	Missing support: job cost ledge
Duplicated work in place	Missing support: Equipment rental
Incorrectly billed project	Missing support: Discount rebate tracker
Incorrectly calculated retainer - Over billed Cash	Missing support: Contingency/Allowance/Hold Log
Over billed Fee	Missing support: CPR
Over billed Labor Hours	Missing support: Tickets
Over billed Labor Hours and Labor Rates	Missing support: Invoices
Over billed Labor rates	Non-Reimbursable
Over billed Reimbursable	Not approved Labor
Over billed work in place	SDI charge
Overstated SOV	Over 60 days

Communication of charge back: For each issue as shown above, CRT will track the frequency of each issue and communicate any changes on a weekly basis as part of a reoccurring meeting. Charge back will be applicable on the 4th offense with communication given at different stages (see on page 61). The warnings are made at a project level, not by individual contractor.

Occurrences	Escalated Level	
1st Occurrence - Lesson learned with future errors resulting in warnings as documented in Project Review Tracker.	OR/CRT team lead/CM Project Manager	Cleveland Clinic next escalated level
2nd Occurrence - 1st Warning - The CRT team member will issue the warning to the OR with OR coordinating the meeting with escalated individuals.	OR/CRT team lead/CM Project Manager/Core Team	Cleveland Clinic next escalated level
3rd Occurrence - 2nd Warning - The CRT team member will issue the warning with OR coordinating the meeting with escalated individuals.	RDC/Contract Review Manager/CM Project Executive/ Exec Core Team	Cleveland Clinic next escalated level
4th Occurrence - 3rd Warning - The CRT team member will issue the warning with OR coordinating the meeting with escalated individuals. A formal letter will follow to leadership of the appropriate party that identifies the issue and gives warning that future findings of this nature will result in a charge back.	Finance Director/Senior Director of Construction & Engineering/CM Project Executive/Exec Core team	Notification to ECMOC
After 4th Occurrence - Charge back will be assessed for each issue. *Need to define communication. Box description see tracker attached for repeated items. In the core document have rate * hours and description of charge back. Attach warning letter and detail from PRT on specific issues.		

CRT team member will track the incremental time due to the issue after it's 3rd warning. The rate used will be CM's project accountant or the individual preparing the pay applications. Issued charge backs will be communicated to the team for issuance of change order for CMOC submission. Once issued at CMOC, the charge back or COR will be applied on the subsequent pay application

Scope: All invoices, change orders and LOA's.

PROJECT REVIEW TRACKER

Item #	OR, Invoice & Contract)	Current (C) / Subsequent (S)	Escalated Lvl	Date Received	Date Reviewed	Date to OR
1	Invoice	C		0-CRT	1/1/2022	1/2/2022

Days to Review	Days to Close	CM	Project Number	Project Name	Contractor	Document
1		ABC company	101	New Building	YZ Contracting	PA#1

Category	Issue	Comment	Amount	Contractor Mark-ups	Cm Markups	Total Projected
Labor	Over billed labor hours	Missing time sheets	2,000	200	110	2310

Final amount	Contractor response/Date of response	Result/Date of Review	Open/Closed	Date Closed	CRT Member	Owners Rep
100	118/120 support-ed hours	1/4/2022 Cleve-land Clinic noted rate has been corrected as indicted	Closed	1/4/2022	AA	BB

Contractor is expected to complete the tracker in a timely manner.

Completion: Cleveland Clinic will complete all columns except Column W, Contractor Response/Date of Response. Contractor responses must:

1. Address the comment in detail.
2. Reference applicable page(s) where changes were made.
3. Include the date of response; subsequent updates must reflect new dates.

The completed tracker must be returned to the owner in Excel format

What happens with the information in the Project Review Tracker?

1. Information gets tracked for frequency of issues - see h. Charge back for more information.
2. Information on adjustments is shared with executive CMOC on a ongoing basis.

EQUIPMENT LOG

Pay App #	Contractor Purchased	Date from Invoice	Invoice #	Vendor	Item Description
Pay App #1	ABC contracting	1/31/2017	HP12345	Hewlett-Packard	Elite Display E232
Pay App #2	ABC contracting	2/15/2017	1345675	Costco	Foldable Tables

Serial #	Issued to	Condition	Quantity	Amount per each item	Extended (including tax and shipping)
ASD F123	Brendan Walsh	Operable	1	$500	$500
N/A	N/A	Operable	3	$50	$150

ALLOWANCE LOG

Contingency Name			$25,000 **Beginning Amount**
Subcontractor	Description	Authorization COR/LOA #	Amount

$25,000.00 **Ending Amount, agrees with AIA**

CONTINGENCY LOG

Contingency Name			$25,000 **Beginning Amount**
Subcontractor	Description	Authorization COR/LOA #	Amount

$25,000.00 **Ending Amount, agrees with AIA**

EQUIPMENT RENTAL SCHEDULE

Equipment Rental Schedule	
Project Name	
Project Number	

Step 1: Rental Rate Support

1. Provide the Fair Market Value (FMV) of the equipment on first day used on the Worksite and provide support WW
2. Percentage of market price that can be charged to project is agreed upon by the Owner
3. Blue Book monthly rate (CM, affiliates, subsidiaries or related parties)
4. AED Green Book monthly rate (other parties)
5. Monthly rent charged to project is agreed upon by the Owner (80% - 3a, 75% - 3b)
6. Quote from 3rd party to show cost for purchase
7. Amount available to bill - (Can not be less than zero).

			1	2	3	4	5	Estimated		6	7
Item #	**Equipment #**	**Piece of Equipment**	**FMV**	**90% of FMV that can be Charged to Project**	**Monthly Market Blue Book monthly rate**	**Monthly Market AED Green Book monthly rate**	**Monthly Rent Charged to Project**	**Number of months Anticipated on Project**	**Total Estimated Cost**	**Total Estimated Cost to Purchase**	**90% of Market Price Remaining To Be Billed**
1-Example	HQ3	Sample piece	$9,000.00	$8,100.00	$475.00	-	$380.00	50.00	$19,000.00	$10,000.00	$6,960.00
1-Example	HQ3	Sample piece	$5,000.00	$4,500.00	-	$150.00	$112.50	19.00	$2,137.50	$1,500.00	$4,162.50

Step 2: Billing Schedule

	Jan-18	Feb-19	Mar-18	Apr-18	May-18	Jun-18	Total
	$380.00	$380.00	$380.00				$1,140.00
				$112.50	$112.50	$112.50	$337.50
Monthly Amount to be Billed	$380.00	$380.00	$380.00	$112.50	$112.50	$112.50	$1,477.50

Pay Application 1	$380.00	$380.00					$760.00
Pay Application 2			$380.00				$380.00
Pay Application 3				$112.50			$112.50.00
Pay Application 4					$112.50		$112.50.00
Pay Application 5						$112.50	$112.50.00
Amount billed on Pay App	$380.00	$380.00	$380.00	$112.50	$112.50	$112.50	$1,477.50

HOLD
LOG

Hold Name			$25,000 **Beginning Amount**
Subcontractor	Description	Authorization COR/LOA #	Amount

$25,000.00 **Ending Amount, agrees with AIA**

UTILITY SHUTDOWN

1. At the start of a project, Contractors will need to identify all the shutdowns required for the project (to the best of your knowledge) for facilities planning purposes.
    - Include a “Shutdown” section of known required shutdowns in your kickoff meeting agenda (review with the subs before the job starts).
    - Shutdown dates can be further clarified in the weekly progress meetings - include an agenda item for shutdowns and also include in the 3 week look ahead of all work.
2. All shutdowns require a 10-day notification (working days)
    - Contractors are required to complete the attached form in its entirety and submit by email to assigned Owner’s Rep(OR).
        - When submitting shutdown email request, Project number, project name, and utility request must be in the subject line. Example: 5619858 – FV Cath Lab Renovation – Fire Alarm Shutdown
    - Shutdowns must be specific and have detailed information for each required shutdown. ONE shutdown request will be required for each utility being impacted. Following are examples:
        - Hot water heating loop shutdown - Tie in of new VAV boxes
        - Electrical Shutdown -addition of 6circuits in panel ANP-EDI
        - HW/CW/Sanitary Shutdown–sink install in room 341
        - Etc.
    - The OR will then distribute to Facilities Team (FEDS) and copy requesting contractor.
    - Any requests submitted directly to FEDS management or trades will be rejected. FEDS will also reject any verbal requests. FEDS will forward any direct requests to OR’s to address.
    - If the shutdowns are required within the 10 day window, OR will review with FEDS on a case by case basis.
    - Contractors to confirm CRRAS is current before submission.
    - FEDS will do their best to respond with approval/non-approval within 4 days before requested shutdown. Note–this step could take longer if the shutdown is large scale. Again goal is to plan and communicate in the construction kickoff and weekly meetings.
3. At the conclusion of the requested shutdown,a confirmation email will need to be sent by contractor. Attached in the email must be the original shutdown request with the date and time completed along with signature. This needs to be sent to the following:
    - FEDS
    - Copy the Owners Rep/PM
    - Copy Regional Manager

ASSET MANAGEMENT

1. New construction projects

   As part of a new build, adding assets to maintenance database and scheduling required preventive maintenance is facilitated by our team. The following information will be required:

   - Model
   - Manufacturer
   - Equipment description
   - Architectural location (physical room or corridor number)
   - Serial number
   - Life expectancy
   - List Price
   - Acquisition cost
   - Current Book value
   - End of Life expectancy
   - Copy of Verification Report for Medical Gas
   - Commissioning of fire dampers. Cleveland Clinic needs to record and document the commissioning
   - Time dampers are being commissioned per code requirement.

   Please send this information in the template that will be provided by Cleveland Clinic team member after install or in stages as the project progresses. Cleveland Clinic needs time to asset tag the equipment, add the new assets to our data base, and schedule them for maintenance before the building is open to patients and staff.

2. Existing building renovation projects

   Maintenance Planners/Facilities Managers will need to be notified of the start date for all projects. Cleveland Clinic staff will need a list of all asset numbers of the equipment being discarded, so they can be removed from the database. Once the new equipment is installed, Cleveland Clinic staff will need the same information as stated above, so the assets can be entered into the system and scheduled for maintenance.

TEXTURA
PAYMENT MANAGEMENT

Process A: General Contractors

Process B: Direct Vendors