CONSTRUCTION INDUSTRY SAFETY COALITION

March 2, 2021

James "Jim" Frederick
Principal Deputy Assistant Secretary
U.S. Department of Labor
Occupational Safety and Health Administration
Room: S2315
200 Constitution Ave., NW
Washington, DC 20210

Re: Construction Industry Safety Coalition
Concerns with Issuance of Emergency Temporary Standard

Dear Mr. Frederick:

On behalf of the Construction Industry Safety Coalition ("CISC"), we write as a follow-up to our letter dated January 27, 2021, requesting a meeting with you and Occupational Safety and Health Administration ("OSHA") officials as you consider how OSHA can best protect workers from workplace exposure to COVID-19. We were informed that OSHA is unable to accommodate individual meeting requests from stakeholders. While we are disappointed in this, we believe it is important to provide the Agency information regarding the experiences of the construction industry throughout the pandemic.

President Biden's recent *Executive Order 13999 on Protecting Worker Health and Safety* directed OSHA to consider whether an Emergency Temporary Standard ("ETS") is warranted to address COVID-19 in the workplace. The CISC is concerned with the possible issuance of an ETS at this time to address COVID-19 in the construction industry, particularly given the sharply declining case counts, the low risk nature of construction work, and the ever-changing nature of the pandemic. The CISC is also concerned that certain provisions OSHA might include in a COVID-19 standard would be unworkable in construction and would fail to take into account the unique characteristics of the construction industry.

A. Background on the CISC

The CISC is comprised of 30 trade associations representing virtually every aspect of the construction industry. The CISC was formed several years ago to provide data and information to OSHA on regulatory, interpretive, and policy initiatives. The CISC speaks for small, medium, and large contractors, general contractors, subcontractors, and union contractors alike. The CISC represents all sectors of the construction industry, including commercial building, heavy industrial production, home building, road repair, specialty trade contractors, construction equipment manufacturers, and material suppliers.

B. The Construction Industry's Proactive Efforts to Mitigate the Impact of COVID-19 on Construction Workers

Workplace safety and health is a priority for all members of the Coalition, and each is committed to helping create safer construction jobsites for workers. From the outset of the pandemic, the construction industry has been deemed essential critical infrastructure by the Department of Homeland Security.[1] Construction industry employers and employees have in large measure continued to work in states and localities across the country. As a result, the industry has been at the forefront of efforts to protect construction employees.

As we mentioned in our January 21, 2021, letter, the CISC developed a "COVID-19 Exposure Prevention Preparedness and Response Plan" (the "Response Plan") in March of 2020, which has been made available in both English and Spanish and provided at no cost to the construction industry. The CISC updated the plan four times to account for changes in guidance from the Centers for Disease Control and Prevention ("CDC").

The Response Plan provides a comprehensive approach for minimizing the risk of exposure to COVID-19 in the construction work environment. It sets responsibilities for managers and workers, provides key jobsite protective measures, and discusses personal protective equipment ("PPE"), work practice controls, use of face coverings, and how to handle employees who exhibit symptoms of COVID-19 or test positive. Sample forms and notifications are also included, along with a COVID-19 "Checklist" and "Toolbox Talk."

The Response Plan is tailored to the construction environment, which OSHA has generally classified as low hazard. Early in the pandemic, the CISC felt that most of the guidance for businesses was directed at general industry and stationary worksites. The Response Plan developed by the CISC was one of the first comprehensive guidance documents directed specifically at the construction industry. Indeed, several states and localities took note and referenced the Response Plan in their COVID-19 orders and guidance documents.

In addition to the Response Plan, the CISC organized two safety stand downs related to COVID-19, one in April 2020 and the other just recently in January 2021. The most recent stand down was designed, in part, to reinforce that construction employers and employees must stay vigilant when complying with key prevention efforts.

C. OSHA's Efforts Must Be Transparent

The CISC appreciates the Agency's focus on protecting workers from COVID-19, but respectfully urges the Agency to meaningfully engage with the public and provide an opportunity for public input regarding the best approaches to protect workers from occupational transmission of COVID-19. While OSHA has conducted listening sessions allowing stakeholders to speak for three

[1] Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers' Ability to Work During the COVID-19 Response, U.S. Dept. Homeland Security (Dec. 16, 2020) (available at https://www.cisa.gov/publication/guidance-essential-critical-infrastructure-workforce).

minutes, these listening sessions have not been widely advertised and are available only to stakeholders that receive a direct invitation from OSHA. This limits OSHA's insights to only those groups with which it has already established lines of communication and bars other stakeholders from having an opportunity to provide input and feedback on OSHA's regulatory process. Because the stakeholders invited to engage with OSHA through its listening sessions have been limited to three-minute oral presentations, these stakeholders also lack the opportunity to provide substantive or meaningful comment.

OSHA has also declined individual meetings and is not accepting written public comments. OSHA declined the CISC's January 27, 2021, request to discuss appropriate measures to keep construction workers safe from COVID-19 in the workplace, citing a high volume of interest in the topic and desire from a variety of groups and private stakeholders to meet.

Respectfully, this is not a transparent process. By taking this position, OSHA is depriving itself of useful information from stakeholders with experience in dealing with the pandemic. Employers, workers, state agencies, and subject matter experts each have developed unique perspectives over the course of the past year of responding to the pandemic. This input would help OSHA craft an appropriate and targeted standard to provide the most effective protection for workers. We urge OSHA to reconsider its process.

The CISC requests that OSHA open a public docket and consult with the Advisory Committee on Construction Safety and Health ("ACCSH"). Complete transparency is critical. OSHA is considering changing its publicly-stated position from the first 11 months of the pandemic that an ETS was not needed to protect employees from COVID-19. It is unclear what would warrant such a change, particularly given the declining case counts.

Consulting ACCSH is particularly important in the CISC's view. ACCSH was established by the Construction Safety Act to serve an advisory function for the Secretary of Labor in formulating safety standards applicable to the construction industry. As you know, OSHA's own regulations require that the Assistant Secretary consult the ACCSH "whenever occupational safety or health standards are proposed."[2] It is critical that OSHA consult with its advisory committees, including ACCSH, to ensure any ETS reflects the advisory committees' relevant expertise.

D. Concerns with Potential Provisions in a COVID-19 Standard

While OSHA has yet to release a public proposal on what should be included in a COVID-19 standard, certain approaches taken by states and localities have proven problematic. CISC members have continued operating during the pandemic and, thus, have important experience in working to comply with some provisions that OSHA may be considering in an ETS. Below we respectfully outline recommendations for OSHA's consideration should it choose to issue a COVID-19 ETS.

[2] 29 C.F.R. § 1912.3(a).

First, the very nature of COVID-19 is not conducive to a strict, static ETS. COVID-19 is commonly referred to as a "novel" coronavirus and what public health authorities know about the virus changes on an almost daily basis. The public health community is rigorously studying COVID-19 and, despite these efforts, its understanding of the risks and health effects is constantly evolving. As just a few examples, the CDC has changed its list of symptoms associated with COVID-19 at least five times. In December of 2020, the CDC also updated guidance concerning the duration that a "close contact" must quarantine, reducing the period from the previously recommended 14 days to a period of 10 days, or shorter in certain circumstances.

An ETS that does not account for the novel nature of the virus and the constantly changing public health knowledge would not be workable. This has become evident in the states that have adopted temporary or permanent COVID-19 standards, particularly California. California adopted its ETS effective November 30, 2020, and based many of its worker protection provisions on the CDC guidance in effect at that time. The CDC updated its guidance less than a week after California adopted its ETS with the result being that a key provision of the ETS was rendered obsolete.[3] California's ETS contains no mechanism to account for changes in CDC guidance. Therefore, the Governor of California had to issue an Executive Order amending the relevant provision of the ETS to correspond to the CDC's revised guidance.

More recently, the CDC released guidance advising that fully vaccinated individuals who are exposed to an infected individual are not required to quarantine. Although Virginia[4] and California[5] have endorsed the CDC's guidance, neither Virginia's permanent standard nor California's ETS incorporate the CDC's new guidance. In fact Cal/OSHA's latest ETS FAQs still state that "all prevention measures must continue to be implemented" after an employee is vaccinated.[6] This means that, per the California ETS, employers must exclude a fully-vaccinated employee from work if the employee has been exposed to an infected individual, despite the CDC and state guidance stating the exact opposite. Such an inflexible approach illustrates why an ETS is not workable.

Second, OSHA should avoid a broad standard that is generally applicable to all industries, and instead should pursue a flexible approach that accommodates the unique needs of the wide variety of workplaces to which it would apply. As just one example, construction work is very different from general industry work, which is why construction has separate OSHA standards (29 Code of Federal Regulations (CFR) Part 1926). Construction work is frequently performed outside, in ever-changing conditions and varied work environments. A construction project can span for miles with work being performed at various stages along the span. Studies have shown that the

[3] The California ETS essentially set in stone a requirement that an asymptomatic employee who had been a "close contact" of an infected individual must be excluded from work for 14 days. On December 2, 2020, the CDC revised its guidance on this issue and advised that an asymptomatic individual who had been a "close contact" of an infected individual could end their quarantine after 10 days, or shorter in specific instances, instead of the previously recommended 14 days.

[4] See https://www.vdh.virginia.gov/covid-19-faq/vaccination/.

[5] See https://covid19.ca.gov/vaccines/#What-to-expect-after-vaccination.

[6] See https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html#vaccines.

risk of infection of a viral disease is greatest in indoor environments where there is a higher likelihood of "possible buildup of the airborne virus-carrying droplets" and the virus likely has "higher stability in indoor air."[7] As stated above, construction work often occurs outdoors with continuous air flow and this could substantially impact an appropriate regulatory approach. Even with construction work performed indoors, contractors have established mechanisms to protect employees in practical, effective ways.

Third, OSHA should avoid any provisions that exceed appropriate engineering and work practice controls, and PPE. The temporary and permanent standards adopted by various states include excessive provisions, which have shown themselves to be unworkable. One such provision is a mandatory testing requirement. California's ETS includes robust COVID-19 testing requirements covering all employees present in an exposed workplace during a COVID-19 outbreak. Such a mandate is not sustainable. It has become clear that not every county has sufficient free testing sites to provide the required testing. In those counties where there are insufficient free testing sites, employers are required to pay upwards of $160 per test, meaning that large employers have to spend hundreds of thousands of dollars for each round of required testing. Even in counties with free testing sites, employees may wait four to five hours for a test only to find out that a testing site ran out of tests and the employee must return the next day. This is unreasonable and unsustainable, particularly for small businesses and their employees. The construction industry is dominated by small entities with 90 percent of construction firms employing fewer than 20 employees.[8] As OSHA knows, the impacts of its rules on small businesses may differ significantly from the impacts of its rules on large employers, who are often more readily able to absorb regulatory burdens in their operations.

The CISC is also concerned about the potential inclusion of paid leave provisions. Oregon's ETS and California's ETS include provisions providing for job protected leave for employees who are required to quarantine or isolate due to COVID-19. In Oregon, this protection is provided regardless of whether the employee's COVID-19 exposure is work-related. California's ETS goes one step further and includes a paid leave benefit for employees who are excluded from work because of COVID-19. While employees are not entitled to this paid leave benefit if their exposure is not work related, employers carry the burden of proving that the exposure is unrelated to work. This raises serious concerns about how an employer can prove that a COVID-19 exposure is not work related when the virus may be widely present in the community already and therefore exposure could have occurred anywhere. In a transient industry such as construction, the impact of these types of provisions would be particularly burdensome and unworkable.

One additional provision of concern would be the inclusion of quarantine requirements that do not consider critical infrastructure employees. Per the current CDC guidance, an asymptomatic critical infrastructure worker may continue to work after they are exposed to an infected individual

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[7] Lidia Morawska & Junji Cao, *Airborne transmission of SARS-CoV-2: The world should face the reality*, Env. Int'l 139 (2020) 105730, https://reader.elsevier.com/reader/sd/pii/S016041202031254X?token=29CDAF87898139FDC6A3571D438BBDA3407024E5FD47B25BEE93EB9744A95C164CC89A44BDFB7267470F5AE5D9FEEF0.

[8] U.S. Census Bureau (2001), Statistics of U.S. Businesses.

provided that certain criteria are met.[9] Only Michigan has expressly adopted the CDC's guidance in this respect. Virginia's permanent standard provides employers with a quasi-safe harbor provision when following CDC guidance instead of the standard's guidance. California requires employees to obtain a waiver from the ETS's return-to-work requirements and Oregon's ETS does not appear to consider critical infrastructure employees whatsoever. This is of special concern to CISC members as the construction industry has been deemed essential critical infrastructure, as stated above. If construction workers are not permitted to continue working in accordance with CDC guidance, it could put a significant strain on the construction industry.

Finally, some have advocated a national requirement to report COVID-19 exposures in the workplace in order to better track outbreaks in the community and between industries. In the CISC's view, however, this would use up resources while doing little to prevent COVID-19, and could lead to misleading statistics since the exact time and location of infection is impossible to track, particularly in places where there is active community spread. The ongoing COVID-19 pandemic is a unique situation involving a highly contagious virus with exposures inside and outside of the workplace. The significant numbers of cases over the past year demonstrate a large public health problem, but not one necessarily driven by the work environment, and certainly not all work environments in all industries. As such, a broad national workplace reporting requirement would direct significant private and public resources towards tracking trends that would not necessarily lead to improved results for workers or the public at large and particularly given the current declining case counts.

E. The Need for a COVID-19 ETS Applicable to Construction

The CISC understands that OSHA is considering whether an ETS is warranted at this time to address the pandemic pursuant to President Biden's recent Executive Order 13999. Notwithstanding the recommendations outlined above should OSHA choose to pursue an ETS, the CISC questions whether an ETS is justified at this time. An ETS is only appropriate where employees are exposed to grave danger and the ETS is necessary to protect employees from such danger.[10] Current conditions do not meet these requirements, and do not support a change in OSHA's nearly year-long position that existing standards are sufficient to enforce safety measures that protect workers from occupational transmission of COVID-19. In particular, based on the experience of CISC members, the issuance of such an "emergency" standard is not necessary *at this time* to protect construction workers from the transmission of COVID-19 in the workplace.

First, COVID-19 positive cases are declining precipitously in the United States.[11] The United States experienced six straight weeks of a downward trend in daily COVID-19 cases, seeing an

[9] See https://www.cdc.gov/coronavirus/2019-ncov/community/critical-infrastructure-sectors.html.
[10] 29 U.S.C. § 655(c)(1).
[11] *Coronavirus in the U.S.: Latest Map and Case Count*, N.Y. Times (Mar. 1, 2021), https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html (showing a 26 percent decrease in the seven-day average number of reported COVID-19 cases between Feb. 14 and Feb. 28, 2021; a 21 percent decrease in the seven-day average number of reported COVID-19 deaths between Feb. 14 and Feb. 28, 2021; and a 30 percent decrease in the seven-day average number of reported COVID-19 hospitalizations between Feb. 14 and Feb. 28, 2021.)

almost 74 percent decline in the seven-day average of reported cases by the week ending on February 25, 2021.[12] The percent of positive COVID-19 tests also continues to decline, with the seven-day nationwide average falling to near 5 percent as of February 25, 2021, and only four states remaining above a 10 percent average for positive test results. Showing similarly positive trends, both the nationwide rate of new hospital admissions for COVID-19 and the number of daily deaths from COVID-19 continue to decline.[13] With no indication that COVID-19 is more transmissible in the workplace than by community spread, especially for low exposure risk occupations, the declining number of community infections in turn makes occupational transmission less of a threat.

Second, vaccine distribution is accelerating rapidly.[14] The United States COVID-19 Vaccination Program began on December 14, 2020. Currently, three vaccines have been authorized for emergency use. Two of these vaccines are in distribution, with additional vaccines in Phase 3 of clinical trials.[15] As of February 25, 2021, almost 14 percent of the United States population had received at least one dose of vaccine.[16] We can expect these numbers to continue to increase as states, including at least eight states within the last two weeks, announce expansions of vaccine distribution eligibility.[17] The CDC's stated goal is for "everyone to be able easily to get a COVID-19 vaccination as soon as large quantities of vaccine are available."[18] As a result of these efforts, combined with the already accelerating decline in COVID-19 cases, it is not necessary for OSHA to rush an ETS at this time.

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[12] *COVID Data Tracker Weekly Review*, CDC (last updated Feb. 26, 2021), https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html.

[13] *Id*.

[14] *COVID-19 Vaccinations in the United States*, CDC (last visited Mar. 1, 2021), https://covid.cdc.gov/covid-data-tracker/#vaccinations (showing a total of 75,236,003 vaccine doses administered nation-wide, and a total 24,779,920 people nation-wide received two doses).

[15] *Different COVID-19 Vaccines*, CDC (last updated Jan. 15, 2021), https://www.cdc.gov/coronavirus/2019-ncov/vaccines/different-vaccines.html.

[16] *COVID Data Tracker Weekly Review*, CDC (last updated Feb. 26, 2021), https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html.

[17] *See* Press Release, State of Connecticut, Governor Lamont Announces Connecticut Will Continue Age-Based Approach to COVID-19 Vaccine Eligibility; Educators and Childcare Providers to Have Dedicated Clinics in March (Feb. 22, 2021); Press Release, Hawaii Department of Health, Department of Health Prepares to Open COVID-19 Vaccinations to Those 70 and Older (Feb. 19, 2021); Press Release, Commonwealth of Kentucky, Governor Announces Regional Vaccination Sites Will Open Phase 1C Appointments March 1 (Feb. 22, 2021); Press Release, Rhode Island Department of Health, COVID-19 Vaccine Eligibility Opens to Rhode Islanders 65 and Older (Feb. 22, 2021); Press Release, State of Colorado, Governor Polis Provides Update on COVID-19 Response & Vaccination Progress (Feb. 26, 2021); Press Release, State of Maine, Maine Adopts Age-Based Approach to Expanding Vaccine Eligibility (Feb. 26, 2021); Press Release, State of New York, Governor Cuomo Announces a Record High Over 175K Doses of COVID-19 Vaccine Administered in 24 Hours (Feb. 26, 2021); Press Release, State of Oregon, Governor Kate Brown Announces COVID-19 Vaccine Prioritization Schedule (Feb. 26, 2021).

[18] *Frequently Asked Questions about COVID-19 Vaccination*, CDC (last updated Feb. 25, 2021), https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq.html.

Third, appropriate standards to address workplace hazards caused by COVID-19 already exist and OSHA has been effectively enforcing and issuing citations under these standards.[19] OSHA's General Duty Clause as well as its standards for Respiratory Protection, Recording and Reporting Occupational Injuries and Illnesses, and Personal Protective Equipment each provide requirements to keep workplaces safe from hazards presented by COVID-19. OSHA has effectively enforced these standards in the COVID-19 context, with at least 309 of its inspections resulting in citations with initial penalties totaling over $4,000,000.[20]

Fourth, unlike other instances where OSHA has engaged in rulemaking, state and local authorities have been engaged in the pandemic response in an unprecedented way. State and local health departments have been heavily involved in workplace investigations and contact tracing protocols. Many have mandated requirements applicable to worksites as part of their general authority to protect public health. This is unlike other hazardous conditions that OSHA has regulated, where the hazard was specific to the work environment (e.g., respirable crystalline silica exposure in the work environment, or bloodborne pathogen exposures). The conditions did not include such a large workplace and public health component, which involved a multi-level public health response. The ubiquitous state and local orders regarding COVID-19 – which are more appropriate because they consider unique local circumstances of community spread – have the effect of already mitigating the risk that OSHA would seek to address through an ETS.

Indeed, numerous state and local jurisdictions have already implemented extensive measures to protect workers in all industries. Virginia, Michigan, Oregon, and California adopted ETSs applicable to nearly all employers in their respective states that address COVID-19 in the workplace. CISC member companies work in all of these jurisdictions and, as alluded to above, OSHA should take the opportunity to hear from these companies regarding their direct experience in complying with the state standards.

Virginia has since made its COVID-19 standard permanent and Oregon is in the process of doing the same. All four standards require covered employers to conduct job hazard assessments and most covered employers must prepare a COVID-19 response plan. Moreover, these standards, while not identical, contain many of the same worker protection requirements, such as ensuring physical distancing, implementing screening protocols, providing face coverings, improving ventilation, excluding employees and other individuals from the workplace who have been infected with COVID-19, implementing enhanced cleaning and sanitation practices, training employees on COVID-19 safety, and providing notification to workers who may have been exposed to COVID-19, among other things.

In the jurisdictions that have not issued a temporary or permanent COVID-19 standard, numerous state or local governments have issued executive orders with specific worker-protection requirements. Early on in the COVID-19 pandemic, all 50 states, the District of Columbia, 5

[19] *See Common COVID-19 Citations: Helping Employers Better Protect Workers and Comply with OSHA Regulations, OSHA (2020), https://www.osha.gov/SLTC/covid-19/covid-citations-guidance.pdf.*

[20] *Inspections with COVID-related Citations*, OSHA (Jan. 14, 2021), https://www.osha.gov/enforcement/covid-19-data/inspections-covid-related-citations (detailing OSHA COVID-related citations through Jan. 14, 2021.)

territories and at least 134 local municipalities implemented some version of either a shelter-in-place or stay-at-home order restricting their residents and visitors from certain activities. Currently, 47 states, the District of Columbia, Puerto Rico, and at least 364 local municipalities have issued orders either requiring or recommending that the general public wear face coverings while conducting certain activities or in public. Furthermore, 44 states, the District of Columbia, Puerto Rico, and at least 59 localities require or recommend that employees be screened for symptoms of COVID-19. Finally, at least 20 states, the District of Columbia, and Puerto Rico require certain employers to implement a written health and safety plan. Simply put, state and local governments are aggressively addressing the risk of COVID-19, and therefore additional rulemaking by OSHA is not needed.

Fifth, most construction operations have been deemed to be "low risk" by OSHA itself. Early in the pandemic, OSHA explained that the level of risk of occupational exposure to COVID-19 "depends in part on the industry type, need for contact within 6 feet of people known to be, or suspected of being, infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being, infected with SARS-CoV-2."[21] OSHA further explained that workers with a high risk of exposure are those in professions such as healthcare, where there is a high likelihood of exposure to known or suspected COVID-19 patients.[22] Workers, such as construction workers, that have minimal occupational contact with the general public or other coworkers are generally considered to have a low exposure risk. OSHA established a webpage further analyzing when certain types of construction work fall into the various COVID-19 risk exposure categories. According to OSHA's own assessment, most construction work poses "low exposure risk"; construction work only crosses into "high exposure risk" when it takes place at indoor work sites; and construction work is unlikely ever to pose a "very high exposure risk."[23]

F. Conclusion

To the extent that OSHA chooses to go forward with an ETS for COVID-19, the CISC recommends that OSHA adopt a specific approach for construction worksites modeled after the CISC's COVID-19 Response Plan. The plan has been implemented throughout the industry and adopted by large and small contractors. The effectiveness of the Response Plan has already been recognized by several jurisdictions. In fact, on March 29, 2020, the County of Dallas, Texas, issued rules for the construction industry on how to prevent worker exposure to COVID-19. These rules required "all employers involved in construction activity [to] follow the requirements set forth in the COVID-19 Safety Recommendations issued by the Construction Industry Safety Coalition." The Response Plan includes several components, including:

[21] *Guidance on Preparing Workplaces for COVID*-19, OSHA (2020), https://www.osha.gov/sites/default/files/publications/OSHA3990.pdf.
[22] *Worker Exposure Risk to COVID-19*, OSHA (2020), https://www.osha.gov/sites/default/files/publications/OSHA3993.pdf.
[23] COVID-19 Control and Prevention: Construction Work, OSHA (last visited Feb. 23, 2021), https://www.osha.gov/coronavirus/control-prevention/construction.

- Responsibilities of managers, supervisors, and employees.
- Control and preventative guidance to all employees.
- Familiarization with the symptoms of COVID-19.
- Job site protective measures specific to construction.
- Personal Protective Equipment.
- Job site cleaning and disinfecting.

The CISC Response Plan is specifically geared to construction work, and will be more effective at protecting workers in the construction industry than a broad, generally-applicable standard created for traditional or indoor workspaces.

Thank you for considering this information. The CISC remains available to assist as you work to improve workplace safety and health throughout the construction industry. If you would find it helpful to discuss any of these matters with us, please contact Rob Matuga of the National Association of Home Builders at rmatuga@nahb.org or Kevin Cannon of the Associated General Contractors of America at kevin.cannon@agc.org.

Sincerely,

The Construction Industry Safety Coalition

American Road and Transportation Builders Association
American Society of Concrete Contractors
American Subcontractors Association
Associated Builders and Contractors
Associated General Contractors
Association of Equipment Manufacturers
Association of the Wall and Ceiling Industry
Concrete Sawing & Drilling Association
Construction & Demolition Recycling Association
Distribution Contractors Association
Independent Electrical Contractors Association
Interlocking Concrete Pavement Institute
International Council of Employers of Bricklayers and Allied Craftworkers
Leading Builders of America
Mason Contractors Association of America
Mechanical Contractors Association of America
National Asphalt Pavement Association
National Association of Home Builders

National Association of the Remodeling Industry
National Demolition Association
National Electrical Contractors Association
National Framers Council
National Roofing Contractors Association
National Utility Contractors Association
Natural Stone Council
Natural Stone Institute
Sheet Metal & Air Conditioning Contractors' National Association
Specialized Carriers & Rigging Association
The Association of Union Constructors
Tile Roofing Industry Alliance

cc: Amanda Edens, Deputy Assistant Secretary
Scott Ketcham, Director, Directorate of Construction