

Your Company Name	
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JOB HAZARD ANALYSIS (JHA) FORM (No elevated work 6 feet or more AGL)

Complete daily before beginning work and review when work is complete. A copy of a site evaluation report shall remain on site for the duration of a project.

Your Company Name:		Customer	
Date:		Competent Rigger or Supervisor	
Job Number:		Project Manager	
Job Name:		Emergency Contact	
Job Address:			
Nearest Intersection:			
Latitude:		Longitude:	

EMERGENCY CONTACT INFORMATION

Hospital Name:		Hospital Address:	
Hospital Phone:			

Directions to Hospital (see attached map) :

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Typical Job Hazard Analysis (JHA)

The purpose of this form is to assist in reviewing the hazards on a job site and any nearby hazards that personnel may be exposed to while completing a job.

Part 1 Jobsite Information

Type of Structure:

<input type="checkbox"/> Metal Light Pole	<input type="checkbox"/> Rooftop/Side of Building	<input type="checkbox"/> Guyed	<input type="checkbox"/> SST	<input type="checkbox"/> Other
<input type="checkbox"/> DAS Structure	<input type="checkbox"/> Highway Sign Structure	<input type="checkbox"/> Monopole	<input type="checkbox"/> Water Tank	

Type of Work: (Check all that apply)

TOWER:	<input type="checkbox"/> Construction	<input type="checkbox"/> Reinforcement	<input type="checkbox"/> Line/Antenna Work	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Testing
CIVIL:	<input type="checkbox"/> Excavation	<input type="checkbox"/> Site Development	<input type="checkbox"/> tower Foundation	<input type="checkbox"/> Slab	<input type="checkbox"/> Testing
ELECTRICAL:	<input type="checkbox"/> Conduit	<input type="checkbox"/> Meter/Panel	<input type="checkbox"/> Obstruction Lighting	<input type="checkbox"/> Grounding	<input type="checkbox"/> Wiring
OTHER:					

Job/Tasks: (List jobs in sequential steps)	Potential Hazards: (List hazards for each step)	Preventative Measures: (List each control for each hazard)

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Part 2 Structural Hazard Check List

Are there any structural hazards on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Describe

Part 3 Overall Hazard Check List

Have you checked for overhead power lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Do you have the proper PPE for the hazards on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Have you reviewed the RF & EME hazards of the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Are there First Aid/CPR certified individuals on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Job Site Exposures and Hazard Identification (Check the Hazards):

Items checked below relate to existing conditions or may be a result of site operations.

Physical Hazards		Health Hazards	
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Cold Stress
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Slips, Trips, or Falls	<input type="checkbox"/> High Noise (> 85 dBA)	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Silica Exposure (Concrete Cutting)	
<input type="checkbox"/> Other Workers on Site	<input type="checkbox"/> Elevation/Site Terrain	<input type="checkbox"/> RF/EME	<input type="checkbox"/> Lifting Hazard
<input type="checkbox"/> Holes and Trenches	<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Biological	<input type="checkbox"/> Lead Paint
<input type="checkbox"/> Trash, Debris, Dunnage	<input type="checkbox"/> Lacerations, Abrasions	<input type="checkbox"/> Birds / Animals / Insects / Reptiles / Plants	
<input type="checkbox"/> Welding	<input type="checkbox"/> High Crime Area	<input type="checkbox"/> Asbestos Containing Materials	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Intrusive Activity	<input type="checkbox"/> Other	
<input type="checkbox"/> Lifting, Pulling	<input type="checkbox"/> Other		
<input type="checkbox"/> Falling Objects			

<input type="checkbox"/> Have you reviewed MSDSs for hazardous substances that might be present at the job site?
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Hazard Control Measures (Check the Control Measures)

Required PPE	Inspections	Safety Training/Programs	Site Security
<input type="checkbox"/> Head Protection	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Tailgate Meeting	<input type="checkbox"/> Inner City
<input type="checkbox"/> Food Protection	<input type="checkbox"/> Rigging	<input type="checkbox"/> Site Signage	<input type="checkbox"/> Rural
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> RF Safety Awareness	<input type="checkbox"/> Night Work
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Ground Fault Protection	<input type="checkbox"/> Lockout / Tagout	<input type="checkbox"/> Locked Access
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Call Before Digging	<input type="checkbox"/> Equipment Operation	<input type="checkbox"/> Lighting
<input type="checkbox"/> RF Monitors	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Building/Rooftop Access
<input type="checkbox"/> RF Suits			<input type="checkbox"/> Barricades
<input type="checkbox"/> Face/Dust Mask			<input type="checkbox"/> Other
<input type="checkbox"/> Work Clothing			
<input type="checkbox"/> First Aid			
<input type="checkbox"/> Other			

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Required Permits and/or Plan Requirements for your Company or Client

<input type="checkbox"/> Hoisting Personnel	<input type="checkbox"/> Personnel Lift (Manbasket)	<input type="checkbox"/> Descent Control	<input type="checkbox"/> Hoist/Gin Pole	<input type="checkbox"/> Capstan Hoist
<input type="checkbox"/> Crane Lift	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Excavation	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Other				

Have all applicable notifications related to permits been made	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Electrical		Rooftop	
<input type="checkbox"/> Electrical Tools	<input type="checkbox"/> Elec Equip Inspection	<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Guard Rails / Parapet
<input type="checkbox"/> Electrical Test Equip	<input type="checkbox"/> Electrical PPE	<input type="checkbox"/> Warning Line System	<input type="checkbox"/> Anchorage System
<input type="checkbox"/> GFCI	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Skylight Barricades
<input type="checkbox"/> Lockout/Tagout			

ALL TASKS

Describe the elevation, site terrain and environmental hazards:

Describe hazards with site/vehicle access (i.e. boom and cranes/electrical lines) and storage of materials:

Describe the overhead and underground electrical hazards:

Describe other:

Describe other:

Describe other:

Describe other:

Complete for Civil Work

Describe cave-in control measures for personnel in excavations greater than 5' deep

<input type="checkbox"/> Sloping	<input type="checkbox"/> Benching	<input type="checkbox"/> Shoring	<input type="checkbox"/> Shield Box	<input type="checkbox"/> Other:
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<input type="checkbox"/> Ladder System (if 4 feet deep or greater) every 25 feet of length. Must extend 36 inches above landing.
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Describe other:

THE LAST 5 MINUTES

The "Last Five Minute" is intended to be a quick assessment of the site before leaving. Check the box next to each item if it is satisfactory. As You Leave the Site

<input type="checkbox"/>	Is the logbook signed and NOC notified (if applicable)?
<input type="checkbox"/>	Is the construction area secured (i.e., fenced, barrier tape, warning signs, etc.)?
<input type="checkbox"/>	Are all trenches covered and/or barriers in place?
<input type="checkbox"/>	Is any material or equipment left in an unsafe suspended condition?
<input type="checkbox"/>	Are the shelter, gang boxes, and/or equipment doors closed and secured/locked?
<input type="checkbox"/>	Are the warning/no trespassing signs visible?
<input type="checkbox"/>	FINALLY; Did I lock the gate when I left the site?

The "Last Five Minutes" sets the stage for how the client and others will view the site when they arrive.

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Project Personnel				
Name	Company	CPR/First Aid Trained	Initials	
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
Job Hazard Analysis discussed and reviewed with all crew and other contractors on site?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Competent Rigger or Supervisor Signature

Date

Development of this JHA:

At the request and assistance of many of the country's leading companies in the wireless infrastructure industry, WirelessEstimator.com developed this best practices document to cover the most commonly required disciplines in wireless construction. This JHA meets and exceeds all project JHA requirements set forth in ANSI/TIA-1019-A's Check List for Site Evaluation for projects.

Use of this JHA:

By using this JHA, you acknowledge and agree that there may be other hazards that must be evaluated and you shall hold harmless and indemnify Wireless Estimator, Inc. against any losses, liabilities and claims arising out of or relating to the use of this document.