

Your Company Name	
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JOB HAZARD ANALYSIS (JHA) FORM (Elevated Work Will Be Required)

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) :

Elevated Rescue Procedures to be used:

<input type="checkbox"/> Fire Department	<input type="checkbox"/> In-House Crew properly trained in tower rescue	<input type="checkbox"/> Third Party
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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	<input type="checkbox"/> Testing

OTHER: _____

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

Part 2 Structural Hazard Check List

Is there a recent inspection report/structural analysis of the structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did you check all guys and their associated anchors for corrosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did you check all guys and the structure for plumb and tension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you visually inspected the tower's condition before climbing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Describe

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Part 3 Overall Hazard Check List			
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Have you checked for overhead power lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have the proper PPE for the hazards on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you inspected the site for fall protection hazards and do you have the applicable equipment on site to mitigate those hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a documented site-specific rescue plan on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you reviewed the RF & EME hazards of the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there First Aid/CPR certified individuals on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Job Site Exposures and Hazard Identification (Check the Hazards):			
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Items checked below relate to existing conditions or may be a result of site operations.

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

Have you reviewed MSDSs for hazardous substances that might be present at the job site?

Hazard Control Measures (Check the Control Measures)			
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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"/> Foot 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"/> Tag Lines	<input type="checkbox"/> Lockout / Tagout	<input type="checkbox"/> Locked Access
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Ground Fault	<input type="checkbox"/> Equipment Operation	<input type="checkbox"/> Lighting
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Other	<input type="checkbox"/> Building/Rooftop Access
<input type="checkbox"/> RF Monitors	<input type="checkbox"/> Hoists		<input type="checkbox"/> Barricades
<input type="checkbox"/> RF Suits	<input type="checkbox"/> Call Before Digging		<input type="checkbox"/> Other
<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"/> Lockout/Tagout
<input type="checkbox"/> Electrical Test Equip	<input type="checkbox"/> Elec Equip Inspection
<input type="checkbox"/> GFCI	<input type="checkbox"/> Electrical PPE
<input type="checkbox"/> Other	<input type="checkbox"/> Personal Fall Arrest
	<input type="checkbox"/> Anchorage System
	<input type="checkbox"/> Warning Line System
	<input type="checkbox"/> Skylight Barricades
	<input type="checkbox"/> Guard Rails / Parapet
	<input type="checkbox"/> Other

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:	
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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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Ladder System (if 4 feet deep or greater) every 25 feet of length. Must extend 36 inches above landing.

Describe other:	
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Complete for Elevated Work

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

<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Double Leg or 2 Lanyards	<input type="checkbox"/> Rope Grab	<input type="checkbox"/> Cable Grab
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<input type="checkbox"/> Retractable Lifeline	<input type="checkbox"/> Anchorage Straps	<input type="checkbox"/> Rope Descenders	<input type="checkbox"/> Boatswains chair
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Ladder safety Climb

Has each employee inspected his or her fall protection equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Is all gear in rescue bag or container present and operable at the base of tower or elevation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Hoisting Equipment to be used (if applicable):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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<input type="checkbox"/> Base Mounted Hoist	<input type="checkbox"/> Crane/Boom Truck	<input type="checkbox"/> Gin Pole	<input type="checkbox"/> Suspended Basket	<input type="checkbox"/> Aerial Lift Device
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Is the Suspended Personnel Platform Checklist and Critical Lift Plan completed and on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Does the hoist comply with the regulations for lifting personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Are there adequate radio communications from tower to ground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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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.

Personnel

Name	Company	CPR/First Aid Trained	Certified Climber	Tower/Rescue 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"/>	
		<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"/>	
		<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
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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.