

## Job Hazard Analysis

Part 1 Site Information	
<b>Competent Rigger:</b>	<b>Job #:</b>
<b>Site Location:</b>	<b>Customer:</b>
<b>Type of Structure:</b> <input type="checkbox"/> Monopole <input type="checkbox"/> SST <input type="checkbox"/> Guyed <input type="checkbox"/> Rooftop <input type="checkbox"/> Water Tank <input type="checkbox"/> Other	
<b>Type of Work:</b> <input type="checkbox"/> New Monopole <input type="checkbox"/> New SST <input type="checkbox"/> New Guyed <input type="checkbox"/> Repair <input type="checkbox"/> Maintenance <input type="checkbox"/> Replace Members <input type="checkbox"/> Change Wires <input type="checkbox"/> Add or Remove Antennas <input type="checkbox"/> Add or Remove TX Lines <input type="checkbox"/> Add Reinforcement	
<b>Scope of work:</b>   	

Part 2 Structural Hazard Check List	
A. Have you completed a general Job Hazard Analysis (JHA) to observe all the general hazards on the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B. Is there a recent inspection report/structural analysis of the structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C. Did you check all guys and their associated anchors for corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
D. 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
E. Have you visually inspected the tower condition before climbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Part 3 Overall Hazard Check List	
A. Have you checked for overhead power lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
B. Do you have the proper PPE for the hazards on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
C. 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
D. Do you have a documented site specific rescue plan on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
E. Have you reviewed the RF/EME hazards of the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
F. Is there First Aid/CPR certified individuals on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

## Job Hazard Analysis

### Job Information:

Date:	Supervisor:
Job Number:	Project Manager:
Job Name	Emergency Contact:

### Emergency Contact Information:

Coordinates:	Police:
Fire:	Hospital:
Directions to Hospital:	
Directions for EMS:	

### Project Personnel:

Name	Initials	Name	Initials

### Job Site Exposures and Hazard Identification (Check the Hazards)

Physical Hazards	Health Hazards
<input type="checkbox"/> Falls from Elevations <input type="checkbox"/> Electrical <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Slips, Trip, or falls <input type="checkbox"/> Underground utilities <input type="checkbox"/> Overhead utilities <input type="checkbox"/> Vehicle Traffic <input type="checkbox"/> Elevation/Site Terrain <input type="checkbox"/> Other Workers on Site <input type="checkbox"/> Fire Hazards <input type="checkbox"/> Holes and Trenches <input type="checkbox"/> Confined Space <input type="checkbox"/> Trash and Debris <input type="checkbox"/> Other:	<input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> High Noise (>85 dBA) <input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Silica Exposure (Concrete Cutting) <input type="checkbox"/> EME/RF <input type="checkbox"/> Lifting Hazard <input type="checkbox"/> Other:

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### Hazard Control Measures (Check the Control Measure)

PPE	Inspections	Safety Training & Programs
<input type="checkbox"/> Head Protection <input type="checkbox"/> Foot Protection <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Fall Protection <input type="checkbox"/> Hand Protection <input type="checkbox"/> RF Monitors <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Other _____	<input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Rigging <input type="checkbox"/> Housekeeping <input type="checkbox"/> Tag Lines <input type="checkbox"/> Ground Fault Protection <input type="checkbox"/> Gin Poles <input type="checkbox"/> Hoists <input type="checkbox"/> Call Before digging	<input type="checkbox"/> Tailgate Meeting <input type="checkbox"/> Site Signage <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Excavation Log <input type="checkbox"/> Permit System (Hoisting Personnel, Confined Space, Excavation, Descent Control, etc.)

### Complete for Civil Work

1. Describe type and depth of excavations:
2. Describe cave-in control measures to be used if excavation will be greater than 4 feet and personnel are entering the trench: <input type="checkbox"/> Sloping <input type="checkbox"/> Benching <input type="checkbox"/> Shoring <input type="checkbox"/> Trench <input type="checkbox"/> Shield/Box <input type="checkbox"/> Ladder in Trench
3. Describe the elevation, site terrain and environmental hazards:
4. Describe hazards with site/vehicle access (i.e. boom and cranes/electrical lines) and storage of materials:
5. Describe the electrical hazards:

### Complete for Tower Work (Fall Protection & Using Suspended Personnel Platform)

Type of Structure:		
Fall protection to be used:		
<input type="checkbox"/> Full Body Harness <input type="checkbox"/> Double Leg or Two Lanyards <input type="checkbox"/> Rope Grab <input type="checkbox"/> Cable Grab <input type="checkbox"/> Retractable Lifeline <input type="checkbox"/> Anchorage Straps <input type="checkbox"/> Ropes <input type="checkbox"/> Descenders		
1. Has each employee inspected his or her fall protection equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Describe the fall protection system to be used when accessing antenna booms or performing tower erection:		
Hoisting Equipment to be used (if applicable): <span style="float: right;"><input type="checkbox"/> N/A</span>		
<input type="checkbox"/> Base Mounted Hoist <input type="checkbox"/> Crane/Boom Truck <input type="checkbox"/> Gin Pole <input type="checkbox"/> Personnel Platform		
3. Does the Personnel Platform meet regulations and is the pre-lift protocol complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does the hoist comply with the regulations for lifting personnel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Job Hazard Analysis discussed and reviewed with all crew members and other contractors on site?</b>		
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Supervisor Signature \_\_\_\_\_