

Job Hazard Assessment



Part 1 Site Information		
Competent Person:	Date:	
Job #	Project Manager:	
Site Location/Address:		
Latitude:	Longitude:	
Type of Structure:		
<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
Type of Work:		
<input type="checkbox"/> Construction	<input type="checkbox"/> Reinforcement	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Antenna Work	<input type="checkbox"/> Testing	<input type="checkbox"/> Training
Other:		
Scope of work:		

Part 2 Emergency Contact Information	
Fire Department	Police/Sheriff
Department Name:	Department Name:
Department Phone:	Department Phone:
Cell Signal? <input type="checkbox"/> Yes	If no directions to nearest working phone:
<input type="checkbox"/> No	
Nearest Medical Facility	
Facility Name:	Phone Number:
Facility Address:	
Directions to Facility:	
Does everyone know the location of the First Aid Kit? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO DO NOT PROCEED	

Part 3 Hazard Assessment



Structural:						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are all guy wires properly tensioned/anchored?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there concern for too much rust?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are there missing nuts/bolts?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is the safety climb cable in good condition?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is the safety climb cable properly anchored?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there loose/unattached dangers above?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are there signs of vandalism?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there cracks in concrete at anchorages?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Does the tower appear to be in good condition?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are there overhead power lines?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there RF hazards?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are there trip hazards?

Other:

Environmental:						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there lightning? Or a chance of lightning?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there a chance for heat/cold stress?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there hazardous material?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there endangered species on site?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Are there stinging insects?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there high noise?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Is there a fall hazard?

Other:

Tools & Techniques:						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Has everyone been trained on all tools/equipment they will use?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Has everyone inspected their equipment?

Other:

Hazard Control Measures

PPE	Inspections	Safety Training & Programs
<input type="checkbox"/> Head Protection	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Tailgate Meeting
<input type="checkbox"/> Foot Protection	<input type="checkbox"/> Rigging	<input type="checkbox"/> Site Signage
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Ropes	<input type="checkbox"/> RF Awareness
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Equipment Operation
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Hoists	<input type="checkbox"/> Other:
<input type="checkbox"/> RF Monitor	<input type="checkbox"/> Electrical	
<input type="checkbox"/> First Aid Kit	<input type="checkbox"/> PPE/PFAS	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	



1) RIG TOWER - (Hazzards) dropped objects, falling, fatigue - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques	1) RIG TOWER - (Hazzards) dropped objects, falling, fatigue - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques
2) PRACTICE DESCENT - (Hazzards) dropped objects, falling, fatigue - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques	2) PRACTICE LIFT - (Hazzards) dropped objects, falling, fatigue - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques
3) PRACTICE RESCUES - (Hazzards) dropped objects, falling, fatigue, cuts - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques, safety cutter	3) DERIG TOWER - (Hazzards) dropped objects, falling, fatigue - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques
4) DERIG TOWER - (Hazzards) dropped objects, falling, fatigue - (Hazzard Control Measures) hardhats, PFAS, practice safe climbing techniques	4)
5)	5)

Part 4 Continued Job Tasks - OTHER	
1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Personnel

Name	Company	Inspected PPE/Gear	CPR/First Aid Trained	Certified Climber	Rescue Trained	Initials
1	Comtrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	Comtrain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Method for Rescue:

<input type="checkbox"/> Manual Rescue	<input checked="" type="checkbox"/> Suspension Rescue	<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Winch Rescue	<input type="checkbox"/> Ascending/Descending	<input type="checkbox"/> Outside Services

Are there First Aid Individuals on site? Yes No

Is there a Rescue Kit on site? Yes No N/A

Location:

Suspension Rescue **Steps for Rescue** Assisted Belay Rescue

1) Tower is pre-rigged	1) Tower is pre-rigged with load line, secure work and bring load line to fallen climber. Ground based rescuer should send up a safety rope at this time
2) Call 911	2) Call 911
3) Assess the fallen climber	3) Assess the fallen climber while attaching load line and a PFAS system(ropes grab)
4) Hero gets on rope above fallen climber using descent equipment	4) Ground based rescuer takes rope off the capstan hoist and rigs it to a descent device
5) Hero descends down to fallen climber	5) Mechanical advantage is used to lift climber out of PFAS
6) Hero lifts climber out of PFAS and attaches fallen climber to descent equipment	6) Ground based rescuer uses descent equipment to lower fallen climber down to the ground
7) Hero safely descends to ground with fallen climber	7)
8)	8)

Reminders

1) Remain Calm	4) Assess the victims medical condition
2) Call 911/Medical Assistance Immediately	5) Do not become a victim yourself
3) Secure your work	6) Remember your training, you can do this!

Has everyone reviewed the Rescue Plan? Yes No

Date: _____

Competent Person Initials: _____

