

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

<p style="text-align: center;">PPE</p> <input type="checkbox"/> Head Protection <input type="checkbox"/> Foot Protection <input type="checkbox"/> Eye Protection <input type="checkbox"/> Hand Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Fall Protection <input type="checkbox"/> RF Monitor <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Other:	<p style="text-align: center;">Inspections</p> <input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Rigging <input type="checkbox"/> Housekeeping <input type="checkbox"/> Ropes <input type="checkbox"/> Gin Poles <input type="checkbox"/> Hoists <input type="checkbox"/> Electrical <input type="checkbox"/> PPE/PFAS <input type="checkbox"/> Other:	<p style="text-align: center;">Safety Training & Programs</p> <input type="checkbox"/> Tailgate Meeting <input type="checkbox"/> Site Signage <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> RF Awareness <input type="checkbox"/> Equipment Operation <input type="checkbox"/> Other:
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Part 4 Job Tasks	
1	6
2	7
3	8
4	9
5	10

Personnel					
Name	Company	CPR/First Aid Trained	Certified Climber	Rescue Trained	Initials
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Part 5 Rescue Plan

Method for Rescue:

- | | | |
|--|---|---|
| <input type="checkbox"/> Manual Rescue | <input 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:

Steps for Rescue

1	9
2	10
3	11
4	12
5	13
6	14
7	15
8	16

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 Initials: _____



