

JOB HAZARD ANALYSIS (JHA) FORM

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.

Company Name: Your Company Name	Customer:
Date:	Competent Rigger or Supervisor:
Job Number:	Project Manager:
Job Name: Sample Job	Emergency Contact:
Job Address : 12089 Highway 518, Homer, LA, 71040	
Nearest Intersection: Hwy 518 and Some Rd.	
Latitude: 32.785349	Longitude: -92.87386200000003

Emergency Contact Information:

Police Phone: (318) 927-4000	Sherrif Phone: (318) 927-2011
Fire Department Phone: (318) 927-5383	Utility Company Phone:
Hospital: Homer Memorial Hospital	Hospital Phone: (318) 927-2024
Hospital Address: 620 EAST COLLEGE STREET , HOMER , LA 71040	
Directions to Hospital (see attached map last page): Head north on LA-518 E toward LA-2 W (0.8 mi) Turn left onto LA-2 W (9.4 mi) Slight left onto LA-9 S (1.7 mi) Continue onto N Main (0.4 mi) Turn right onto E College (0.1 mi)	
Do cell phones work at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, location of the nearest landline:

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"/> NA
Did you check all guys and their associated anchors for corrosion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Did you check all guys and the structure for plumb and tension?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have you visually inspected the tower's condition before climbing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Part 3 Overall Hazard Check List	
Have you checked for overhead power lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Do you have the proper PPE for the hazards on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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"/> NA
Do you have a documented site specific rescue plan on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Have you reviewed the RF & EME hazards of the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there First Aid/CPR certified individuals on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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"/> 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"/> Confined Space	<input type="checkbox"/> Birds / Animals / Insects / Reptiles / Plants	
<input type="checkbox"/> Trash, Debris, Dunnage	<input type="checkbox"/> Lacerations, Abrasions	<input type="checkbox"/> Asbestos Containing Materials	
<input type="checkbox"/> Welding	<input type="checkbox"/> High Crime Area	<input type="checkbox"/> Other:	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Lifting, Pulling		
<input type="checkbox"/> Falling Objects	<input type="checkbox"/> Other:		
<input type="checkbox"/> Have you reviewed MSDSs for hazardous substances that might be present at the job site?			

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"/> 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 Fences and Access
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Ground Fault Protection	<input type="checkbox"/> Equipment Operation	Doors
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Other:	<input type="checkbox"/> Lighting
<input type="checkbox"/> RF Monitors	<input type="checkbox"/> Hoists		<input type="checkbox"/> Provided Building/Rooftop
<input type="checkbox"/> RF Suits	<input type="checkbox"/> Call Before Digging		Access
<input type="checkbox"/> Face/Dust Mask	<input type="checkbox"/> Other:		<input type="checkbox"/> Barricades
<input type="checkbox"/> Work Clothing <input type="checkbox"/> First Aid			<input type="checkbox"/> Other:
<input type="checkbox"/> Other:			

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

Hoisting Personnel Personnel Lift (Manbasket) Descent Control Drum Hoist or Gin Pole Crane Lift Data Sheet and Layout Capstan (Cat-Head) Confined Space Excavation Hot Work Lockout/Tagout Other:

Have all applicable notifications related to permits been made Yes No NA

Hazard Control Measures (continued):

Electrical		Rooftop Control Measures	
<input type="checkbox"/> Electrical Tools and Testing Equipment <input type="checkbox"/> GFCI <input type="checkbox"/> Lockout / Tagout	<input type="checkbox"/> Electrical Equipment Inspection <input type="checkbox"/> Electrical PPE <input type="checkbox"/> Other:	<input type="checkbox"/> Personal Fall Arrest System <input type="checkbox"/> Warning Line System <input type="checkbox"/> Other:	<input type="checkbox"/> Guard Rails / Parapet (42" Minimum) <input type="checkbox"/> Anchorage System <input type="checkbox"/> Skylight Barricades
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:			

Complete for Civil Work:

Describe type and depth of excavations:
Describe cave-in control measures to be used if excavation will be 5 feet or greater and personnel are entering the trench:
<input type="checkbox"/> Sloping <input type="checkbox"/> Benching <input type="checkbox"/> Shoring Trench <input type="checkbox"/> Shield/Box <input type="checkbox"/> Ladder in Trench or excavation (if 4 feet deep or greater) every 25 feet of length. Must extend 36 inches above landing.
Describe other:

Complete for Elevated Work (Fall Protection & Using Suspended Personnel Platform):

Fall protection to be used if working 6 feet or more AGL:
<input type="checkbox"/> Full Body Harness <input type="checkbox"/> Double Leg or 2 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 Descenders <input type="checkbox"/> Boatswains Chair <input type="checkbox"/> Ladder Safety Climb
Has each employee inspected his or her fall protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No
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
Hoisting Equipment to be used (if applicable):
<input type="checkbox"/> Base Mounted Hoist <input type="checkbox"/> Crane/Boom Truck <input type="checkbox"/> Gin Pole <input type="checkbox"/> Suspended Personnel Platform (Manbasket) <input type="checkbox"/> Aerial Lift Device
Is the Suspended Personnel Platform Checklist and Critical Lift Plan completed and on site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the hoist comply with the regulations for lifting personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are there adequate radio communications from tower to ground? <input type="checkbox"/> Yes <input type="checkbox"/> No

Job Hazard Analysis discussed and reviewed with all crew members and other contractors on site? <input type="checkbox"/> Yes <input type="checkbox"/> No
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LAST FIVE MINUTES

The "Last Five Minutes" 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 log book 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 a suspended condition (i.e., hanging off of the tower or over an edge of the shelter)?
<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.
A SITE FREE OF ACCIDENTS WAITING TO HAPPEN AND FREE OF DEFECTS, SPEAKS FOR ITSELF.

Project 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"/>	

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.

MAP FOR: Homer Memorial Hospital

Address:

620 EAST COLLEGE STREET , HOMER , LA 71040
(318) 927-2024

Coordinates:

Latitude: 32.793907
Longitude: -93.062454

