



JOB DETAILS		Date:	Date:		
Company Name:		Job Name:	Job Name:		
Customer:		Job Super	Job Supervisor:		
Project Manager:		Emerg. Co	ontact:		
Job Address:		·			
Nearest Intersection:					
Latitude:		Longitude:	Longitude:		
EMERGENCY CONTACT IN	FORMATION				
Fire Department Info:	Municipal Pol	lice Info:	County Sheriff Info:		
Dept Name:	Dept Name:		Dept Name:		
Phone:	Phone:		Phone:		
Utility Company:					
Do cell phones work at the si	te? <i>‱</i> ~^• <i>‱</i>	If no, direc	tions to nearest landline:		
EMERGENCY MEDICAL FA	CILITY				
Hospital Name:		Hospital A	Hospital Address:		
Hospital Phone:					
Directions to Hospital (see attached map):					
NON EMERGENCY CARE					
Clinic Name:	Clinic Phone:	Clinic Addr	ress:		

Elevated Rescue Procedures to be used:

Fire Department In-House Crew properly trained in tower rescue Third Party

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.

may be expected to	1 0 1		
Part 1 Jobsite Info	rmation		
Type of Structure:			
Monopole SS ⁻ DAS Structure	T Guyed Rooftop/Side of Building Water Tank Metal Light Pole Highway Sign Structure Other		
Type of Work: (Check all that apply)			
TOWER:	Construction Reinforcement Maintenance Line/Antenna Work Testing		
CIVIL:	Excavation Site Development Tower Foundation Slab Testing		
ELECTRICAL: OTHER:	Conduit Meter/Panel Wiring Grounding Obstruction Lighting Testing		

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

Part 2 Structural Hazard Check List			
Is there a recent inspection report/structural analysis of the structure?	Yes	No	N/A
Did you check all guys and their associated anchors for corrosion?	Yes	No	N/A
Did you check all guys and the structure for plumb and tension?	Yes	No	N/A
Have you visually inspected the tower's condition before climbing?	Yes	No	N/A

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

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		
Falls from Elevations	Electrical Shock	Heat Stress	Cold Stress	
Heavy Equipment	Slips, Trips, or Falls	High Noise (> 85 dBA)	Chemical Exposure	
Underground Utilities	Overhead Utilities	Silica Exposure (Concrete	Cutting)	
Vehicle Traffic	Elevation/Site Terrain	RF/EME	Lifting Hazard	
Other Workers on Site	Fire Hazards	Biological	Lead Paint	
Holes and Trenches	Confined Space	Birds / Animals / Insects / F	Reptiles / Plants	
Trash, Debris, Dunnage	Lacerations, Abrasions	Asbestos Containing Mater	rials	
Welding	High Crime Area	Other:		
Confined Space	Lifting, Pulling			
Falling Objects	Other			
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	
Head Protection	Tools/Equipment	Tailgate Meeting	Inner City	
Foot Protection	Rigging	Site Signage	Rural	
Eye Protection	Housekeeping	RF Safety Awareness	Night Work	
Hearing Protection	Tag Lines	Lockout / Tagout	Locked Access	
Hand Protection	Ground Fault Protection	Equipment Operation	Lighting	
Fall Protection	Gin Poles	Other:	Building/Rooftop Access	
RF Monitors	Hoists		Barricades	
RF Suits	Call Before Digging		Other:	
Face/Dust Mask	Other:			
Work Clothing				
First Aid				
Other:				
Required Permits and/or Plan Requirements for your Company or Client				
Hoisting Personnel	Personnel Lift (Manbasket)	Descent Control Hoist/Gi	nPole Capstan Hoist	
Crane Lift Confined	Space Excavation Hot W	ork Lockout/Tagout Of	ther:	
Have all applicable notifica	tions related to permits been m	nade Yes No N	/A	

Hazard Control Measures (continued):

Electrical		Rooftop	
Electrical Tools	Elec Equip Inspection	Personal Fall Arrest	Guard Rails / Parapet
Electrical Test Equip	Electrical PPE	Warning Line System	Anchorage System
GFCI	Other:	Other:	Skylight Barricades
Lockout/Tagout			
ALL TASKS			
Describe the elevation, site	terrain and environmental haz	zards:	
Describe hazards with site/\	vehicle access (i.e. boom and	cranes/electrical lines) and s	torage of materials:
	•	·	_
Describe the overhead and	underground electrical hazard	ds:	
Describe other:			

Complete for Civil Work

Compicto ic	OIVII WOIK				
Describe cave-in control measures for personnel in excavations greater than 5' deep					
Sloping	Benching	Shoring	Shield Box	Other:	
Ladder Sy	ystem (if 4 fee	t deep or gr	eater) every 25 f	eet of length. Must extend 36 inches above landing.	
Describe oth	er:				

Complete for Elevated Work

Fall protection to be used	d if working 6 feet or mor	e AGL:					
Full Body Harness	Double Leg or 2 Lanya	rds Rope Gr	ab Cable	Grab	Retracta	able Lifeli	ne
Anchorage Straps	Rope Descenders	Boatswains Chai	r Ladde	Safety	Climb		
Has each employee insp	ected his or her fall prote	ection equipmen	t? Yes	No			
Is all gear in rescue bag	or container present and	l operable at the	base of tow	er or elev	vation?	Yes	No
Hoisting Equipment to be	e used (if applicable):						
Base Mounted Hoist	Crane/Boom Truck	Gin Pole	Suspended	Basket	Aerial L	ift Device	Э
Is the Suspended Persor	nnel Platform Checklist a	and Critical Lift P	lan complete	ed and o	n site?	Yes	No
Does the hoist comply w	ith the regulations for lift	ing personnel?	Yes	No			
Are there adequate radio	communications from to	ower to ground?	Yes	No			

THE LAST 5 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:

Is the log book signed and NOC notified (if applicable)?		
Is the construction area secured (i.e., fenced, barrier tape, warning signs, etc.)?		
Are all trenches covered and/or barriers in place?		
Is any material or equipment left in an unsafe suspended condition?		
Are the shelter, gang boxes, and/or equipment doors closed and secured/locked?		
Are the warning/no trespassing signs visible?		
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.

Name Company CPR/First Aid Trained Climber Trained Initials | Company | CPR/First Aid Trained | Certified Climber | Tower/Rescue Trained | Initials | Certified Climber | Certified Rescue Trained | Initials | Certified Climber | Certified Rescue Trained | Initials | Certified Climber | Certified Rescue Trained | Initials | Certified Climber | Certified Rescue Trained | Initials | Certified Climber | Certified Rescue Trained | Initials | Certified Climber | Certified Climber | Certified Climber | Certified Rescue Trained | Initials | Certified Climber | Certifi

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.

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.

Job Hazard Analysis discussed and reviewed with all crew and other contractors on site?

Yes

No

Job Name: RoadRunner Project

Hospital Name:

St Mary's Medical Center

Hospital Phone: (218) 786-4000 **Hospital Latitiude:** 46.792877

Hospital Address: 407 E 3RD ST

DULUTH, MN 55805

Hospital Longitude: -92.096375

