

Your Company Name

JOB HAZARD ANALYSIS (JHA) FORM (No elevated work 6 feet or more AGL)

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	
Are there any structural hazards on site? Describe:	<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 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"/> Heavy Equipment	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Cold Stress
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Slips, Trips, or Falls	<input type="checkbox"/> High Noise (> 85 dBA)	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Silica Exposure (Concrete Cutting)	
<input type="checkbox"/> Other Workers on Site	<input type="checkbox"/> Elevation/Site Terrain	<input type="checkbox"/> RF/EME	<input type="checkbox"/> Lifting Hazard
<input type="checkbox"/> Holes and Trenches	<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Biological	<input type="checkbox"/> Lead Paint
<input type="checkbox"/> Trash, Debris, Dunnage	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Birds / Animals / Insects / Reptiles / Plants	
<input type="checkbox"/> Welding	<input type="checkbox"/> Lacerations, Abrasions	<input type="checkbox"/> Asbestos Containing Materials	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> High Crime Area	<input type="checkbox"/> Other:	
<input type="checkbox"/> Lifting, Pulling	<input type="checkbox"/> Intrusive Activity		
<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"/> Ground Fault Protection	<input type="checkbox"/> Lockout / Tagout	<input type="checkbox"/> Locked Fences and Access
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Call Before Digging	<input type="checkbox"/> Equipment Operation	Doors
<input type="checkbox"/> RF Monitors	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Lighting
<input type="checkbox"/> RF Suits			<input type="checkbox"/> Provided Building/Rooftop
<input type="checkbox"/> Face/Dust Mask			Access
<input type="checkbox"/> Work Clothing <input type="checkbox"/> First Aid			<input type="checkbox"/> Barricades
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:

Required Permits and/or Plan Requirements for your Company or Client
<input type="checkbox"/> Crane Lift Data Sheet and Layout <input type="checkbox"/> Capstan (Cat-Head) <input type="checkbox"/> Confined Space <input type="checkbox"/> Excavation <input type="checkbox"/> Hot Work <input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Other:

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

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	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"/>		

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

