



<b>JOB DETAILS</b>		<b>Date:</b>
Company Name:		Job Name:
Customer:		Job Supervisor:
Project Manager:		Emerg. Contact:
Job Address:		
Nearest Intersection:		
Latitude:	Longitude:	

### EMERGENCY CONTACT INFORMATION

Fire Department Info:	Municipal Police Info:	County Sheriff Info:
Dept Name:	Dept Name:	Dept Name:
Phone:	Phone:	Phone:
Utility Company:		
Do cell phones work at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, directions to nearest landline:

### EMERGENCY MEDICAL FACILITY

Hospital Name:	Hospital Address:
Hospital Phone:	
Directions to Hospital (see attached map) :	

### NON EMERGENCY CARE

Clinic Name:	Clinic Phone:	Clinic Address:



Part 2 Structural Hazard Check List			
Are there any structural hazards on site?	Yes	No	NA
Describe:			

Part 3 Overall Hazard Check List			
Have you checked for overhead power lines?	Yes	No	NA
Do you have the proper PPE for the hazards on site?	Yes	No	NA
Have you inspected the site for fall protection hazards and do you have the applicable equipment on site to mitigate those hazards?	Yes	No	NA
Do you have a documented site specific rescue plan on site?	Yes	No	NA
Have you reviewed the RF & EME hazards of the site?	Yes	No	NA
Are there First Aid/CPR certified individuals on site?	Yes	No	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	
Heavy Equipment	Electrical Shock	Heat Stress	Cold Stress
Underground Utilities	Slips, Trips, or Falls	High Noise (> 85 dBA)	Chemical Exposure
Vehicle Traffic	Overhead Utilities	Silica Exposure (Concrete Cutting)	
Other Workers on Site	Elevation/Site Terrain	RF/EME	Lifting Hazard
Holes and Trenches	Fire Hazards	Biological	Lead Paint
Trash, Debris, Dunnage	Confined Space	Birds / Animals / Insects / Reptiles / Plants	
Welding	Lacerations, Abrasions	Asbestos Containing Materials	
Confined Space	High Crime Area	Other:	
Lifting, Pulling	Intrusive Activity		
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	Ground Fault Protection	Lockout / Tagout	Locked Fences and Acces
Hand Protection	Call Before Digging	Equipment Operation	Lighting
RF Monitors	Other:	Other:	Provided Building/Rooftop
RF Suits			Barricades
Face/Dust Mask			Other:
Work Clothing			
First Aid			
Other:			

Required Permits and/or Plan Requirements for your Company or Client			
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	
<input type="checkbox"/> Electrical Tools	<input type="checkbox"/> Elec Equip Inspection	<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Guard Rails / Parapet
<input type="checkbox"/> Electrical Test Equip	<input type="checkbox"/> Electrical PPE	<input type="checkbox"/> Warning Line System	<input type="checkbox"/> Anchoarge System
<input type="checkbox"/> GFCI	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Skylight Barricades
<input type="checkbox"/> Lockout/Tagout			

**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 cave-in control measures for personnel in excavations greater than 5' deep

Sloping  Benching  Shoring  Shield Box  Other:

Ladder System (if 4 feet deep or greater) every 25 feet of length. Must extend 36 inches above landing.

Describe other:

**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:

<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 s
<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.**

**Personnel**

Name	Company	CPR/ First Aid Trained	Initials
Job Hazard Analysis discussed and reviewed with all crew and other contractors on site?		Yes	No

\_\_\_\_\_  
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.**

**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.**



Keeping Companies  
 OSHA Compliant  
[www.WirelessEstimator.com](http://www.WirelessEstimator.com)



# Emergency Services Locator

## Hospital Information

**Job Name: RoadRunner Project**

**Hospital Name:**  
 St Mary's Medical Center

**Hospital Address:**  
 407 E 3RD ST  
 DULUTH , MN 55805

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

**Hospital Latitude:** 46.792877

**Hospital Longitude:** -92.096375

