

Chapter 10 – Form 7: Detailed Job Hazard Analysis

Complete **DAILY** before beginning work.

(1) JOB INFORMATION					
Date:	Job Name:	Job Number:			
Physical Address:	Longitude / Latitude	Supervisor:			
(2) PROJECT PERSONNEL (General Contractor and Sub-Tier, if applicable)					
Name:	Company:	CPR / First Aid		Name:	Company:
		<input type="checkbox"/> Yes ←	<input type="checkbox"/> Yes →		
		<input type="checkbox"/> Yes ←	<input type="checkbox"/> Yes →		
		<input type="checkbox"/> Yes ←	<input type="checkbox"/> Yes →		
		<input type="checkbox"/> Yes ←	<input type="checkbox"/> Yes →		
(3) EMERGENCY PROCEDURES (List telephone numbers and attach directions to the site)					
Are 9-1-1 systems functional with cell phone use?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Tower rescue procedures to be used: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Fire Department	<input type="checkbox"/> In-House (Crew must be properly trained in rescue)	<input type="checkbox"/> Other: Please describe		
Ambulance:	Fire:	Police:			
Local Hospital:	Telephone Company:	Utility Company:			
Evacuation Point:					
(4) JOB / TASKS FOR TODAY					
Check Work Being Performed <input type="checkbox"/> Line and antennae <input type="checkbox"/> Tower erection <input type="checkbox"/> N/A	<input type="checkbox"/> Electrical <input type="checkbox"/> Testing (sweeps)	<input type="checkbox"/> Civil/concrete <input type="checkbox"/> Decommissioning	<input type="checkbox"/> Other (please describe) _____		
Job/Tasks: (List jobs in sequential steps) _____ _____ _____ _____ _____ _____	Potential Hazards: (List hazards for each steps) _____ _____ _____ _____ _____ _____	Preventative Measures: (List each control for each hazard) _____ _____ _____ _____ _____ _____			

Chapter 10 – Form 7: Detailed Job Hazard Analysis

(5) JOB / TASK FOR TODAY			
Hazard identification: Items checked below relate to existing conditions of may be a result of site operations.			
Physical Hazards		Health Hazards	
<input type="checkbox"/> Confined Space - <input type="checkbox"/> Permit Required <input type="checkbox"/> Hot Work Permit <input type="checkbox"/> Fire hazard <input type="checkbox"/> Electrical <input type="checkbox"/> Elevations / site terrain <input type="checkbox"/> Falls from elevations <input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Intrusive activity <input type="checkbox"/> Overhead utilities <input type="checkbox"/> Slips, trips or falls <input type="checkbox"/> Underground utilities <input type="checkbox"/> Vehicular traffic <input type="checkbox"/> Other _____	<input type="checkbox"/> Chemical exposure <input type="checkbox"/> Cold stress <input type="checkbox"/> EME / RF <input type="checkbox"/> Heat stress <input type="checkbox"/> High noise (>85dBA) <input type="checkbox"/> Lifting hazards	<input type="checkbox"/> Silica exposure (concrete cutting) <input type="checkbox"/> Other _____ _____ _____
(6) HAZARD CONTROL MEASURES			
Personal Protective and Monitoring Equipment	Inspections (Complete ALL prior to use)	Safety Systems / Training	
<input type="checkbox"/> Fall Protection <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hearing Protection <input type="checkbox"/> Gloves <input type="checkbox"/> Hard Hat <input type="checkbox"/> RF Monitors <input type="checkbox"/> RF Suits	<input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Housekeeping <input type="checkbox"/> Ground Fault <input type="checkbox"/> Tag Lines <input type="checkbox"/> Gin Poles <input type="checkbox"/> Rigging <input type="checkbox"/> Hoists	<input type="checkbox"/> 4-in-1 sign (banner of notices and warning signs) <input type="checkbox"/> Permit System (confined space, hot work, etc.) <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Excavation log <input type="checkbox"/> High noise (>85dBA) <input type="checkbox"/> Lifting hazards	
Note: Notify and confirm proper mitigation and/or protective steps take with your company Safety Representative/Manager before entering any trench or any general excavation that is greater than 5' deep; or any confined space – above or below ground.			
(7) COMPLETE FOR CIVIL WORK <input type="checkbox"/> DOES NOT APPLY			
1. Describe type and depth of excavations: 2. Cave-in control measures to be used if excavation will be greater than 5-feet and personnel are entering trench: <input type="checkbox"/> Sloping <input type="checkbox"/> Benching <input type="checkbox"/> Shoring <input type="checkbox"/> Trench <input type="checkbox"/> Shield <input type="checkbox"/> Ladder in trench at 4-feet 3. Describe elevation / site terrain / environmental concerns or hazards: 4. Describe hazards with site / vehicle access (e.g., boom and cranes / electrical lines) and storage of materials: 5. Describe type of electrical concerns or hazards:			
(8) COMPLETE FOR ELEVATED WORK (Fall Protection & Suspended Personnel Platform) <input type="checkbox"/> DOES NOT APPLY			
Type of tower / rooftop: Fall protection to be used: <input type="checkbox"/> Full body Harness <input type="checkbox"/> Retractable lifeline		Type of Antenna boom: <input type="checkbox"/> Rope grab <input type="checkbox"/> Ropes <input type="checkbox"/> Cable grab <input type="checkbox"/> Descenders	
Has each employee inspected his or her fall protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe the fall protection system to be used when accessing antenna booms or preforming tower erection:			
Hoisting equipment to be used: <input type="checkbox"/> Suspended personnel platform (man-basket) <input type="checkbox"/> Crane <input type="checkbox"/> Gin Suspended personnel platform checklist and critical lift plan completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
AUTHORIZATIONS			
Superintendent / Foreman		Lower-tier subcontractor supervisor	
Name (print)	Signature	Name (print)	Signature