

DETAILED PROJECT HAZARD ANALYSIS FORM

Complete daily before beginning work.

(1) JOB INFORMATION					
Date:	Job name:	Job number:			
Physical address:		Longitude:	Latitude:	Supervisor:	
(2) PROJECT PERSONNEL (GC 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		
(3) EMERGENCY PROCEDURES (List telephone numbers and attach directions to the site)					
Are 911 systems functional with cell phone use?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Tower rescue procedures to be used:	<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 antennas <input type="checkbox"/> Tower erection		<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 step)		Preventative measures: (List each control for each hazard)	

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(5) JOB/TASKS FOR TODAY			
Hazard identification: Items checked below relate to existing conditions or may be a result of site operations.			
Physical Hazards		Health Hazards	
<input type="checkbox"/> Confined space <input type="checkbox"/> Permit required <input type="checkbox"/> Electrical <input type="checkbox"/> Elevation/site terrain <input type="checkbox"/> Falls from elevations <input type="checkbox"/> Fire hazards <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"/> Vehicle 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"/> Gloves <input type="checkbox"/> Hard hat <input type="checkbox"/> Hearing <input type="checkbox"/> RF monitors <input type="checkbox"/> RF suits <input type="checkbox"/> Safety glasses	<input type="checkbox"/> Tools/equipment <input type="checkbox"/> Rigging <input type="checkbox"/> Housekeeping <input type="checkbox"/> Tag lines <input type="checkbox"/> Ground fault protection <input type="checkbox"/> Gin poles <input type="checkbox"/> Hoists	<input type="checkbox"/> 4-in-1 sign (banner of notices and warning signs) <input type="checkbox"/> Excavation log <input type="checkbox"/> Lockout/tagout <input type="checkbox"/> Permit System (hoisting personnel, confined space, excavation, etc.) <input type="checkbox"/> High noise (>85dBA) <input type="checkbox"/> Lifting hazards	
NOTE: Notify and confirm proper mitigation and/or protective steps taken 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			
1. Describe type and depth of excavations: 2. Cave-in control measures to be used if excavation will be great than 5 feet and personnel are entering the 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 TOWER WORK (FALL PROTECTION & SUSPENDED PERSONNEL PLATFORM)			
Type of tower/rooftop:		Type of Antenna boom:	
Fall protection to be used:			
<input type="checkbox"/> Full body harness	<input type="checkbox"/> Double leg or two 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	<input type="checkbox"/> Descenders
Has each employee inspected his or her fall protection equipment?			
Describe the fall protection system to be used when accessing antenna booms or performing tower erection:			
Hoisting equipment to be used:			
<input type="checkbox"/> Suspended personnel platform (manbasket)	<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
(9) COMPLETE FOR CIVIL WORK			
Superintendent/foreman		Lower-tier subcontractor supervisor	
Name	Signature	Name	Signature