Pre-Work Hazard Assessment
Complete Before Work Begins and Review Daily

Job Information			
Job Number:	Site ID:	Latitude/Longitude:	Date:
Site Address:		Supervisor/Competent Person (name and contact info): Wayne Joseph 347-645-2983	

Check work being performed:
☐ Line and Antennas ☐ Tower Erection ☐ Civil ☐ Electrical ☐ Maintenance ☐ DAS ☐ MEC ☐ Small Cell
☐ Other: Please describe: _____

For work inside buildings, attach building policies or complete the appendix

Project Personnel

Name and Company	Signature	OSHA 10/30 or Equivalent	RF Safety Awareness	First Aid/CPR	Climber/ Rescuer	Rigging/ Signal	NWSA TTT 1/2
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
		☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes

Emergency Procedures

List telephone numbers and attach directions to the site:

Are 911 systems functional with cell phone use? ☐ Yes ☐ No	If not, then include emergency phone numbers in the Emergency/Rescue Plan below

In the event of an emergency, call 911 or the appropriate emergency number immediately

Site Specific Emergency/Rescue Plan (Use separate sheet of paper, if necessary):

Local ER/Hospital (Address and Phone):	Local Occupational Clinic (Address and Phone):
Evacuation Point:	Communication Point:

Pre-Work Hazard Assessment
Complete Before Work Begins and Review Daily

Job Site Exposures

Hazard Identification: (Items checked below relate to existing conditions, or may be a result of site operations)

Physical Hazards

- ☐ Falls from elevations
- ☐ Slips, Trips, or Falls
- ☐ Material Handling
- ☐ Excavation
- ☐ Vehicle Traffic
- ☐ Pedestrian Traffic
- ☐ Fire Hazards (Circle)
  - -Combustible Materials
  - -Fuel/Gas Containers
  - -Welding
  - -Cutting
  - -Spark Producing
- ☐ Electrical
- ☐ Overhead Utilities
- ☐ Underground Utilities
- ☐ Heavy Equipment
- ☐ Drilling/Core Drilling
- ☐ Other: _____
- ☐ Confined Space - Contact your Safety Manager/Tech prior to entry

Health Hazards

- ☐ Lifting Hazards
- ☐ High Noise (>85 dBA)
- ☐ Heat Stress
- ☐ Cold Stress
- ☐ EME/RF
- ☐ Coronavirus (COVID-19)
- ☐ Animal Droppings (Birds, Rodents)
- ☐ Chemical Exposure*
- ☐ Silica Exposure (Concrete Cutting)*
- ☐ Lead Paint*
- ☐ Asbestos*
- ☐ Other: _____*

***If any of the health hazards in the second column are identified, do not proceed. Contact your Safety Manager/Tech for assistance.**

Hazard Control Measures

Personal Protective Equipment/Monitoring Equipment

- ☐ Hard Hats
- ☐ Safety Glasses
- ☐ Face Shields
- ☐ High Visible Vest
- ☐ Steel Toe Boots
- ☐ Fall Protection
- ☐ Hearing Protection
- ☐ RF Monitors
- ☐ RF Suits
- ☐ Tool Tethers/Lanyards
- ☐ Gloves (i.e. Nitrile, Leather, Mechanical, Cut Resistant)
- ☐ Electrical Hard Hat
- ☐ Electrical Face Shield
- ☐ Arc Flash Hood
- ☐ Arc Flash Clothing
- ☐ Rubber Electrical Gloves
- ☐ Leather Protector Gloves
- ☐ Leather Boots
- ☐ Insulating Ground Mat
- ☐ Insulated Tools

Inspections

- ☐ PPE
- ☐ Tools/Equipment
- ☐ Housekeeping
- ☐ Ladders
- ☐ PFAS
- ☐ Scaffolding
- ☐ MEWP
  - -Aerial Lift
  - -Scissor Lift
- ☐ Rescue Kit
- ☐ Fire Extinguisher
- ☐ Ropes
- ☐ Rigging
- ☐ Tag Lines
- ☐ Hoists
- ☐ Gin Pole
- ☐ Electrical PPE
- ☐ Insulated Tools
- ☐ Ground Fault Protection
- ☐ Tower Structure
- ☐ Heavy Equipment
- ☐ Other:_____

Additional Considerations

- ☐ Site Signage
- ☐ Electrical
- ☐ Lockout/Tagout
- ☐ Excavation
- ☐ Toolbox Talk Meeting
- ☐ Coronavirus Precautions
- ☐ Scaffolding
- ☐ Traffic Control Plan
- ☐ Fall Protection Plan
- ☐ Night Work - Notify your Safety Manager/Tech
- ☐ Permit Required Confined Space
- ☐ Site Access
- ☐ 3rd Party Exposure
- ☐ HazCom
- ☐ Hot Work
- ☐ Rooftop
- ☐ Barricades
- ☐ Rigging Plan
- ☐ Other: _____

Task	Hazards	Hazard Controls

Multi-Employer Work Sites

<u>Notify your Health and Safety Manager/Tech before working around other contractors, building occupants, or members of the public</u>

- Do not expose other contractors, building occupants, or pedestrians to hazards
- Hazards created by other contractors must be identified and controlled
- Working around any non-SBA employees should be avoided
- Meet with other on-site employers to review hazards

Pre-Work Hazard Assessment
Complete Before Work Begins and Review Daily

Complete for Elevated Work

Will personnel be exposed to potential falls of 4' or greater during general industry/maintenance activities or 6' or greater during construction? ☐ Yes ☐ No

☐ Rooftop Work - Contact your Health and Safety Manager/Tech for assistance developing a fall protection plan

Type of Structure: | Type of Antenna Mount:

Fall protection to be used:

☐ Full Body Harness ☐ Anchorage Straps ☐ Travel Restraint ☐ Skylight Protection
☐ Double Leg Lanyard ☐ Vertical Lifeline ☐ Warning Line System ☐ Rooftop Anchor
☐ Retractable Lifeline ☐ Fixed Safety Climb System ☐ Guardrail System ☐ Other:_____

Has each employee inspected their fall protection equipment? ☐ Yes ☐ No

Method of Accessing Work Location

☐ Fixed Safety Climb System ☐ Mobile Elevated Work Platform (MEWP) ☐ Crane and Personnel Platform ☐ Controlled Descent

Portable Ladders:

☐ Employees Trained ☐ Appropriate Ladders Selected ☐ Ladders Inspected ☐ Labels and Manufacturer Instructions Followed

RF Safety Plan

Personnel entering into an environment meeting the criteria of the FCC OET Bulletin 65, as a Controlled Environment, must adhere to the following requirements:

☐ All personnel must have annual RF site safety awareness training ☐ All personnel must be authorized to access to the RF site
☐ All personnel must be able to read and understand RF site signage ☐ Maximum Permissible Exposure (MPE) levels must be determined at each work location
☐ If MPE readings are 100% or above, all personnel must remove themselves from the RF field and contact their safety representative for further guidance

MPE Data will be determined by the use of RF monitors:	Monitor S/N:_____ MPE %:_____ ☐ Ground ☐ Structure	Monitor S/N:_____ MPE %:_____ ☐ Ground ☐ Structure

Control methods for limiting RF exposure (Check all that apply):

☐ Reduce power levels of transmitting antenna ☐ Administer Lock-out/Tag-out procedures
☐ Full removal of power from transmitting antenna/sector ☐ Personnel Protective Equipment (RF Suit)

Complete for Civil Work

Electrical

For work on equipment over 50V if complete de-energization is used and workers will not be exposed to live equipment:

☐ LOTO Training (required) ☐ Multimeter to verify de-energized state (required)
☐ LOTO kit (required) ☐ Written LOTO procedure attached (required)

If equipment over 50V will remain energized or any employee is exposed to energized equipment over 50V:

☐ Only Qualified Electrical Workers with documented training are allowed within 10' of equipment
☐ Electrical PPE (required) ☐ Insulated electrical tools (required)

Excavations

☐ Notify 811 and ensure underground utilities are located prior to digging

Describe the type and depth of excavation:

Cave-in control measures to be used if excavation will be greater than 5 feet and personnel are entering the trench:

☐ Sloping ☐ Benching ☐ Shoring ☐ Trench Shield/Box ☐ Ladder in Trench at 4 feet

Notify your Health and Safety Manager/Tech before entering a confined space or a trench/excavation that is greater than 5' deep

Fall Protection and Site Specific Rescue Plan:										
System Used	☐	Harness	☐	Y-lanyard	☐	Petzl ID'L	☐	Cable Grab	☐	Vertical Rope
	☐	Boatswain Chair	☐	SRL	☐	Anchor Straps	☐	Rail Trolley	☐	Rope Grab

Has each employee inspected his or her fall protection equipment?	☐	Yes	☐	No	☐	N/A
Has all the rigging equipment been inspected?	☐	Yes	☐	No	☐	N/A
If there are any special obstructions or conditions that need to be discussed, ensure you document them in the comments.	☐	Yes	☐	No	☐	N/A
Have potential fall hazards been identified?	☐	Yes	☐	No	☐	N/A
Have anchorages been identified?	☐	Yes	☐	No	☐	N/A
Have fall clearances been addressed?	☐	Yes	☐	No	☐	N/A
Has the installation and removal of temporary fall protection systems been addressed?	☐	Yes	☐	No	☐	N/A
Work is taking place at an elevated location and a rescue plan is necessary?	☐	Yes	☐	No	☐	N/A
The appropriate rescue individuals are on site?	☐	Yes	☐	No	☐	N/A
The appropriate rescue equipment is on site for the rescue plan?	☐	Yes	☐	No	☐	N/A
The rescue equipment shall be inspected to confirm proper working condition.	☐	Yes	☐	No	☐	N/A
The rescue plan is good for the complete job?	☐	Yes	☐	No	☐	N/A

Method & Equipment Used	☐	Capstan Hoist	☐	Manual Rope System	☐	Petzl ID'L	☐	Bucket Truck
	☐	Base Mounted Hoist	☐	Crane / Boom Truck	☐	Aerial Lift	☐	Other

Comments:

All employees on site must be part of the rescue plan discussion and the rescue plan shall stay on site for the duration of the job. On completion of the job, this form shall be put in the job file.

1. Remain calm. 2. Call EMS first. 3. Assess the person's medical condition. 4. Do not become the victim. 5. Secure the site of any other hazards. 6. Contact the office as soon as possible.