



## Pre-Work Hazard Assessment

### Complete Before Work Begins and Review Daily

#### Job Information

Job Number:	Site ID:	Latitude/Longitude:	Date:
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Site Address:	Supervisor/Competent Person (name and contact info):
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**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
		<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	<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	<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
		<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	<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	<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
		<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	<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	<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

#### 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	If not, then include emergency phone numbers in the Emergency/Rescue Plan below
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**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):
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Evacuation Point:	Communication Point:
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Job Site Exposures					
Hazard Identification: (Items checked below relate to existing conditions, or may be a result of site operations)					
<b>Physical Hazards</b>			<b>Health Hazards</b>		
<input type="checkbox"/> Falls from elevations <input type="checkbox"/> Slips, Trips, or Falls <input type="checkbox"/> Material Handling <input type="checkbox"/> Excavation <input type="checkbox"/> Vehicle Traffic <input type="checkbox"/> Pedestrian Traffic <input type="checkbox"/> Confined Space - Contact your Safety Manager/Tech prior to entry	<input type="checkbox"/> Fire Hazards (Circle) -Combustible Materials -Fuel/Gas Containers -Welding -Cutting -Spark Producing	<input type="checkbox"/> Electrical <input type="checkbox"/> Overhead Utilities <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Drilling/Core Drilling <input type="checkbox"/> Other: _____	<input type="checkbox"/> Lifting Hazards <input type="checkbox"/> High Noise (>85 dBA) <input type="checkbox"/> Heat Stress <input type="checkbox"/> Cold Stress <input type="checkbox"/> EME/RF <input type="checkbox"/> Coronavirus (COVID-19) <input type="checkbox"/> Animal Droppings (Birds, Rodents)	<input type="checkbox"/> Chemical Exposure* <input type="checkbox"/> Silica Exposure (Concrete Cutting)* <input type="checkbox"/> Lead Paint* <input type="checkbox"/> Asbestos* <input type="checkbox"/> Other: _____*	<p><b>*If any of the health hazards in the second column are identified, do not proceed. Contact your Safety Manager/Tech for assistance.</b></p>
Hazard Control Measures					
<b>Personal Protective Equipment/Monitoring Equipment</b>		<b>Inspections</b>		<b>Additional Considerations</b>	
<input type="checkbox"/> Hard Hats <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Face Shields <input type="checkbox"/> High Visible Vest <input type="checkbox"/> Steel Toe Boots <input type="checkbox"/> Fall Protection <input type="checkbox"/> Hearing Protection <input type="checkbox"/> RF Monitors <input type="checkbox"/> RF Suits <input type="checkbox"/> Tool Tethers/Lanyards <input type="checkbox"/> Gloves (i.e. Nitrile, Leather, Mechanical, Cut Resistant)	<input type="checkbox"/> Electrical Hard Hat <input type="checkbox"/> Electrical Face Shield <input type="checkbox"/> Arc Flash Hood <input type="checkbox"/> Arc Flash Clothing <input type="checkbox"/> Rubber Electrical Gloves <input type="checkbox"/> Leather Protector Gloves <input type="checkbox"/> Leather Boots <input type="checkbox"/> Insulating Ground Mat <input type="checkbox"/> Insulated Tools	<input type="checkbox"/> PPE <input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Housekeeping <input type="checkbox"/> Ladders <input type="checkbox"/> PFAS <input type="checkbox"/> Scaffolding <input type="checkbox"/> MEWP -Aerial Lift -Scissor Lift <input type="checkbox"/> Rescue Kit <input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Ropes <input type="checkbox"/> Rigging <input type="checkbox"/> Tag Lines <input type="checkbox"/> Hoists <input type="checkbox"/> Gin Pole <input type="checkbox"/> Electrical PPE <input type="checkbox"/> Insulated Tools <input type="checkbox"/> Ground Fault Protection <input type="checkbox"/> Tower Structure <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Other: _____	<input type="checkbox"/> Site Signage <input type="checkbox"/> Electrical <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Excavation <input type="checkbox"/> Toolbox Talk Meeting <input type="checkbox"/> Coronavirus Precautions <input type="checkbox"/> Scaffolding <input type="checkbox"/> Traffic Control Plan <input type="checkbox"/> Fall Protection Plan <input type="checkbox"/> Night Work - Notify your Safety Manager/Tech <input type="checkbox"/> Permit Required Confined Space	<input type="checkbox"/> Site Access <input type="checkbox"/> 3rd Party Exposure <input type="checkbox"/> HazCom <input type="checkbox"/> Hot Work <input type="checkbox"/> Rooftop <input type="checkbox"/> Barricades <input type="checkbox"/> Rigging Plan <input type="checkbox"/> Other: _____
Task	Hazards		Hazard Controls		
Multi-Employer Work Sites					
Notify your Health and Safety Manager/Tech before working around other contractors, building occupants, or members of the public					
<ul style="list-style-type: none"> <li>Do not expose other contractors, building occupants, or pedestrians to hazards</li> <li>Hazards created by other contractors must be identified and controlled</li> </ul>			<ul style="list-style-type: none"> <li>Working around any non-SBA employees should be avoided</li> <li>Meet with other on-site employers to review hazards</li> </ul>		



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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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Rooftop Work - Contact your Health and Safety Manager/Tech for assistance developing a fall protection plan			
Type of Structure:		Type of Antenna Mount:	
<b>Fall protection to be used:</b> <input type="checkbox"/> Full Body Harness <input type="checkbox"/> Anchorage Straps <input type="checkbox"/> Travel Restraint <input type="checkbox"/> Skylight Protection <input type="checkbox"/> Double Leg Lanyard <input type="checkbox"/> Vertical Lifeline <input type="checkbox"/> Warning Line System <input type="checkbox"/> Rooftop Anchor <input type="checkbox"/> Retractable Lifeline <input type="checkbox"/> Fixed Safety Climb System <input type="checkbox"/> Guardrail System <input type="checkbox"/> Other: _____			
Has each employee inspected their fall protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Method of Accessing Work Location</b> <input type="checkbox"/> Fixed Safety Climb System <input type="checkbox"/> Mobile Elevated Work Platform (MEWP) <input type="checkbox"/> Crane and Personnel Platform <input type="checkbox"/> Controlled Descent			
<b>Portable Ladders:</b> <input type="checkbox"/> Employees Trained <input type="checkbox"/> Appropriate Ladders Selected <input type="checkbox"/> Ladders Inspected <input type="checkbox"/> Labels and Manufacturer Instructions Followed			
RF Safety Plan			
<b>Personnel entering into an environment meeting the criteria of the FCC OET Bulletin 65, as a Controlled Environment, must adhere to the following requirements:</b>			
<input type="checkbox"/> All personnel must have annual RF site safety awareness training <input type="checkbox"/> All personnel must be authorized to access to the RF site <input type="checkbox"/> All personnel must be able to read and understand RF site signage <input type="checkbox"/> Maximum Permissible Exposure (MPE) levels must be determined at each work location <input type="checkbox"/> 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 %: _____ <input type="checkbox"/> Ground <input type="checkbox"/> Structure	Monitor S/N: _____ MPE %: _____ <input type="checkbox"/> Ground <input type="checkbox"/> Structure
<b>Control methods for limiting RF exposure (Check all that apply):</b> <input type="checkbox"/> Reduce power levels of transmitting antenna <input type="checkbox"/> Administer Lock-out/Tag-out procedures <input type="checkbox"/> Full removal of power from transmitting antenna/sector <input type="checkbox"/> 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:			
<input type="checkbox"/> LOTO Training (required) <input type="checkbox"/> Multimeter to verify de-energized state (required) <input type="checkbox"/> LOTO kit (required) <input type="checkbox"/> Written LOTO procedure attached (required)			
If equipment over 50V will remain energized or any employee is exposed to energized equipment over 50V:			
<input type="checkbox"/> Only Qualified Electrical Workers with documented training are allowed within 10' of equipment <input type="checkbox"/> Electrical PPE (required) <input type="checkbox"/> Insulated electrical tools (required)			
Excavations			
<input type="checkbox"/> 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:			
<input type="checkbox"/> Sloping <input type="checkbox"/> Benching <input type="checkbox"/> Shoring <input type="checkbox"/> Trench Shield/Box <input type="checkbox"/> 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			



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## DAS/MEC/Small Cell Appendix - Building Policies

**Building Contact Person (Name and Phone Number):** \_\_\_\_\_

**Access Hours:** \_\_\_\_\_

**Sign-In/Name Tags:** \_\_\_\_\_

**Construction Entrance:** \_\_\_\_\_

**Parking:** \_\_\_\_\_

**Rest Rooms:** \_\_\_\_\_

**Elevators:** \_\_\_\_\_

**Smoking Areas:** \_\_\_\_\_

**Coronavirus Precautions:** \_\_\_\_\_

**Are there any hazardous substances or conditions in the building? (Chemicals, Lead Paint, Asbestos, Animal Droppings, Restricted Areas, etc.):** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_