



Pre-Work Assessment Complete Before Work Begins and Review Daily

Job Information							
Job Number:	Tower Site ID:	Longitude:	Latitude:	Date:			
Site Address:			Supervisor/Competent Person:				
Check work being performed: <input type="checkbox"/> Line and Antennas <input type="checkbox"/> Tower Erection <input type="checkbox"/> Civil <input type="checkbox"/> Electrical <input type="checkbox"/> Maintenance <input type="checkbox"/> Other: Please describe: _____							
Project Personnel							
Name:	Company:	Competent Climber/Rescue:	CPR/First Aid:	Name:	Company:	Competent Climber/Rescue:	CPR/First Aid:
		<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		
Rescue Procedures to be used: <input type="checkbox"/> Fire Department <input type="checkbox"/> Internal crew (Crew has to be properly trained in tower rescue.) <input type="checkbox"/> Other: Please describe: _____							
Site Specific Rescue Plan (Use separate sheet of paper, if necessary): 							
Ambulance:		Fire:			Police:		
Local ER/Hospital:				Local Occupational Clinic:			
Telephone Co:				Utility Co:			
Evacuation Point:				Communication Point:			



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Job Site Exposures

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

Physical Hazards			Health Hazards	
<input type="checkbox"/> Falls from elevations	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Cold Stress
<input type="checkbox"/> Slips, Trips, or Falls	<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> High Noise (<85 dBA)	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> Elevation/Site Terrain	<input type="checkbox"/> Permit Required	<input type="checkbox"/> Silica Exposure (Concrete Cutting)	<input type="checkbox"/> EME/RF
<input type="checkbox"/> Fire Hazards (Circle)	<input type="checkbox"/> Intrusive Activity (Circle)	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Lifting Hazards	
<input type="checkbox"/> -Combustible Materials	<input type="checkbox"/> -Drilling	<input type="checkbox"/> Night Work	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> -Fuel/Gas Containers	<input type="checkbox"/> -Soil Excavation	<input type="checkbox"/> Hot Work		
<input type="checkbox"/> Electrical Cut-Overs	<input type="checkbox"/> Material Handling			
<input type="checkbox"/> Other: _____				

Hazard Control Measures

Personal Protective Equipment/Monitoring Equipment	Inspections	Safety Program/Training
<input type="checkbox"/> Hard Hats	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Tailgate Meeting
<input type="checkbox"/> Hearing	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Site Signage
<input type="checkbox"/> RF Suits	<input type="checkbox"/> Ground Fault Protection	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Face Shields	<input type="checkbox"/> Hoists	<input type="checkbox"/> Excavation Log
<input type="checkbox"/> High Visible Vest	<input type="checkbox"/> PPE	<input type="checkbox"/> Permit System (Hoisting Personnel)
<input type="checkbox"/> Electrical Gloves	<input type="checkbox"/> Ladders	
<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Rigging	
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Tag Lines	
<input type="checkbox"/> RF Monitors	<input type="checkbox"/> Gin Poles	
<input type="checkbox"/> Apron	<input type="checkbox"/> Ropes	
<input type="checkbox"/> Steel Toe Boots	<input type="checkbox"/> PFAS	
<input type="checkbox"/> Insulated Tools		
<input type="checkbox"/> Gloves (i.e. Leather, Mechanical, Cut Resistant)		

- **Notify your Health and Safety Manager before entering a trench /excavation that is greater than 5' deep.**
- **Notify your Health and Safety Manager before entering a Permit Required Confined Space.**
- **Notify your Health and Safety Manager prior to performing night work.**

Task	Hazards	Hazard Controls



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RF Safety Plan

General RF Site Requirements

All employees or subcontractors entering into an environment that meets 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 able to read and understand RF site signage
- All personnel must have authorized access to the RF site
- Personnel must have means of determining Maximum Permissible Exposure (MPE) levels at each work location
- Personnel must monitor MPE level requirements of the OET Bulletin 65 and other transmitting frequencies they may be exposed to

Site Specific RF Requirements

MPE Data will be determined by the use of an RF monitor	S/N: _____ MPE %: _____	S/N: _____ MPE %: _____
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- Maximum MPE level recorded at 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

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

<input type="checkbox"/>	Reduce power levels of transmitting antenna
<input type="checkbox"/>	Full removal of power from transmitting antenna/sector
<input type="checkbox"/>	Administer Lock-out/Tag-out procedures
<input type="checkbox"/>	Personnel Protective Equipment (RF Suit)

Complete for Civil Work

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 the trench:
 Sloping Benching Shoring Trench Shield/Box Ladder in Trench at 4 feet
3. Describe elevation/site terrain/environmental concerns or hazards:
4. Describe hazards with site/vehicle access (i.e. boom and cranes/electrical lines) and storage of materials:
5. Describe the type of electrical concerns or hazards:



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Complete for Tower Work (Fall Protection & Hoisting Personnel)

Type of Tower/Rooftop:	Type of Antenna Boom:
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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 |

1. Has each employee inspected his or her fall protection equipment? Yes No

2. Describe the fall protection system to be used when accessing antenna booms or performing tower erection:

Hoisting Equipment to be used:

- | | | | | |
|---|---|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Personnel Platform/Manbasket | <input type="checkbox"/> Crane/Boom Truck | <input type="checkbox"/> Capstan Hoist | <input type="checkbox"/> Gin Pole | <input type="checkbox"/> Winch |
|---|---|--|-----------------------------------|--------------------------------|

Review and Signatures

Onsite Personnel

Name:

Signature:

Subcontractor

Name:

Signature:

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SBA Superintendent/Foreman

Name:

Signature:

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