

SBA
Pre-Work Assessment Survey
Complete before work begins and Review Daily

Job Information											
Job Number:	Job Name:	Longitude:	Latitude:	Supervisor/Competent Person							
Check work being performed: <input type="checkbox"/> Line and Antennas <input type="checkbox"/> Tower Erection <input type="checkbox"/> Civil/Concrete <input type="checkbox"/> Electrical <input type="checkbox"/> Testing (Sweeps) <input type="checkbox"/> Other: Please describe: _____											
Project Personnel											
Name:	Company:	CPR/First Aid	Name:	Company:	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						
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"/> Internal crew (Crew has to be properly trained in tower rescue.) <input type="checkbox"/> Other: Please describe: _____											
Ambulance:		Fire:		Police:							
Local Hospital:		Telephone Co:		Utility Co:							
Evacuation Point:			Communication Point:								
Job Site Exposures											
Hazards Identification: (Items checked below relate to existing conditions, or may be a result of site operations)											
Physical Hazards <input type="checkbox"/> Falls from elevations <input type="checkbox"/> Slips, Trip, or falls <input type="checkbox"/> Vehicle Traffic <input type="checkbox"/> Fire Hazards (Circle) - Combustible materials - Fuel/Gas containers <input type="checkbox"/> Other: _____			<input type="checkbox"/> Electrical <input type="checkbox"/> Underground utilities <input type="checkbox"/> Elevation/Site Terrain <input type="checkbox"/> Intrusive activity (Circle) - Drilling - Soil Excavation <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Overhead utilities <input type="checkbox"/> Permit Required <input type="checkbox"/> Confined Space			Health Hazards <input type="checkbox"/> Heat Stress <input type="checkbox"/> High Noise (>85 dBA) <input type="checkbox"/> Silica Exposure (Concrete Cutting) <input type="checkbox"/> Lifting Hazards <input type="checkbox"/> Other: _____			<input type="checkbox"/> Cold Stress <input type="checkbox"/> Chemical Exposure <input type="checkbox"/> EME/RF		

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Hazard Control Measures					
Personal Protective Equipment/Monitoring Equipment		Inspections		Safety Program/Training	
<input type="checkbox"/> Safety Hats	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Rigging	<input type="checkbox"/> Tailgate Meeting	<input type="checkbox"/> 4 in 1 Sign
<input type="checkbox"/> Hearing	<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Tag Lines	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Excavation Log
<input type="checkbox"/> Gloves	<input type="checkbox"/> RF Suits	<input type="checkbox"/> Ground Fault Protection	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Permit System (Hoisting Personnel)	
<input type="checkbox"/> RF Monitors		<input type="checkbox"/> Hoists			

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

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: <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
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:

Complete for Tower Work (Fall Protection & Hoisting Personnel)	
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"/> Retractable Lifeline	<input type="checkbox"/> Anchorage Straps
	<input type="checkbox"/> Rope Grab
	<input type="checkbox"/> Ropes
	<input type="checkbox"/> Cable Grab
	<input type="checkbox"/> Descenders
1. Has each employee inspected his or her fall protection equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> 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"/> Man-rated Hoist
	<input type="checkbox"/> Gin Pole
1. Has a "Ride the Line" Permit or Personnel Platform Hoisting Permit been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Review and Signatures			
SBA Superintendent /Foreman		Subcontractor	
Name	Signature	Name	Signature