



## JOB SAFETY ANALYSIS (JSA) – SMALL CELL/ODAS FORM

<b>(1) JOB INFORMATION</b>			
Date:	Job Name:	Job Number:	Latitude:
Physical Address:	Crew Foreman:		Longitude:
<b>(2) EMERGENCY PROCEDURES (List Telephone Numbers and Attach Directions to the Site)</b>			
Ambulance:	Fire:	Police:	
Local Hospital:	Telephone Co:	Utility Co:	
Emergency Gathering Location (To Be Determined On-site):			
<b>(3) JOB TASKS</b>			
<b>Describe or List all high Risk Activities Involved With Scope of Work:</b>			
1.	2.	3.	
4.	5.	6.	
7.	8.	9.	
HAS A PRE-TASK PLAN / MEETING TAKEN PLACE AND IS UNDERSTOOD BY ALL CREW MEMBERS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>(4) CHECK WORK BEING PERFORMED</b>			
<input type="checkbox"/> Line and Antennas	<input type="checkbox"/> Modification	<input type="checkbox"/> Decommissioning	<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Pole Erection	<input type="checkbox"/> Testing (PIM-Sweep)	<input type="checkbox"/> Batteries	
<input type="checkbox"/> Concrete Pour	<input type="checkbox"/> Digging	<input type="checkbox"/> Concrete Demo	
<input type="checkbox"/> Working with Utility Crew	<input type="checkbox"/> Driving Ground Rods	<input type="checkbox"/> Fiber Installations	
<b>(5) WEATHER</b>			
Temperature: _____	Rain: _____		
Humidity: _____	Ice: _____		
Wind: _____	Lightning: _____		
Preventative Action Taken:			



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<b>(6) JOBSITE EXPOSURES</b>		
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"/> Confined Space <input type="checkbox"/> Electrical-AC Powered Radios <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"/> Pedestrians <input type="checkbox"/> Environmental Surroundings <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 (>85 dBA) <input type="checkbox"/> Silica Exposure (Concrete Cutting) <input type="checkbox"/> Other:
<b>(7) HAZARD CONTROL MEASURES</b>		
<b>Personal Protective and Monitoring Equipment</b>	<b>Inspections</b> (Complete All Prior to Use)	<b>Safety Systems / Training</b>
<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"/> Safety Glasses <input type="checkbox"/> Reflective Vests	<input type="checkbox"/> Tools/Equipment <input type="checkbox"/> Electrical Tools & Test Equipment <input type="checkbox"/> Rigging <input type="checkbox"/> Housekeeping <input type="checkbox"/> Ropes/Tag Lines <input type="checkbox"/> Ground Fault Protection <input type="checkbox"/> Hoists	<input type="checkbox"/> Aerial Lift Certification <input type="checkbox"/> Equipment Certification(s) <input type="checkbox"/> 4-in-1 Sign (Banner of Notices and Warning Signs) <input type="checkbox"/> Barrier/Barricade Devices <input type="checkbox"/> Excavation Log <input type="checkbox"/> Lockout/Tag-out <input type="checkbox"/> Permit System (Hoisting Personnel, Confined Space, Excavation, etc.) <input type="checkbox"/> Pre-approved Plan (Critical Lifts, Controlled Descent, Welding, etc.) <input type="checkbox"/> Row Permit <input type="checkbox"/> Traffic Control
<b>(8) REVIEWS AND SIGNATURES</b>		
<b>JSA COMPLETED BY:</b> Name:	Signature:	Date:
<b>Crew Foreman</b> Name:	Signature:	Date:
Crew Member Name	Signature	
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
		Less than 6 Months Experience: <input type="checkbox"/>
<b>Complete daily before beginning work</b>		



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### WORK AREA SKETCH

### END OF SHIFT TASKS: (Please Check all that Apply)

TASKS	YES	NO	N/A
Site Cleaned up and Secure			
Tools & Equipment Put Away and Secure			
Potential Hazards Addressed for Next Day Scope of Work			

**Did any crew member witness or experience a near miss accident today? YES or NO**

**If yes please explain:**

**What actions will be taken to prevent a similar incident?**

**Report near misses to your manager and/or follow company protocol.**