

INSERT COMPANY NAME & LOGO:

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TIME:

PROJECT NAME & NUMBER:

JOB BRIEFING / ROUTINE JOB HAZARD ANALYSIS (JHA) FORM

Complete with work crew at job-briefing before beginning work; Have all affected personnel sign-off in Block 9 of this form.

(1) JOB INFORMATION

Form section for Job Information including Date, Job Number, Job Name, Physical Address, Longitude, Latitude, and Supervisor/Crew Lead.

(2) EMERGENCY PROCEDURES (LIST TELEPHONE NUMBERS AND ATTACH DIRECTIONS TO THE SITE.)

Form section for Emergency Procedures including 911 systems, rescue procedures, and contact information for ambulance, fire, police, and utility.

(3) JOB / TASKS FOR TODAY (Note: Any rigging with a payload weight of 10T - 50T = Medium Lift; or ≥ 50T= Heavy Lift; or a Critical Lift requires the submittal of an Engineer approved lift plan as required per contract requirements.)

Form section for Job/Tasks for Today including work type (Incidental, Medium, Heavy, Critical) and specific tasks like working at height, electrical, plumbing, etc.

(4) JOBSITE EXPOSURES, NOTE: ELECTROMAGNETIC INTERFERENCE (EMI), RADIO FREQUENCY (RF)

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

Form section for Jobsite Exposures divided into Physical Hazards and Health Hazards with various checkboxes for conditions like confined space, electrical, and chemical exposure.

(5) HAZARD CONTROL MEASURES

Form section for Hazard Control Measures divided into PPE and Monitoring Equipment, Inspections, and Safety Systems / Training.

Note Any Other Hazards or Safety Controls Here:

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(6) COMPLETE FOR CIVIL WORK (PLEASE NOTE: ENGINEER APPROVED TRENCHING PLAN REQUIRED FOR TRENCHES > 5')

NOT APPLICABLE

NOTE: Notify and confirm proper procedures, mitigation and/or protective steps taken with your company's designated Safety Representative & Site Manager before entering: any trench or any general excavation that is greater than 5' deep; or any Confined Space.

1. Describe type and depth of excavations Type A Soil/Rock Type B Soil/Rock Type C Soil/Rock: Dig-Tess / One Call

2. Cave-in / Engulfment 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 > 5 Feet & Every 25' Sump Pump LOTO:

3. Describe elevation/site terrain/environmental concerns or hazards:

4. Describe hazards with site/vehicle access (High Traffic, Heavy Haul, Boom Cranes, and Storage of Materials/HazMat:

5. Describe the type of electrical or gas concerns or hazards (e.g. Electrical/Gas/Fiber Optic Lines):

(7) FALL PROTECTION & USING SUSPENDED PERSONNEL PLATFORM (Complete for Working at Heights and Roped-Access)

NOT APPLICABLE

Type of Elevated Work & Height:

Type of Tower or Building:

Describe the fall protection system to be used when working aloft. Lifeline Personal Fall Arrest Safety Monitor Qualified Climber Safety Net Ladder Safety Device Roped Access (Requires Roped Access JHA):

Fall protection to be used. Full Body Harness One Lanyard Two Lanyards (100%) Rope Grab Cable Grab Retractable Lifeline Ropes Ascenders/Descenders Anchorage Points, Belay, & Straps:

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

Hoisting Equipment to be used: < 20' Encroachment of Power Lines, Yes No; If yes, ID Voltage _____KV; De-energize/Test/Ground Lines Yes No

Suspended Personnel Platform/basket Forklift Platform Crane/Boom/Aerial Truck Scissor/Snorkel Lift Gin Pole Roped Access

Suspended Personnel Platform Checklist and/or Critical Lift Plan Completed? Yes No

(8) REVIEWS AND SIGNATURES

GC Superintendent /Foreman

Lower-tier Subcontractor Supervisor

Name

Signature/Date

Name

Signature/Date

(9) PROJECT PERSONNEL ACKNOWLEDGEMENT (ALL AFFECTED PERSONNEL SIGN AFTER JOB BRIEFING)

Name:

Company:

CPR / First Aid

Name:

Company:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes