



Complete Daily Before Beginning Work

**1.) Project Information**

Date:	Project Name:	Site Number:
Physical Address:		Supervisor/ Crew Lead:

**2.) Task for Today**  
**CHECK WORK BEING PERFORMED**

Line & Antennas    Tower Erection    Electrical    Testing (Sweeps)    Civil/ Concrete    Decommissioning    Other (Describe)

<b>Tasks:</b> (List tasks in sequential order)	<b>Potential Hazards:</b> (List hazards for each step)	<b>Preventative Measure:</b> (List at least one control for each hazard)

**3.) Potential Hazards: CHECK ALL THAT APPLY**

Physical Hazards	Health Hazards
<input type="checkbox"/> Confined Space <input type="checkbox"/> Environmental (Hot/Cold/Animal) <input type="checkbox"/> Electrical <input type="checkbox"/> Overhead Utilities <input type="checkbox"/> Elevation/ Site Terrain <input type="checkbox"/> Slips, Trips, Falls <input type="checkbox"/> Falls from Elevations <input type="checkbox"/> Underground Utilities <input type="checkbox"/> Fire Hazards <input type="checkbox"/> Vehicle Traffic <input type="checkbox"/> Heavy Equipment <input type="checkbox"/> Other:	<input type="checkbox"/> Chemical Exposure <input type="checkbox"/> Silica Exposure (Concrete Cutting) <input type="checkbox"/> Cold Stress <input type="checkbox"/> Other: <input type="checkbox"/> EME/RF <input type="checkbox"/> Heat Stress <input type="checkbox"/> High Noise (>85 dBA) <input type="checkbox"/> Lifting Hazards

**4.) Preventative Measures: CHECK ALL THAT APPLY**

Personal Protective and Monitoring Equipment	Additional Safety Procedures
<input type="checkbox"/> Fall Protection <input type="checkbox"/> RF Monitors <input type="checkbox"/> Gloves <input type="checkbox"/> RF Suits <input type="checkbox"/> Hard Hat <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Hearing	<input type="checkbox"/> Excavation Log <input type="checkbox"/> Lockout/ Tagout <input type="checkbox"/> Pre-Approved Plans (Critical Lifts, Controlled Descent, Welding etc.)



<b>5.) Elevated Tower Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
Type of Tower/Rooftop: <input type="checkbox"/> Guyed <input type="checkbox"/> Monopole <input type="checkbox"/> Self-Supporting <input type="checkbox"/> Other:	Type of Antenna Boom:								
Site and Tower Inspection: Inspect the following items, if found to be defective or in an unsafe condition for climbing immediately notify your manager.									
Footings <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Anchor Heads <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Guy Wires <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Missing Bolts <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Excessive Corrosion <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention	Climbing Ladder (pegs, steps, bolts) <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Safety Climb System <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Climbing Obstruction <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Structural Members <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention Other: <input type="checkbox"/> OK <input type="checkbox"/> Needs Attention								
Hoisting Equipment to be used: <input type="checkbox"/> Suspended Personnel Platform (Man-basket) <input type="checkbox"/> Crane/Boom Truck <input type="checkbox"/> Gin Pole									
Rigging Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> N/A    Hoists Inspected? <input type="checkbox"/> Yes <input type="checkbox"/> N/A    Crane Annual Inspection? <input type="checkbox"/> Yes <input type="checkbox"/> N/A									
Fall Protection to be used: <input type="checkbox"/> Full Body Harness <input type="checkbox"/> Double Leg or Two Lanyards <input type="checkbox"/> Rope Guard <input type="checkbox"/> Cable Grab <input type="checkbox"/> Retractable Lifeline <input type="checkbox"/> Anchorage Straps <input type="checkbox"/> Ropes <input type="checkbox"/> Descenders									
Describe the fall protection system to be used when accessing booms or performing tower erection:									
Has each employee inspected his or her fall protection equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>6.) Civil Work</b> <input type="checkbox"/> Yes <input type="checkbox"/> No									
1. Describe type and depth of excavations:									
2. Cave-in control measures to be used if excavation will be greater than five (5) feet and personnel are entering the trench: <input type="checkbox"/> Sloping <input type="checkbox"/> Benching <input type="checkbox"/> Shoring <input type="checkbox"/> Trench <input type="checkbox"/> Shield/Box <input type="checkbox"/> Ladder in Trench at four (4) feet									
3. Describe hazards with site/vehicle access (i.e. boom and cranes/ electrical lines) and storage of material:									
4. One call service notified? <input type="checkbox"/> Yes <input type="checkbox"/> No    All underground utilities located and marked prior to excavating? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Note: All personnel involved in trench and excavation work must be trained in excavation safety. A competent person who is trained and authorized by the company must inspect the excavation and ensure all safety precautions have been taken before allowing employees to enter.									
<b>7.) Emergency Procedures</b>									
Are 911 Services available in this area? <input type="checkbox"/> Yes <input type="checkbox"/> No    If not, fill in telephone numbers below:									
Local Hospital:	Fire:								
Police:									
Map to nearest clinic attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency procedures discussed with crew? <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>8.) Project Personnel</b>									
Name:	Employee ID#	Climber Certified? (No= ground work only)	1st Aid/CPR Certified?	Date:	Initials:	Date:	Initials:	Date:	Initials:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>9.) Review and Signature</b>									
Manager or Supervisor Print Name:	Sign Name:								