

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

Date: Job Number: Job Name: Physical Address: Longitude: Latitude: Supervisor/Crew Lead:

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

Are 911 systems functional with cell phone use? Fall Protection Rescue Procedures to be used: Ambulance: Fire: Police: Local Hospital: Telephone Co: Utility (Water/Electric/Gas) Co: Evacuation Point: Host Construction Coordinator & Cell Phone: Host Safety Coordinator & Cell Phone:

(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.)

CHECK TYPE OF WORK BEING PERFORMED: Working at Height > 6 feet, Electrical, General Construction, Civil/Concrete/Masonry, Scaffolding, Plumbing, Painting, HVAC/Mech., Welding, Heavy Equipment, Decommissioning, Other:

(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. Physical Hazards: Confined Space, Electrical, Elevation / Site Terrain, Falls from Elevations, Fire Hazards, Heavy Equipment, Struck by/Contact With, Overhead Work, Slips, Trip, or Falls, Underground Utilities, Vehicle Traffic, Other: Health Hazards: Chemical Exposure, Cold Stress, EMI/RF/Radiological/Laser, Heat Stress, High Noise (>85 dBA), Lifting Hazards, Silica Exposure (Concrete/Stone Cutting), Biological Hazards: Animals, Avian, Insects, Microbiological, etc., Asbestos, Lead, Other:

(5) HAZARD CONTROL MEASURES

PPE and Monitoring Equipment: Fall Protection, Gloves, Hard Hat, Safety Shoes/Boots, Hearing, RF / Radiological Monitors, Hazmat Suits, Safety Glasses, Safety Vest, Air Monitoring, Laser Safety, X-Ray Monitoring, Respirator. Inspections: Tools/Equipment, Rigging, Housekeeping, Tag Lines, Ground Fault Protection, Gin Poles, Hoists, Other: Safety Systems / Training: Barricades, Excavation & Trenching Plan/Log, Lock-Out / Tag-Out, Job Briefing Meeting, Pre-Approved Plans, Color Coded Inspection Schemes, Federal or Texas Manual on Uniform Traffic Control, Permit Systems.

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