



# JOB SURVEY – JOB HAZARD ANALYSIS

Project Name: \_\_\_\_\_ Date: \_\_\_\_\_

Project address	
City	State/Province

Estimated start date	Estimated duration	WEEKS
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<b>Company</b> _____ <b>Address</b> _____ <b>City</b> _____ <b>State/Province</b> _____ <b>Zip/Postalcode</b> _____ <b>Phone</b> _____ <b>Fax</b> _____	<b>Contact</b> _____ <b>Contact phone</b> _____ <b>Contact email</b> _____ <b>Notes</b> _____
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<b>General contractor</b> _____ <b>Phone</b> _____	<b>Contact</b> _____ <b>Contact phone</b> _____
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**Scope of work**

Brick <input type="checkbox"/>	Roofing <input type="checkbox"/>
Block / stone <input type="checkbox"/>	Material only <input type="checkbox"/>
Stucco <input type="checkbox"/>	Personnel / material <input type="checkbox"/>
Glazing <input type="checkbox"/>	Other <input type="checkbox"/>

**Building / structure details**

Steel frame <input type="checkbox"/>	Wood frame <input type="checkbox"/>
Concrete <input type="checkbox"/>	Post tension cables <input type="checkbox"/>
psi _____	Balcony slab <input type="checkbox"/>
Load bearing masonry <input type="checkbox"/>	Other <input type="checkbox"/>
	(specify) _____

Height of building	FT M	Number of bearing bridges	
Number of motor units		Maximum cantilever length	FT M
Number of repositions		Outrigger support	
Number of hoists		Length of planking	FT M
Number of swivel bridges		Number of MPIs or planked corner returns	
Required capacity	LB KG	Counterweight required	
Total mast height	FT M	Number of ties per mast (if tied)	
Distance between tie levels	FT M	Type of anchors (if tied)	
Height of first tie level	FT M	Max travel distance above last tie level	MAST(S)

**Series to be used for project**

**ELECTRIC-POWERED**

240V <input type="checkbox"/>	Power pack bridge <input type="checkbox"/>
400V <input type="checkbox"/>	
F300 – 480V <input type="checkbox"/>	240V <input type="checkbox"/>
F200 – 480V <input type="checkbox"/>	400V <input type="checkbox"/>
F300 – 600V <input type="checkbox"/>	
F200 – 600V <input type="checkbox"/>	

**GAS-POWERED**

F300 – 480V <input type="checkbox"/>	<input type="checkbox"/>
F200 – 480V <input type="checkbox"/>	
F300 – 600V <input type="checkbox"/>	
F200 – 600V <input type="checkbox"/>	
24' (7,3 m) <input type="checkbox"/>	
14' (4,3 m) <input type="checkbox"/>	

**TRANSPORT PLATFORM**

<input type="checkbox"/>
<input type="checkbox"/>

**Series to be used for project**

Crane available for	Erecting <input type="checkbox"/>	Repositioning <input type="checkbox"/>	Dismantling <input type="checkbox"/>	Loading / unloading <input type="checkbox"/>
Forklift available for	Erecting <input type="checkbox"/>	Repositioning <input type="checkbox"/>	Dismantling <input type="checkbox"/>	Loading / unloading <input type="checkbox"/>
Installation to be erected / dismantled by	Hydro Mobile <input type="checkbox"/>	Hydro Rents <input type="checkbox"/>	Dealer <input type="checkbox"/>	
Installation to be erected / dismantled by user <input type="checkbox"/>	User installers are appropriately qualified	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Erector / dismantler training required	YES <input type="checkbox"/>	NO <input type="checkbox"/>	User / operator training required	YES <input type="checkbox"/>
Number of E&D training attendees _____	Number of U/O training attendees _____			



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## Condition of bearing surface

Concrete	<input type="checkbox"/>	Compaction required	<input type="checkbox"/>
Undisturbed	<input type="checkbox"/>	Cantilever beams	<input type="checkbox"/>
Well compacted	<input type="checkbox"/>	Combination	<input type="checkbox"/>
Shoring required	<input type="checkbox"/>	Other	<input type="checkbox"/>

## Additional details on bearing surface

NOTE: If compaction, shoring or the use of cantilever beams are required, verification by an engineer is necessary.

Access to mast climber via	Ground	Floors	Other (specify below)
Means of access			

## Identification of hazards

### Falls

Tripping hazard	<input type="checkbox"/>	Climbing techniques	<input type="checkbox"/>
Guardrail hazard	<input type="checkbox"/>	Platform openings	<input type="checkbox"/>
Access hazard	<input type="checkbox"/>		

NOTES

### Falling objects

Excess debris	<input type="checkbox"/>	Protected base area	<input type="checkbox"/>
Falling tools	<input type="checkbox"/>	Planking	<input type="checkbox"/>
Falling materials	<input type="checkbox"/>		

NOTES

### Electrical

Faulty equipment	<input type="checkbox"/>	_____
GFCI requirements	<input type="checkbox"/>	_____
Overhead power lines	<input type="checkbox"/>	_____

**NOTES** DISTANCE <50 KV IS 10' (3 m) \_\_\_\_\_

DISTANCE >50 KV IS 10' (3 m) \_\_\_\_\_

+ 3/8" (1 cm) FOR EVERY 1 KV OVER 50 KV \_\_\_\_\_

Eg. DISTANCE FOR 75 KV IS 11' 6" (3,5 m) \_\_\_\_\_

### Configuration

Planking secure	<input type="checkbox"/>	Load placement	<input type="checkbox"/>
Overloading	<input type="checkbox"/>	Point load	<input type="checkbox"/>
Distributed load	<input type="checkbox"/>	Planking load	<input type="checkbox"/>

NOTES

### PPE / PFPE

Hard hats	<input type="checkbox"/>	Footwear	<input type="checkbox"/>
Gloves	<input type="checkbox"/>	Harness use	<input type="checkbox"/>
Hi-Viz	<input type="checkbox"/>	Anchorage	<input type="checkbox"/>

NOTES

NOTE: The weight of personnel and material must be deducted from the load capacities of the installation.

### General

Overhead hazards	<input type="checkbox"/>	Side guardrails	<input type="checkbox"/>
Hoist use	<input type="checkbox"/>	Qualified operator	<input type="checkbox"/>
Manual on machine	<input type="checkbox"/>	Pinch points	<input type="checkbox"/>

NOTES

Other job-specific hazards \_\_\_\_\_

**SURVEY and ANALYSIS CONDUCTED by** \_\_\_\_\_  
Signature

\_\_\_\_\_ Name (in PRINT) \_\_\_\_\_ Date

**CUSTOMER** \_\_\_\_\_  
Signature

\_\_\_\_\_ Name (in PRINT) \_\_\_\_\_ Date