



Structure, Tower &
Antenna Council
Conseil des structures,
pylônes et antennes

Pre-Job EMF Assessment Form

Project Number: _____ Work Assignment: _____

The main objective of this publication is to assist, but not limited to, the identification of possible hazards in conjunction with Canada Safety Code 6 (2015) guidelines for limiting EMF exposure to the workforce. To ensure the safety of the worker a pre-job identification and planning is beneficial along with the use of appropriate personal RF monitors. Owner/End user and the worker input will be required to assist in providing a safe work environment.

<input type="checkbox"/> Number of Sources _____	<input type="checkbox"/> Operating Frequency _____								
<input type="checkbox"/> Working level _____ ft. - m	<input type="checkbox"/> Transmitter Power _____								
<input type="checkbox"/> Source level _____ ft. - m	<input type="checkbox"/> Reduce power by _____ %								
<input type="checkbox"/> Safe Distance to be maintained _____ ft. - m	<input type="checkbox"/> Power down times from _____ AM - PM to _____ AM - PM								
Type of Non-Ionizing Emissions	Safety Controls								
<input type="checkbox"/> Microwave / Radar	<input type="checkbox"/> Work behind antennas at all times or power off <input type="checkbox"/> Define signal area and safe work area <input type="checkbox"/> Power down Radar signal to safe level if in path <input type="checkbox"/> Ensure personnel do not look directly into feed horn or line								
<input type="checkbox"/> Broadcast - AM	<input type="checkbox"/> Power down or turn off if working on tower <input type="checkbox"/> Do not bridge any insulators with body parts <input type="checkbox"/> Maintain safe distance from structure if not working on steel or guys								
<input type="checkbox"/> Broadcast - FM / TV	<input type="checkbox"/> Power reduction to be maintained until safe work area established <input type="checkbox"/> Channels covered _____ to _____								
<input type="checkbox"/> Wireless / Cell	<input type="checkbox"/> Safe work position behind directional antennas <input type="checkbox"/> Is down time needed for Omni-directional antennas								
<input type="checkbox"/> Exposure Indicators	<table border="0"><tr><td><input type="checkbox"/> Soft tissue burn</td><td> <input type="checkbox"/> Headaches</td></tr><tr><td><input type="checkbox"/> Nausea</td><td> <input type="checkbox"/> Mouth dry</td></tr><tr><td><input type="checkbox"/> Perspiration</td><td> <input type="checkbox"/> Labored Breathing</td></tr><tr><td><input type="checkbox"/> Elevated Body Temperature</td><td> <input type="checkbox"/> Personal Monitor Device</td></tr></table>	<input type="checkbox"/> Soft tissue burn	<input type="checkbox"/> Headaches	<input type="checkbox"/> Nausea	<input type="checkbox"/> Mouth dry	<input type="checkbox"/> Perspiration	<input type="checkbox"/> Labored Breathing	<input type="checkbox"/> Elevated Body Temperature	<input type="checkbox"/> Personal Monitor Device
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Owner / End user Representative: _____

Date: _____

Company Representative: _____

