

Daily Worksite Heat Safety Checklist

Fill out site details, then check "Yes," "No," or "N/A" for each item and add comments as needed.

Site Details

- Competent Person: _____
- Date: _____
- Job: _____
- Predicted Weather & High Temperature: _____
- Special Clothing/PPE: _____
- Special Conditions: _____
- Forecast WBGT & Time: _____
- Actual WBGT & Time: _____



Item	Yes	No	N/A	Comments
Personnel				
1. Has the competent person been identified to the crew?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Has the qualified person been identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Acclimatization				
3. Is there an acclimatization plan to modify duties and closely supervise? new workers; temporary/contract workers; and those returning from leave?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Does the plan require supervisors to monitor those workers for heat-related symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Have unacclimatized workers been identified and rest schedules adjusted appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Were the weather and WBGT forecast checked before starting work and adjustments made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Has the daily Task Hazard Analysis (THA) been completed, identifying moderate to strenuous physical activity when WBGT > 70?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Is heat-measurement equipment and personal monitoring great properly charged and calibrated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Have heavy or non-breathable clothing/PPE in warm/hot conditions been identified and included in the heat assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____