

Heat Stress Management Checklist

Section 1: Do any of these risk factors for heat exposure exist in your workplace?

Item	Yes	No	N/A	Comments
1. Outdoor work in warm/hot weather or direct sun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Indoor work with heat sources (open flames, hot kettles/tar, radiant/reflective heat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Moderate to strenuous activity in warm/hot indoor or outdoor environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Heavy or non-breathable clothing/PPE in warm/hot indoor or outdoor environments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. High humidity combined with a warm/hot indoor or outdoor environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Other factors (e.g. lack of air movement or air-conditioning in hot environments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Section 2: If you answered "Yes" for any items listed above, use the following checklist to determine your preparedness.

Item	Yes	No	N/A	Comments
1. Written plan to prevent heat-related injury and illness, prepared/reviewed by a qualified person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Procedures activated when WBGT > 70 (approximate heat index \geq 80)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Requirement to assess workplace heat (WBGT) and factor in physical activity and clothing/PPE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Procedures to monitor heat hazards continuously throughout the workday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Designated competent person for heat assessment and symptom monitoring, with access to a qualified consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Acclimatization plan with duty modifications and close supervision for new, temporary/contract, and returning workers, plus symptom monitoring plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Section 3: Heat-Related Injury and Illness Prevention

Item	Yes	No	N/A	Comments
1. Engineering controls (shade, barriers, ventilation) in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Adequate hydration (water, sports drinks) provided; supervisors monitor intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Rest breaks scheduled and adjusted for heat exposure; supervisors ensure compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Shaded or cooled recovery area available for rest and rehydration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Buddy system active, with peers watching for heat illness signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Emergency contact procedures and postings available; workers know how to summon EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Heat safety training delivered on hazards, symptoms, first aid, cooling, EMS activation, and symptom reporting protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

