Daily Worksite Heat Safety Checklist

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

•	Competent Person:				~
•	Date:				
•	Job:				~~
•	Predicted Weather & High Temperature:				
•	Special Clothing/PPE:				
•	Special Conditions:				
•	Forecast WBGT & Time:				
•	Actual WBGT & Time:				
lte	m	Yes	No	N/A	Comments
Pe	rsonnel				
1.	Has the competent person been identified to the crew?				
2.	Has the qualified person been identified?				
Ac	climatization				
3.	Is there an acclimatization plan to modify duties and closely supervise new workers, temporary/contract workers, and those returning from leave?				
4.	Does the plan require supervisors to monitor those workers for heat-related symptoms?				
5.	Have unacclimatized workers been identified and rest schedules adjusted appropriately?				
Other Items					
6.	Has the weather and WBGT forecast been checked before starting work and adjustments made?				
7.	Has the daily Task Hazard Analysis (THA) been completed, identifying moderate to strenuous physical activity when WBGT > 70?				
8.	Is heat-measurement equipment and personal monitoring great properly charged and calibrated?				
9.	Have heavy or non-breathable clothing/PPE in warm/hot conditions been identified and included in the heat assessment?				



Site Details

Name:	
Date:	