

Supervising Safety: Daily Occupational Heat Safety Checklist

Date: _____

Name: _____

Location: _____

	To Do	Outcome
<input type="checkbox"/>	Check WBGT on-site <u>Morning</u> WBGT : _____ at _____ AM/PM <u>Mid-day:</u> WBGT : _____ at _____ AM/PM <u>Evening:</u> WBGT : _____ at _____ AM/PM	Morning W to R*: _____ Mid-day W to R: _____ Evening W to R: _____
<input type="checkbox"/>	Body cooling center set up	
<input type="checkbox"/>	Hydration station that includes potable cool water set up	
<input type="checkbox"/>	Heat-related illness and injury EAP reviewed	
<input type="checkbox"/>	Workers are assessed for readiness (i.e., review daily checklist that describes workers current state)	
<input type="checkbox"/>	Heat acclimatization protocol reviewed and started for new workers	1) Worker: _____ Day of HA protocol: _____ 2) Worker: _____ Day of HA protocol: _____ 3) Worker: _____

		<p>Day of HA protocol: _____</p> <p>4) Worker: _____ Day of HA protocol: _____</p> <p>5) Worker: _____ Day of HA protocol: _____</p>
<input type="checkbox"/>	<p>Re- heat acclimatization protocol reviewed and started for returning workers</p>	<p>6) Worker: _____ Day of HA protocol: _____</p> <p>7) Worker: _____ Day of HA protocol: _____</p> <p>8) Worker: _____ Day of HA protocol: _____</p> <p>9) Worker: _____ Day of HA protocol: _____</p> <p>10) Worker: _____ Day of HA protocol: _____</p>

Note: WBGT, wet bulb globe temperature; W to R, work to rest ratio; HA, heat acclimatization.

I have completed the daily heat safety check.

Supervisor Signature: _____