

Hot Weather Work

Hot Weather Work: Clothing

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is clothing light-colored? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is clothing loose-fitting to allow for ventilation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are hats worn to protect the neck, ears, eyes, forehead, nose, and scalp? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are sunglasses UV-absorbant? |

Hot Weather Work: Exposure

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are shade and/or air-conditioned areas or shelters available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are cooling devices (e.g., ice packs, fans, misting machines, etc.) available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is ventilation adequate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is radiant heat redirected (e.g., reflective shields)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are hot surfaces insulated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have steam leaks and other sources of water vapor been sealed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are floors dry? |

Hot Weather Work: First Aid

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Has an individual(s) been designated and trained to provide first aid? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Do workers know who to notify in the event of an emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Is a first aid kit/station readily available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Is the first aid kit/station adequately supplied? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Is a means available to contact emergency services? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Do workers know their exact location if emergency services are necessary? |

Hot Weather Work: Hydration

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Is fresh drinking water available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Is the water palatable (pleasant and odor-free)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Is the water temperature between 50 and 60°F? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Is the water located in a convenient, visible location close to the work area? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Are water supplies being checked and replenished throughout the day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Are water breaks scheduled to ensure workers remain hydrated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are workers reminded to frequently drink small amounts of water to maintain good hydration? |

Hot Weather Work: Training

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Have the risks of hot weather work been explained to workers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have the signs and symptoms of heat illness been explained to workers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have the precautions to prevent heat illness been explained to workers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Have workers been trained to immediately report signs and symptoms of heat illness in themselves and others? |

Hot Weather Work: Work

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Have workers been acclimated to the hot work environment (i.e., temperature, protective clothing, and workload) over the course of time? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Are weather forecasts and reports being routinely monitored to accurately assess working conditions? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Have workers been provided the weather forecast and advisory information for the day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Have the jobs with high heat exposure been rescheduled to a cooler time of the day? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have the physical demands of the job (e.g., excessive lifting, climbing, digging with heavy objects, etc.) been reduced during high heat exposure? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Are mechanical devices being used to reduce the demands on workers when possible? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Have extra workers been assigned to tasks as needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 36. Have workers been rotated to minimize overstress or overexertion at one task? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 37. Have water and rest periods scheduled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 38. Are workers periodically monitored to check them for signs and symptoms of overexposure? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 39. Are routine maintenance and repair projects scheduled for the cooler seasons of the year? |