

Daily Supervisor Heat Illness Prevention Checklist

Job Site: _____ Today's Date: _____

Your designated HIP person for the job site is: _____

	YES	NO
1. Has the designated person received HIP training?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have a readily available copy of Therma's HIPP (may be written or electronic)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you reviewed the HIP with your employees?	<input type="checkbox"/>	<input type="checkbox"/>
4. *Have you evaluated the weather and determined to the possibility of high heat potential (+95 degrees)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have provisions for accessible, adequate (1 qt. per hr. per employee), fresh/cool water for your employees?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you encouraged your employees to drink water frequently, especially, during high heat?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you provided your employees with access to shade?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you encouraged your employees to take "cool down" breaks (min 5 minutes) if they feel they need to protect themselves from overheating?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you determined an effective method to contact emergency services if they are needed?	<input type="checkbox"/>	<input type="checkbox"/>

*High Heat Procedures (+95 degrees)

10. Is it possible to reschedule outdoor activities during non-high heat hours?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you and your employees have an effective method to communicate during the work shift?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have they been encouraged to contact you if needed?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a method to actively monitor temperature (e.g. dry bulb thermometer) throughout the work shift?	<input type="checkbox"/>	<input type="checkbox"/>
14. Can you effectively observe your employees during the work shift? If not, have you implemented a "buddy system"?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you have newly assigned employees that will be closely monitored / work modified for the first 14 days of work?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you conducted a daily training briefing (prior to work) which covers weather forecast, frequent drinking of water, access to shade, signs/symptoms/treatment of heat illness, cool down breaks, communication, and contacting emergency services?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you designated a trained employee as the person responsible for responding to and providing treatment until emergency services arrive?	<input type="checkbox"/>	<input type="checkbox"/>

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[illegible]