

HEAT STRESS PREVENTION INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Hydration and Water Access

Yes No — Potable water is readily available and accessible

Yes No — Water is maintained at a cool temperature

Yes No — Disposable cups or fountains are provided

Yes No — Workers are encouraged to hydrate frequently

Shade and Cooling Areas

Yes No — Designated shade areas are available for breaks

Yes No — Cooling areas are large enough for all workers

Yes No — Ventilation or fans are operational in rest areas

Yes No — Shade is located close to the work site

Training and Monitoring

Yes No — Workers have received heat stress awareness training

Yes No — Supervisors monitor heat index and weather alerts

Yes No — Buddy system is implemented for symptom monitoring

Yes No — Emergency response procedures are clearly posted

Work Practices and PPE

Yes No — Work schedules include frequent rest breaks

Yes No — New employees are acclimated to heat gradually

Yes No — Lightweight and breathable clothing is encouraged

Yes No — High-exertion tasks are scheduled for cooler hours

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately