**HEAT STRESS RISK ASSESSMENT**

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| **Date of the risk assessment:**  **Time:** | **Work area Name:** |

**Describe the scope of work that is to be done in this work area:**

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**Describe any contributing factors that would add to the risk of heat stress (source of the heat). Example the use of PPE, materials, work process or the environment.**

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| **Do we know what the expected heat in this area could get to?** |

**How many workers may be working in this area? \_\_\_\_\_\_\_\_\_**

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| **Controls Options** | **Yes** | **Not required** | **Notes** |
| **Can the work be rescheduled to a time that it is cooler to work?** |  |  |  |
| **Is there a thermometer in this area?** |  |  |  |
| **Can we rotate jobs?** |  |  |  |
| **Can workers go to cooler places such as an air-conditioned room?** |  |  |  |
| **Can workers take additional breaks if they need to do so?** |  |  | **Do workers need to get permission?** |
| **Are workers working alone?** |  |  |  |
| **Is water available to workers?** |  |  |  |
| **Are popsicles available?** |  |  | **Where?** |
| **Are cooling scarfs available?** |  |  |  |
| **Are Fans an option?** |  |  |  |
| **Are there workers in this work area that are affected by heat, more than others?**  **(who may have a history of heat stress)** |  |  |  |
| **Have workers been trained on how to recognize the effects of heat stress/ exhaustion on a person?** |  |  |  |
| **Who is the first aid person for this area?** | **Name:** | | **Works where?** |
| **Who will be responsible to monitor the health of the workers?** | **Name:** | | **Title/position** |
| **Any other engineering controls that could be used to protect the workers?** | **Control:** | | **By who?** |
| **Any other administrative controls that can apply to ensure the safety of the workers?** | **Control:** | | **By who?** |

**Assessment has been completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Workers: If you are feeling ill because of the heat, you must advise your supervisor or our first aid person of your condition. Additional actions may be needed to protect your health.**

**Area Monitoring Log**

**Date: Work Area:**

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| **Temperature Tracking Log** | | | | | | |
| **Time** | **Temp.** | **Humidity** |  | **Time** | **Temp.** | **Humidity** |
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**Notes about the controls we have applied to the work that is being done during this time:**

(Did we run out of water, did the cool room work, did it get hotter than expected or were we able to job share as planned as an example)

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