

# Heat Illness Prevention Plan – Form 1: Department Work Plan

The following is an example of a department work plan preventing heat illnesses:

PCC Location (Campus / Center): \_\_\_\_\_

Division / Department: \_\_\_\_\_

## **Required Plan Elements: 80-90°F**

- Shade      -Water      -Training

## **Required Plan Elements: 91°F+**

- Communication      -Observation & Monitoring      -Employee Designation
- Break Schedule      -Emergency Medical Plan      -Acclimatization

### Acclimatization

Name	Apparent Temp (°F)			Training Date
	<u>91-103</u>	<u>104-115</u>	<u>116 +</u>	
Emp 1: _____	_____	_____	_____	_____
Emp 2: _____	_____	_____	_____	_____
Emp 3: _____	_____	_____	_____	_____
Emp 4: _____	_____	_____	_____	_____
Emp 5: _____	_____	_____	_____	_____
Emp 6: _____	_____	_____	_____	_____
Emp 7: _____	_____	_____	_____	_____
Etc.				

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Date: \_\_\_\_\_ Forecasted Temperature Range: \_\_\_\_\_

Work Location 1: \_\_\_\_\_

Work Location 2: \_\_\_\_\_

Scheduled Tasks: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

Work Location 2: \_\_\_\_\_

Scheduled Tasks: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_

## Shade

Location: \_\_\_\_\_ Natural \_\_\_\_\_ Artificial \_\_\_\_\_

Distance from Work Site: \_\_\_\_\_

## Water (32 oz/hr/employee required)

Initial Allotment: Quantity: \_\_\_\_\_ Container Type: \_\_\_\_\_

Replenishment: Quantity: \_\_\_\_\_ Frequency: \_\_\_\_\_

By Whom: \_\_\_\_\_

How will temperature be maintained: \_\_\_\_\_

Employees will drink from: \_\_\_\_\_



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## Break Schedule

	<u>Time 1</u>	<u>Time2</u>	<u>Time 3</u>	<u>Time 4</u>
Emp 1: _____	_____	_____	_____	_____
Emp 2: _____	_____	_____	_____	_____
Emp 3: _____	_____	_____	_____	_____
Emp 4: _____	_____	_____	_____	_____

## Emergency Medical Plan Procedures

-Actions When Signs of Heat Illness Are Observed: \_\_\_\_\_

\_\_\_\_\_

-Actions When Indicators of Severe Heat Illness Observed: \_\_\_\_\_

\_\_\_\_\_

-How Will Employee Be Monitored/Evaluated: \_\_\_\_\_

\_\_\_\_\_

How Will Emergency Medical Services be Contacted: \_\_\_\_\_

\_\_\_\_\_

How Will Clear and Concise Directions be Provided to the Location: \_\_\_\_\_

\_\_\_\_\_