

HEAT ILLNESS PREVENTION PLAN

Cal/OSHA Title 8 CCR §3395 Compliance · Outdoor Workplaces

PLAN ADMINISTRATION

COMPANY NAME

PLAN EFFECTIVE DATE

LAST REVIEWED / UPDATED

NEXT REVIEW DUE

PLAN ADMINISTRATOR (NAME)

ADMINISTRATOR TITLE

ADMINISTRATOR PHONE

LANGUAGES PLAN PROVIDED IN

WORKSITES COVERED

PROVISION OF WATER · §3395(C)

STEALTH CONSTRUCTION WATER PROCEDURES

SITE-SPECIFIC WATER PLAN

WATER SOURCE(S) ON SITE

TOTAL QUANTITY AT SHIFT START

REPLENISHMENT METHOD & FREQUENCY

PERSON RESPONSIBLE FOR REPLENISHMENT

ACCESS TO SHADE · §3395(D)

STEALTH CONSTRUCTION SHADE PROCEDURES

SITE-SPECIFIC SHADE PLAN

SHADE TYPE(S) ON SITE

SQUARE FOOTAGE / CAPACITY

LOCATION RELATIVE TO WORK AREA

PERSON RESPONSIBLE FOR SET-UP

HIGH-HEAT PROCEDURES · §3395(E) — TRIGGERED AT 95°F

MANDATORY HIGH-HEAT ACTIONS (≥95°F)

ACCLIMATIZATION PROCEDURES · §3395(G)

STEALTH CONSTRUCTION ACCLIMATIZATION PROCEDURES

EMERGENCY RESPONSE PROCEDURES · §3395(F)

■ IF HEAT STROKE IS SUSPECTED — ACT IMMEDIATELY

SIGNS & SYMPTOMS OF HEAT ILLNESS

EMERGENCY RESPONSE PROCEDURES

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SITE-SPECIFIC EMERGENCY INFORMATION

NEAREST HOSPITAL / ER

HOSPITAL ADDRESS

SITE ADDRESS FOR 911 DISPATCH

SITE CROSS-STREETS / LANDMARKS

DESIGNATED EMS CALLER (PRIMARY)

DESIGNATED EMS CALLER (BACKUP)

TRAINING REQUIREMENTS · §3395(H)

REQUIRED TRAINING TOPICS (ALL 9 CAL/OSHA SUBJECTS)

D DAILY HEAT CONDITIONS LOG

DATE

PROJECT / JOBSITE

SUPERVISOR / COMPETENT PERSON

CREW SIZE

PREDICTED HIGH (°F)

WEATHER SOURCE

5-DAY AVG HIGH (°F)

RELATIVE HUMIDITY (%)

HEAT WAVE TODAY?

HOURLY TEMPERATURE READINGS

CONTROLS ACTIVATED TODAY

- Shade structures erected (≥80°F)
- Cool water replenishment confirmed (2-hr intervals)
- Pre-shift tailgate meeting held
- Mandatory 10-min cool-down every 2 hr (≥95°F)
- Buddy system / observation active (≥95°F)
- Pre-shift high-heat meeting held (≥95°F)
- Effective communication verified (cell/radio)
- Designated EMS caller identified
- Schedule adjusted (early start / late lunch)
- Acclimatization observation for new/returning
- Ice provided in water (≥90°F)
- Work-rest ratio adjusted for heat load

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NOTES / CONDITIONS / OBSERVATIONS

SUPERVISOR SIGNATURE

SIGNATURE

Type name to sign — or open in Adobe Fill & Sign and tap to draw signature

DATE / TIME SIGNED

T HEAT ILLNESS TAILGATE MEETING RECORD

MEETING DATE

TIME

PROJECT / JOBSITE

CONDUCTED BY

PREDICTED HIGH TODAY (°F)

MEETING CONDUCTED IN

TOPICS COVERED (CHECK ALL DISCUSSED)

- Today's forecast & heat triggers
- Importance of drinking water (1 qt/hr)
- Location of water & shade on site
- Right to take cool-down rest anytime
- Signs & symptoms of heat illness
- Buddy system / who to report to
- Emergency procedures & 911 plan
- Site directions for EMS
- Acclimatization (new workers identified)
- High-heat procedures (if $\geq 95^{\circ}\text{F}$)
- Avoid alcohol/caffeine; eat properly
- Personal risk factors (medications)

DISCUSSION NOTES

KEY POINTS DISCUSSED, QUESTIONS RAISED, CONCERNS ADDRESSED...

EMPLOYEE SIGN-IN

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A ACCLIMATIZATION OBSERVATION LOG

EMPLOYEE NAME

TRADE / ROLE

START DATE (OR RETURN DATE)

REASON FOR ACCLIMATIZATION

ASSIGNED OBSERVER (SUPERVISOR)

OBSERVATION PERIOD END DATE

DAILY OBSERVATION LOG (DAYS 1-14)

ACCLIMATIZATION NOTES / MODIFIED DUTY PROVIDED

SUPERVISOR SIGNATURE

SIGNATURE

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DATE COMPLETED

I HEAT ILLNESS INCIDENT REPORT

INCIDENT INFORMATION

INCIDENT DATE

INCIDENT TIME

AFFECTED EMPLOYEE

POSITION / TRADE

JOBSITE

TEMPERATURE AT TIME (°F)

HEAT INDEX (°F)

HOURS WORKED BEFORE ONSET

ACCLIMATIZATION STATUS

SYMPTOMS OBSERVED (CHECK ALL)

- Heavy sweating
- Hot, dry skin (NO sweating)
- Cool, pale, moist skin
- Muscle cramps
- Headache

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- Dizziness / fainting
- Nausea / vomiting
- Weakness / fatigue
- Confusion / slurred speech
- Loss of consciousness
- Seizure
- Body temp $\geq 103^{\circ}\text{F}$

SEVERITY CLASSIFICATION

TYPE OF HEAT ILLNESS (BEST ASSESSMENT)

EMS CALLED?

CAL/OSHA REPORTED WITHIN 8 HOURS?

OSHA 300 RECORDABLE?

RESPONSE ACTIONS TAKEN

DESCRIBE IMMEDIATE RESPONSE: MOVED TO SHADE, WATER, COOLING METHODS, EMS CONTACT, TRANSPORT...

ROOT CAUSE ANALYSIS & CORRECTIVE ACTIONS

WHAT CONTRIBUTED? INADEQUATE WATER? SKIPPED BREAKS? FAILURE TO ACCLIMATIZE? PERSONAL RISK FACTORS? WHAT'S BEING CHANGED TO PREVENT RE...

INVESTIGATED BY

INVESTIGATION DATE

SUPERVISOR SIGNATURE

SIGNATURE

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PLAN ADMINISTRATOR SIGNATURE

SIGNATURE

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✓ PLAN CERTIFICATION

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PLAN ADMINISTRATOR NAME

TITLE

SIGNATURE

SIGNATURE

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DATE