

## Worksite Heat Illness Prevention Plan

Supervisors must develop a written heat illness prevention plan for each outdoor worksite in accordance with the California Heat Illness Prevention Standard (California Code of Regulations, Section 3395). Employees covered under this standard must review this plan and be trained on the specific procedures prior to commencing outdoor work. These procedures describe the minimum essential heat illness prevention steps applicable to outdoor work settings. In work environments where there is a higher risk for heat illness, greater caution and protective measures beyond what is listed in this document should be employed as needed to protect employees.

**Department:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_

**Worksite Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following designated person(s) has the authority and responsibility for implementing the provisions of this program at this worksite.

	Name	Job Title	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

### Weather Monitoring

1. This individual is responsible for reviewing forecasted temperature and humidity for the worksite to evaluate the risk level for heat illness. This individual is also responsible for authorizing adjustments in work schedules and activities throughout the work day which may include (but are not limited to): setting up shade, rescheduling job tasks, and implementing “high-heat” procedures.

Name	Job Title	Phone Number
_____	_____	_____

If the designated individual is unavailable, the following individual(s) will assume this responsibility:

Name	Job Title	Phone Number
_____	_____	_____
_____	_____	_____

2. The weather forecast will be checked and monitored in advance and throughout the work shift by one or more of the following methods:

- Internet (<http://www.nws.noaa.gov/>)
- Weather Channel TV Network
- National Weather Service Phone Number (See CA numbers below):
  - Eureka (707) 443 – 7062
  - Hanford (559) 584 – 8047
  - Los Angeles (805) 988 – 6610 (#1)
  - Sacramento (916) 979 – 3038
  - **San Diego (619) 297 – 2107 (#1)**
  - San Francisco (831) 656 – 1725 (#1)

Other: \_\_\_\_\_  
\_\_\_\_\_

### Access to Drinking Water

1. Potable drinking water which is fresh, pure, and suitably cool, will be provided to employees by:

- Plumbed water
- Water cooler
- Bottled water
- Other: \_\_\_\_\_

2. Sufficient quantity of water will be provided:

- At the beginning of the work shift (minimum 1-quart per employee per hour of entire work shift)
- Replenished throughout the work shift (minimum 2-quarts per employee at beginning of work shift)

Water replenishment procedures (include frequency and amount):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Potable drinking water will be placed in locations readily accessible to all employees at:

- On campus Water Hydration Stations (<https://maps.ucsd.edu> listed under Services -> Hydration)
- Other (describe in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Access to Shade** (Only required when temperatures reach 80°F and above or upon employee request)

1. When temperatures reach 80°F and above, adequate shade will be provided to accommodate all employees comfortably at any point in time by at least one of the following:

- Buildings
- Canopy
- Umbrella
- Trees (Acceptable if thickness and shape is evaluated to ensure shade is sufficient to protect workers)
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Shade structures must be located as close as reasonably practicable to employees throughout the work shift. Description of shade location below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Response**

1. Effective communication will be maintained throughout the work shift so that employees can contact supervisor or emergency medical services when necessary by:

- Cell Phone (only acceptable if reception in the area is reliable)
- Radio Contact
- Direct supervision (Minimum 1 supervisor per 20 employees)
- Other: \_\_\_\_\_  
\_\_\_\_\_

2. This individual is primarily responsible for invoking emergency procedures when appropriate:

Name	Job Title	Phone Number
_____	_____	_____

If this individual is unavailable, supervisors shall allow for employees to invoke emergency procedures.

3. What are the procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider? (Attach relevant documents such as map)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Acclimatization** (For purposes of this section, “high-heat” is defined as temperatures that reach 95°F and above. A “heat-wave” is defined as any day in which the predicted high temperature for the day will be at least 80°F and at least 10°F higher than the average high daily temperature in the preceding five days)

1. Employees *newly* assigned to a “high-heat” area or employees working during a “heat-wave” shall be closely observed for signs and symptoms of heat illness by:

- Mandatory buddy system
- Cell Phone (only acceptable if reception in the area is reliable)
- Radio Contact
- Direct supervision (Minimum 1 supervisor per 20 employees)
- Other: \_\_\_\_\_

---

---

---

2. Procedures for acclimatization: \_\_\_\_\_

---

---

---

---

---

---

---

**High-Heat Procedures** (Only required for agricultural, construction, landscaping and transportation workers when temperatures reach 95°F and above.)

1. This employee is responsible for conducting pre-shift meetings before commencement of work to review high-heat procedures, emergency procedures, to encourage employees to drink plenty of water, and to remind employees of their right to take a cool-down rest break when necessary:

Name	Job Title	Phone Number
_____	_____	_____

2. Employees working under “high-heat” conditions will be closely monitored for signs and symptoms of heat illness by:

- Mandatory buddy system
- Cell Phone (only acceptable if reception in the area is reliable)
- Radio Contact
- Direct supervision (Minimum 1 supervisor per 20 employees)
- Other: \_\_\_\_\_

---

---

---

## Employee Acknowledgement

I certify that I have reviewed the above Heat Illness Prevention Plan for my worksite and have received adequate training on its implementation.

	Name	Signature	Date
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____
19.	_____	_____	_____
20.	_____	_____	_____
21.	_____	_____	_____
22.	_____	_____	_____
23.	_____	_____	_____
24.	_____	_____	_____
25.	_____	_____	_____
26.	_____	_____	_____
27.	_____	_____	_____
28.	_____	_____	_____
29.	_____	_____	_____
30.	_____	_____	_____