

## Satellite Location Specific Heat Illness Prevention Plan

Supervisors shall develop and implement a Worksite Specific Heat Illness Prevention Plan for off campus worksites not adequately covered by the Institutes Heat Illness Prevention Plan.

Department/Company: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Worksite Description/Location: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Designated person:</b>		
<ul style="list-style-type: none"> <li>Conduct pre-shift meetings to review this plan</li> <li>Remind employees to drink plenty of water</li> <li>Remind employees to rest when needed</li> </ul>	<ul style="list-style-type: none"> <li>Monitor employees for heat illness</li> <li>Call emergency medical services, if needed</li> </ul>	
<b>How will employees be provided access to sufficient drinking water?</b> (At least one quart per employee per hour)		
<input type="checkbox"/> Plumbed water <input type="checkbox"/> Water cooler <input type="checkbox"/> Bottled water <input type="checkbox"/> Other		
<b>Describe:</b>		
<b>How will employees be provided access to cool down areas when working in sections exceeding temperatures of 95°F?</b> A cool down area is not considered adequate when heat in the area does not allow the body to cool.		
<input type="checkbox"/> Buildings or other manmade structures <input type="checkbox"/> Trees <input type="checkbox"/> Temporary Canopy <input type="checkbox"/> Vehicles with A/C <input type="checkbox"/> Other		
<b>Describe:</b>		
<b>Acclimatization Methods and Procedures</b>		
All employees shall be closely observed by a supervisor or designee during a heat wave. For purposes of this section only, "heat wave" means any day in which the predicted high temperature for the day will be at least 80 degrees Fahrenheit and at least ten degrees Fahrenheit higher than the average high daily temperature in the preceding five days. An employee who has been newly assigned to a high heat area shall be closely observed by a supervisor or designee for the first 14 days of the employee's employment.		
<b>How will employees be monitored for alertness and signs or symptoms of heat illness?</b>		
<input type="checkbox"/> Direct supervision <input type="checkbox"/> Buddy system <input type="checkbox"/> Reliable cell or radio contact <input type="checkbox"/> Other		
<b>Describe:</b>		
<b>Emergency Medical Procedures</b>		
<b>How will effective communication be maintained so that employees at the worksite can contact their supervisor or emergency medical services, if necessary?</b> (Note: A cell phone may be used, only if reception in the area is reliable).		
<b>I certify that I have reviewed the above Heat Illness Prevention Plan for my worksite and have received adequate training on its implementation.</b>		
<b>Employee Name</b>	<b>Employee Signature</b>	<b>Date</b>