

Date: _____ **Operations Supervisor:** _____
Zone: _____ **F/S Specialist:** _____
Unit: _____
Equipment: _____

Describe the Heat Stress Hazards Below (include readings from monitor):

F/S to circle the applicable results from the table below:

Table 1 Screening criteria for heat stress exposure (WBGT values in °C)

Work/Recovery Cycle	TLV				Action Limit			
	Light	Moderate	Heavy	Very Heavy	Light	Moderate	Heavy	Very Heavy
75 – 100% work	31	28	--	--	28	25	--	--
50 – 75% work	31	29	27.5	--	28.5	26	24	--
25 – 50% work	32	30	29	28	29.5	27	25.5	24.5
0 – 25% work	32.5	31.5	30.5	30	30	29	28	27

F/S to check the appropriate mitigation requirements below:

- Work/Rest Regimen _____
- Water Consumption Requirements _____
- Cooling Vest _____
- Other Methods of Cooling _____
- Rotate Personnel _____
- Breaks in Shade _____
- No Additional Requirements Needed _____

