**UCSB Worksite Specific Heat Illness Prevention Plan**

**Supervisors shall develop and implement a Worksite Specific Heat Illness Prevention Plan for off campus outdoor worksites, and other worksites not adequately covered by the Campus Heat Illness Prevention Plan. Employees covered by this plan shall review it and be trained on its specific procedures prior to commencing outdoor work.**

**Department/Unit:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Supervisor :**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| **How will employees be provided access to sufficient drinking water?** (At least one quart required per employee per hour) |
| ** Plumbed water  Water cooler  Bottled water  Other (describe below):** |
| **How will employees be provided access to adequate shade when temperatures exceed 80F?** Shade may be provided by any natural or artificial means that does not expose employees to unsafe or unhealthy conditions. Shade is not considered adequate when heat in the area does not allow the body to cool (e.g. sitting in a hot car). |
| ** Buildings or other manmade structures  Trees  Temporary Canopy or Tarp  Vehicle with A/C** ** Other (describe below):** |
| **Acclimatization Methods and Procedures**  |
| 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. |
| **Emergency Medical Procedures**  |
| **How will effective communication by voice, observation, or electronic means be maintained so that employees at the work site can contact a supervisor or emergency medical services when necessary? (An electronic device, such as a cell phone or text messaging device, may be used for this purpose only if reception in the area is reliable. If an electronic device will not furnish reliable communication in the work area, the employer will ensure a means of summoning emergency medical services.)** |
| **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?** |
| **What are the procedures for ensuring that in the event of an emergency, clear and precise directions to the worksite will be provided to emergency responders? (Attach maps and other documents as needed.)** |
| **Who is the designated person who will ensure that emergency procedures are invoked when appropriate?** |

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| **High Heat Procedures (only required for agricultural, construction, landscaping and transportation workers when temperatures exceed 95F)** |
| **How will supervisors monitor weather conditions and ensure High Heat Procedures are implemented when temperatures meet or exceed 95F?** |
| **Who will conduct pre-shift meetings before the commencement of work to review the high heat procedures, encourage employees to drink plenty of water, and remind employees of their right to take a cool-down rest when necessary?** |
| **How will employees be monitored for alertness and signs or symptoms of heat illness?**** Direct supervision  Buddy system  Reliable cell or radio contact  Other, describe below:** |
| **Who has designated to call for emergency medical services if needed? Who will call if they are not available?** |
| **Who is in charge of reminding employees throughout the work shift to drink plenty of water?** |
| **Worksite Specific Heat Illness Prevention Plan Review and Training Documentation (to be completed by employees covered by the plan)** |
| **I certify that I have reviewed the above Heat Illness Prevention Plan for my worksite and have received adequate training on its implementation.****Employee Name Employee Signature Date** |

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