



THE UNIVERSITY OF ARIZONA RESEARCH HEAT ILLNESS PREVENTION PROGRAM

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1.0 PURPOSE

The University of Arizona's (UA) Research Heat Illness Prevention Program (HIPP) exists to meet industry best practices, support local and federal emphasis programs, and provide procedures to minimize the detrimental effects of excessive heat on UA researchers (including faculty, students, and staff) who are required to work in or around environments that are able to cause heat strain on the body, leading to heat stress and potential heat-related illnesses.

2.0 SCOPE

The UA Research Heat Illness Prevention Program (HIPP) applies to all research-affiliated activities where employees, students, staff, and Designated Campus Colleagues (DCCs) are required to work in or around environments that can cause heat strain and lead to heat-related illnesses. This includes locations that serve as research settings, including:

- University of Arizona Tucson Campus,
- Agricultural and Extension Centers (Maricopa, Safford, Yuma, and others),
- College of Medicine-Phoenix (COM-Phoenix),
- College of Veterinary Medicine (CVM),
- Other University-owned property, University leased space, temporary field locations, and field trips that are under the control of UArizona operations and staff.

The Research HIPP does not apply to UA non-research students, faculty, staff, nor UA contractors.

3.0 DEFINITIONS

ACCLIMATIZATION: Gradual physiological adaptation that improves an individual's ability to tolerate heat stress. This requires physical activity under heat-stress conditions similar to those anticipated in work. This takes a couple of days to 2 weeks to occur.

CLOTHING ADJUSTMENT VALUE (CAV): Numerical adjustment included in heat stress calculations to account for contributions of clothing, especially encapsulating or clothing that may prevent body cooling.

ENVIRONMENTAL RISK FACTORS: Working conditions that create the possibility that heat illness could occur, including air temperature, relative humidity, radiant heat, conductive heat sources, air movement, workload, and personal protective equipment worn by employees.

HEAT ILLNESS: A serious medical condition resulting from the body's inability to cope with a particular heat load, including heat cramps, heat exhaustion, and heat stroke.

HEAT STRESS: Net heat load to which a worker may be exposed from the combined contributions of metabolic heat, environmental factors, and clothing requirements. Mild or moderate heat stress may cause discomfort and adversely affect safety and performance.

HEAT STRAIN: Overall physiological response resulting from heat stress.

HEATSTROKE: The most severe heat-related illness and should be treated as a medical emergency. Heatstroke occurs when the body cannot adequately dissipate heat, losing the ability to regulate core body temperature. The core body temperature rises rapidly, the sweating mechanism may fail, and the body cannot cool down. When heat stroke occurs, the body temperature can rise to 41°C (106°F) or higher within 10 to 15 minutes. Thinking, perception, planning, and other mental processes become impaired, and the worker may not recognize dangerous situations. Heatstroke can cause death or permanent disability if emergency medical treatment is not given. Symptoms include confusion, clumsiness, slurred speech, fainting/unconsciousness, hot, dry skin, lack of sweating, seizures, and high body temperature.

HEAT EXHAUSTION: Heat-related illness that is often a precursor to heatstroke. It is often accompanied by elevated core body temperatures around 38°C–39°C (100.4°F– 102.2°F). Symptoms may include headache, nausea, dizziness, fatigue, weakness, thirst, heavy sweating, irritability, and decreased urine output.

HEAT CRAMPS: Cramps are caused by the body's depleted salt and water levels from excessive sweating resulting in muscle cramps or spasms. They usually occur in the muscles used during work. The symptoms include spastic contractions and involuntary pain in muscles, mainly in the arms, legs, or torso.

HEAT SYNCOPE: Heat-related illness after prolonged standing or sudden rising from a sitting or supine position. Heat syncope symptoms include light-headedness, dizziness, and fainting. Dehydration and inadequate acclimatization often contribute to heat syncope.

HEAT RASH: Skin irritation caused by excessive sweating. Excessive moisture and sweat obstruct sweat ducts and form itchy and painful red pimple/blister clusters and skin lesions. It is exacerbated in hot and humid weather and standard on the neck, chest, groin, armpits, elbow creases, and behind the knees.

METABOLIC WORK RATE: Represent impacts to the body core temperature from the heat produced internally as exertion increases.

PREVENTATIVE RECOVERY PERIOD: A period to recover from the heat to prevent heat illness.



RHABDOMYOLYSIS: A medical condition, sometimes caused by heat stress and prolonged physical exertion, muscle fibers rapidly break down, die, and release electrolytes and proteins into the bloodstream. Left untreated, this can lead to kidney damage, seizures, irregular heart rhythms, and death. Symptoms include muscle cramps, muscle pain, dark urine, weakness, inability or decreased ability to perform physical exercise at the normally expected level or duration (i.e., exercise intolerance), and joint pain/stiffness.

WET BULB GLOBE TEMPERATURE (WGBT): The first-order index of environmental contribution to heat stress; influenced by air temperature, radiant heat, air movement, and humidity.

4.0 ROLES AND RESPONSIBILITIES

Industrial Hygiene Officer (IHO) & Asst. Industrial Hygiene Officer (AIHO)

- Developing, maintaining, and periodically updating the written Research Heat Illness Prevention Program.
- Creating and providing training resources and working with supervisors to ensure employees are familiar with signs, symptoms, and appropriate first aid treatment for heat-related illnesses.
- Assist, upon request or identification during routine services, in identifying elevated heat work areas and providing assessments based on industry best practices.
- Documenting the program to manage the occupational activities in elevated heat work areas.
- Developing and implementing heat hazard control measurements, including administrative, engineering, or PPE controls and measures to reduce or eliminate heat stress conditions.
- Conducting periodic reviews of the Heat Illness Prevention Program to ensure it complies with federal guidelines, regulations, and best practices.

SUPERVISORS

- Contacting EHS when hazardous heat conditions may be present, upon notification of concern from workers.
- Training and ensuring workers are familiar with signs, symptoms, and appropriate first aid treatment for heat-related illnesses.
- Encouraging workers to drink water frequently before and after work and to use all provisions available for preventative recovery breaks.
- Ensuring workers understand the need for acclimatization and provide as much time as feasible for these needs.



- Reinforcing best practices to manage heat stress and prevent heat-related illnesses to workers.
- Ensuring workers seek medical care in the event of a heat-related illness or emergency.
- Participating in the hazard assessment by evaluating all potential exposures to heat hazards and communicating this information to EHS and workers.
- Ensuring that employees in their units follow the procedures outlined in the HIPP.

EMPLOYEES (“WORKERS”)

- Participating in heat illness prevention training and learning the signs and symptoms of heat stress and the risk factors and first-aid treatments.
- Acting cautiously in the heat, particularly those with any factors contributing to a higher risk of heat-related illnesses: older, overweight, chronic medical conditions including diabetes, heart or lung disease, thyroid disease, high blood pressure, or others as informed by a healthcare practitioner.
- Acclimatizing to heated conditions whenever possible and in communication with the Supervisor and IHO/AIHO.
- Staying hydrated by drinking cool water frequently: at least 1 quart of water per hour with periodic sports beverages to ensure salts are replaced and help maintain hydration. Avoiding sugary and caffeinated drinks that contribute to dehydration or increased risk of heat-related illnesses.
- Monitoring personal signs and symptoms of heat-related illnesses, as well as workers in the vicinity.
- Communicating with their supervisor and discontinuing work if heat-related illness symptoms are identified and severe.
- Seeking medical care in the event symptoms are severe (defined as heat exhaustion or heat stroke).
- Pre-planning work in hot conditions such that there are areas to cool down body core temperature in an air-conditioned area or front of a fan or cool shaded area when a recovery break is necessary.
- Checking weather conditions frequently during the day and adjusting the work schedule to minimize working during the hottest part of the day, if possible.

5.0 HEAT-RELATED ILLNESSES

Heat strain can lead the body to experience heat stress, which potentially results in various heat-related illnesses that negatively impact the health and safety of



workers. The human body regulates its temperature through blood flow and sweating; warm blood is circulated closer to the skin, increasing skin temperature but allowing for more evaporative cooling through sweat. Evaporation of the sweat cools the skin and eliminates large quantities of heat from the body. When the body cannot sweat, cannot adequately cool a person, or does not have the hydration to allow it to sweat, the body's core temperature rises, and heart rate increases. The increase in core body temperature concerns, leading to mild, moderate, or even severe heat-related illnesses. The table provides a list of common heat-related illnesses, their signs and symptoms, and treatment. This is ranked from the least to the most severe illnesses.

MINOR ILLNESS	SIGNS	SYMPTOMS	TREATMENT
Dehydration	<ul style="list-style-type: none"> Loss of work capacity Delayed response to stimuli 	<ul style="list-style-type: none"> Fatigue Weakness Dry mouth 	<ul style="list-style-type: none"> Rest Drink cool fluids such as water or sports beverages
Heat Rash	<ul style="list-style-type: none"> Skin eruptions 	<ul style="list-style-type: none"> Itching skin, prickly sensation 	<ul style="list-style-type: none"> Provide a cooler, less humid environment Keep the affected area dry
Heat Cramps	<ul style="list-style-type: none"> Incapacitating pain in the muscle 	<ul style="list-style-type: none"> Muscle cramps (abdominal and lower extremities) Fatigued muscles 	<ul style="list-style-type: none"> Drink water Massage cramped area Rest/sit/lay down
Heat Syncope	<ul style="list-style-type: none"> Fainting from prolonged standing or sudden rising from a sitting or supine position 	<ul style="list-style-type: none"> Dizziness, fainting, light-headedness 	<ul style="list-style-type: none"> Rehydration Squeeze calves before standing to increase blood flow Rest/sit/lay down
MAJOR ILLNESS	SIGNS	SYMPTOMS	TREATMENT
Heat Exhaustion	<ul style="list-style-type: none"> High pulse rate, confusion, anxiety 	<ul style="list-style-type: none"> Fatigue, malaise Weakness 	<ul style="list-style-type: none"> Move to shaded or air-conditioned space



<p>Heatstroke</p>	<ul style="list-style-type: none"> • Profuse sweating • Low blood pressure • Pale face, or flushing • Body temp >98F but <104F (>36 C but <38 C) • Excessive thirst decreased urine output • Red face • Mental status changes • Disorientation, confusion, or irritability • Hot, dry skin; lack of sweating • Erratic behavior • Collapse • Shivering • Dilated pupils • Body temperatures 101 F or >38 C 	<ul style="list-style-type: none"> • Blurred vision • Dizziness • Headache • Nausea • Loss of appetite • May be the same as those for heat exhaustion (see above) 	<ul style="list-style-type: none"> • Rest, lying down legs elevated • Loosen clothing • Drink water • Seek medical treatment if symptoms worsen or do not improve within 1 hour • MEDICAL EMERGENCY • Immediately call for emergency help • Place victim in cool, shaded location • Monitor pulse and cover in cool, damp towels if possible
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Workers are responsible for monitoring signs and symptoms of heat-related illnesses present within themselves and those around them. Co-workers are in the best position to observe the onset of heat-related illnesses. When working in high-heat conditions, use a buddy system if possible and check in with the buddy regularly to determine any signs and symptoms of a heat-related illness.

6.0 HEAT HAZARD CONTROLS

The most effective way to prevent heat-related illness and fatality is to remove heat stress in the workplace. However, heat elimination is typically infeasible or simply not possible, especially in situations where workers are working outside. When heat stress contributing factors cannot be removed, engineering controls, administrative controls (work practices), and personal protective equipment (PPE) shall be used to reduce the heat stress and strain on workers.



6.1 ENGINEERING CONTROLS

Heat stress can be reduced in the workplace via engineering controls, such as increased air movement, reduced overall temperature and humidity, and protection from radiant energy and heat (such as sunlight). Engineering controls to reduce heat stress and prevent heat-related illnesses include but are not limited to:

- Air conditioning;
- Increased general ventilation;
- Use of cooling fans, large and personal;
- Use of dehumidifiers;
- Use reflective shields to block radiant heat;
- Insulation of hot surfaces;
- Provide shade for outdoor work sites.

6.2 ADMINISTRATIVE CONTROLS

If engineering controls are infeasible or unable to reduce heat enough to prevent illnesses, administrative controls must be considered. Administrative controls to reduce heat stress and prevent heat-related illnesses include but are not limited to:

- Acclimatization of workers to heat before commencing work;
- Re-acclimatize workers after extended absences;
- Schedule work earlier or later in the day;
- Use work/rest schedules;
- Limit strenuous work (e.g., heavy lifting while in PPE);
- Cycle workers in and out of heat or use relief workers.

Administrative controls can be planned by checking weather reports, using the NIOSH/OSHA Heat Stress app, using a Heat Management Planning Checklist, scheduling workers strategically to reduce their time in heat stress, etc.

6.2.1 ACCLIMATIZATION PROGRAM

To reduce heat stress's impact on the core body temperature, employers should use a structured program to help workers adapt to working in the heat. An effective heat acclimatization program increases the time each day. Over a 7-to-14-day period, an unacclimatized worker is exposed to heat stress while conducting normal work activities. Also, acclimatized workers who are not



exposed to heat stress for a week or more may need some time to re-acclimatize— typically two or three days. When possible, the IHO/AIHO will work with employees and scheduling to facilitate acclimatization or work to have workers from that region perform work, as they are already acclimated. typically occurs in warm areas and frequent travel. Contact the IHO/AIHO with questions or concerns and to discuss the use of acclimatization.

6.2.2 HEAT ALERT PROGRAM

A heat alert program (HAP) is recommended to be implemented for any workers who may or will be working in an environment that will cause heat strain. The alert methods must be determined by the supervisor and communicated to all workers.

Outdoor work is the most common cause for a heat alert program. The National Institute of Occupational Safety and Health (NIOSH) describes a heatwave as follows: when the daily maximum temperature exceeds 35°C (95°F) or when the daily maximum temperature exceeds 32°C (90°F) and is 5°C (9°F) or more above the maximum reached on the preceding days. This meets the definition of most summer days in the Tucson and Phoenix areas, as well as many days in the Spring and Fall.

6.3 PERSONAL PROTECTIVE EQUIPMENT (PPE)

The last line of defense against heat stress is PPE that can reduce heat stress. This is particularly challenging for workers, given the PPE required to protect them from arc flash and fire hazards. However, PPE solutions may include but are not limited to:

- Air-cooled garments and hoods;
- Cooling vests or personal fans;
- Sun hats;
- Light-colored clothing;
- Lightweight clothing;
- Sunscreen.

7.0 HEAT HAZARD ASSESSMENT



Environmental factors (e.g., humidity, wind, temperature, and radiant heat), clothing, and workload (i.e., metabolic rate) are considered when determining a heat hazard present in an indoor or outdoor workplace. The IHO/AIHO shall be consulted for any concerns and requests for a heat hazard assessment; the IHO/AIHO shall also conduct any assessments when potential heat strain is identified. Insulating protective equipment, such as Tyvek suits, reduces evaporation and potentially increases these risks. Assessments will examine the environmental factors, including whether or not sunlight is present (indoors or outdoors), acclimatization, the clothing in use during work, and the likely metabolic work rate. It will also assess the use of personal protective equipment, such as Tyvek suits, which reduces evaporation and potentially increases these risks. The general steps to complete a heat hazard assessment are as follows:

7.1 CALCULATE WBGT

When possible, measurements at the worksite will be taken—otherwise, historical records from reliable weather sources may be used for an assessment. Groups, such as [Argonne National Laboratory](#), have calculating tools that will be used, and which utilize the following information to calculate WBGT:

- Air Temperature, °F or °C
- Solar Irradiance, W/m²
- Wind Speed, mph or m/s
- Relative Humidity, %
- Date and time
- Barometric Pressure, inches of Hg or millibars
- Longitude and latitude, enter on the "Options" page

7.2 ADD CLOTHING ADJUSTMENT VALUES (CAV)

The CAV is an adjustment factor determining the relative insulation and subsequent body heat-trapping clothing causes a wearer. This is used to adjust the WBGT and ensure the relative insulation and permeability, and contribute to the heat strain, is captured.

Clothing Worn	CAV
Short Sleeves and Pants of Woven Material	-1.0



Work clothes (long sleeves and pants). <i>Example: Standard cotton shirt/pants</i>	0
Coveralls (w/only underwear underneath) <i>Examples: Cotton or light polyester material</i>	0
Double-layer woven clothing	3
SMS Polypropylene Coveralls	0.5
Polyolefin coveralls <i>Example: Micro-porous fabric (e.g., Tyvek™)</i>	1
Limited-use vapor-barrier coveralls <i>Examples: Encapsulating suits, whole-body chemical protective suits, and firefighter turn-out gear</i>	11
Adding a Hood (Full Face and Neck Covering; not face)	+1.0

Source: ACGIH and OSHA.

Note: These cannot be used for fully encapsulating suits, AKA Level A PPE; these cannot be used for multiple layers; coveralls assume only undergarments are worn underneath, not another clothing layer.

7.3 DETERMINE THE METABOLIC WORK RATE

The metabolic work rates (MWR) impact the body core temperature from the heat produced internally as exertion increases. Work categories must be chosen based on the planned activities; when multiple activities are planned, the heaviest workload activity will be used to determine the estimated metabolic rate without additional controls. The MWRs will be used in OSHA and ACGIH calculations to determine the resting metabolic rate.

Category	Assigned Metabolic Rate (Watts)	Examples
Rest	115	Sitting
Light 115-235 W	180	Sitting with light manual work with hands or hands/arms or driving, standing with some light arm work and occasional walking
Moderate 235-360 W	300	Sustained moderate hand and arm work, moderate arm and leg work, moderate arm truck work, or light pushing and pulling ; normal walking



Heavy 360-470 W	415	Intense arm and trunk work, carrying, shoveling, manual sawing ; pushing and pulling heavy loads ; and walking at a very fast pace
Very Heavy >470 W	520	Very intense activity at a fast to maximum pace

Source: ACGIH and OSHA.

Note: The effect of body weight on the estimated metabolic rate can be accounted for by multiplying the estimated rate by the ratio of actual body weigh divided by 70 kg (154 lbs).

7.4 DETERMINE THE THRESHOLD LIMIT VALUE (TLV) OR ACTION LIMIT (AL)

The TLV is the temperature at which there is a heat hazard present for an acclimatized worker, and the AL is the temperature at which there is a heat hazard present for a non-acclimatized worker. Controls are necessary to prevent heat-related illness once these limits are reached, either through environmental factors or workload. Controls are detailed in the previous section and must follow the hierarchy of controls. The ACGIH TLV and AL psychometric and TLV/AL chart from the TLV/BEI booklet will be used to determine the TLV and AL. Once these are developed, appropriate and feasible controls will be chosen and implemented. The IHO/AIHO will provide the information and suggest controls but work with supervisors and workers to implement.

7.5 SCREENING CRITERIA

The table below, from ACGIH, may be substituted for the steps above as an initial screening tool to evaluate whether a heat stress situation may exist based on WBGT, workload, and work/rest regimen. This is more conservative than the other methods since it is less specific and does not prescribe work and recovery periods.

% Work	Workload - Acclimatized Workers				Workload - Unacclimatized Workers			
	Light	Moderate	Heavy*	Very Heavy*	Light	Moderate	Heavy*	Very Heavy*
75 to 100% (Continuous)	31.0°C	28.0°C	N/A	N/A	28.0°C	25.0°C	N/A	N/A
50 to 75%	31.0°C	29.0°C	27.5°C	N/A	28.5°C	26.0°C	24.0°C	N/A



25 to 50%	32.0°C	30.0°C	29.0°C	28.0°C	29.5°C	257.5°C	25.5°C	24.5°C
0 to 25%	32.5°C	31.5°C	30.5°C	30.0°C	30.0°C	29.0°C	28.0°C	27.0°C

Source: ACGIH and OSHA.

8.0 MEDICAL MONITORING PROGRAM

If recommended heat stress limits are met or exceeded, the IHO/AIHO may recommend instituting a medical monitoring program to address and prevent heat illnesses. There is currently no medical monitoring program for UA, however. When work is hazardous enough, from a heat illness perspective, it should be halted until it is safe to operate. Established medical monitoring programs consider workers' individual needs for ensuring that core body temperature does not reach unsafe levels and monitoring for early identification of signs that employees are experiencing heat-related illness. This program would include preplacement and periodic medical evaluations, as well as a plan for monitoring worker health (e.g., core temperature, hydration, pulse, and blood pressure) on the job. Workers will be informed if a robust medical monitoring program is established.

9.0 RECORDKEEPING

Records of training, heat hazard assessments and any related measurements, heat-related illnesses, medical surveillance records, and training records shall be maintained by IHO/AIHO. Heat illness and medical surveillance records shall follow OSHA's requirements for medical recordkeeping; all others will be maintained for at least 1 year. Records will be maintained on the EHS User Dashboard or in another electronic location accessible to workers (e.g., PnC if required to be maintained within electronic medical record).

10.0 TRAINING

Heat illness prevention training should be provided to all workers potentially exposed to heat strain upon initial assignments and periodically. Periodic retraining may be necessitated by instances of record heat illnesses, heated work conditions, or if workers demonstrate a lack of understanding or mastery of this information.

Training is available via EDGE learning (Course ID:). Training topics should include, but are not limited to:

- Recognition of heat-related illness symptoms;



- Proper hydration (e.g., drinking 1 cup [8 oz.] of water or other fluids every 15–20 minutes);
- Heat-protective clothing and equipment care and use;
- Other factors that affect heat tolerance (e.g., medications, alcohol, obesity, etc.);
- How, when, and where to report symptoms;
- Work practices, such as working in pairs;
- How to self-monitor and monitor others for heat stress signs and symptoms.

11.0 PROGRAM EVALUATION

The IHO/AIHO will conduct an annual evaluation of the Heat Illness Prevention Program to ensure that all aspects of the program meet best practices and determine its effectiveness. This will include, but is not limited to, a review of:

- The written program;
- Records of assessments;
- Records of heat-related illnesses and medical surveillance;
- Training;
- Feedback obtained from employees.

This program will be revised as necessary to address any regulatory changes, program changes, etc. Any procedural changes implemented as a result of program evaluation will be communicated to the employees and reinforced by their supervisors.

12.0 APPENDIX

HEAT ILLNESS PREVENTION PROGRAM ANNUAL EVALUATION CHECKLIST

Inspector(s): Click or tap here to enter text.

Inspector Signature(s): Click or tap here to enter text.

Site(s): Click or tap here to enter text.

Date of Evaluation: Click or tap to enter a date.

ADMINISTRATIVE

Action Item	Y	N	N/A	Notes
Are work area conditions and worker exposures properly surveyed?				



Is there also a written Injury and Illness Prevention Program (IIPP)?				
Have tasks, which require exposure to heat been identified?				
Have assessments of tasks likely to cause heat illnesses been assessed?				
Is a heat alert program in place?				
Are controls used to mitigate heat hazards documented and communicated to employees?				

HEAT HAZARD CONTROLS

Action Item	Y	N	N/A	Notes
Have engineering controls (e.g., increased ventilation) been implemented, as feasible?				
Are employees rotated on work/rest schedules?				
Are employees provided adequate cooled water, sports drinks, and shaded or cooled rest areas?				
Are employees provided time to acclimatize as feasible?				
Is strenuous work performed during cooler parts of the day?				
Is a buddy system in place to aid in the monitoring of signs and symptoms of heat illnesses?				
Are employees provided with heat-mitigating PPE, as necessary?				

TRAINING

Action Item	Y	N	N/A	Notes



Are users trained on the following topics: <ul style="list-style-type: none">• Precautions to prevent heat illnesses (acclimatization, drinking of fluids, breaks);• Health effects of heat stress• Signs and symptoms of heat-related illnesses;• Use of engineering controls, work practices, and PPE;• Reporting procedures for heat-related illnesses;• Managing symptoms of heat-related illnesses.				
Is the training documented?				
Has retraining been performed, as necessary?				

13.0 REVISION HISTORY

