Project:	**Date:**
Name of Supervisor conducting Inspection:	

Inspection Items	Y	N	Comments
Are ambient conditions hot?			
Are days and nights hotter than usual?			
Is it humid?			
When is work done?			
How often can workers take breaks somewhere cool?			
Is there air movement or a breeze?			
Is the work intense or long?			
Are workers physically fit and acclimatised?			
Do workers wear hot clothing (including ***PPE***)?			
Are the workers qualified, trained and experienced?			
Is there cool drinking water or electrolyte drinks on hand?			
(If known) do workers have medical conditions?			
Is there cool drinking water or electrolyte drinks on hand?			
Has the Heat Stress Calculator been applied? IF so what was the result?			

Supervisor Signature: