Heat Stress Job Hazard Analysis

Project Information

- Project Name: _____
- Company: _____
- Location: _____
- Date: _____
- Supervisor: _____
- Crew Members: _____

Weather / Environmental Conditions

- Temperature (°C): _____
- Humidity (%): _____
- Humidex / WBGT (if available): _____
- Wind Conditions: _____
- UV Index: _____

Task Description

Describe roofing activity (e.g., membrane install, shingling, repairs):

Hazard Identification & Controls

1. Environmental Heat Exposure

- Hazards Identified: _____

- Controls in Place:
    - ☐ Shade structures
    - ☐ Cooling/rest area
    - ☐ Work scheduled outside peak heat
    - ☐ Work/rest cycle implemented
    - ☐ Other: _____

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2. Physical Exertion

- Hazards Identified: _____
- Controls in Place:
    - ☐ Mechanical lifting devices
    - ☐ Task rotation
    - ☐ Reduced work pace
    - ☐ Additional breaks
    - ☐ Other: _____

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3. Dehydration

- Water Supply Available: ☐ Yes ☐ No
- Hydration Plan (frequency/volume): _____
- Electrolytes Provided: ☐ Yes ☐ No

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4. Hot Surfaces / Materials

- Hazards Identified: _____
- Controls in Place:
    - ☐ Insulated kneeling pads
    - ☐ Heat-resistant gloves

- ☐ Surface temperature checks
- ☐ Other: _____

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5. Early Signs of Heat Illness (Check Completed)

- Worker awareness confirmed: ☐ Yes ☐ No
- Buddy system in place: ☐ Yes ☐ No

Personal Protective Equipment (PPE)

- ☐ Hard hat with sun protection
- ☐ UV-protective clothing
- ☐ Lightweight/breathable garments
- ☐ Cooling vest or neck wrap
- ☐ Gloves (heat resistant)
- ☐ Other: _____

Acclimatization Plan (if applicable)

- New/returning worker(s): _____
- Gradual exposure plan outlined:

Emergency Response Plan

- First Aid Attendant: _____
- First Aid Kit Location: _____
- Emergency Contact #: _____
- Nearest Hospital: _____

Heat Illness Response Steps

- ☐ Move worker to shade/cool area
- ☐ Remove excess clothing
- ☐ Apply cool water / ice packs
- ☐ Call 911 if severe symptoms

Work/Rest Schedule

- Planned Work/Rest Ratio: _____
- Break Location: _____

Supervisor Approval

Name: _____ Signature: _____ Date: _____

Worker Sign-Off

Worker Name	Signature	Date

Notes / Additional Controls

This form is to be completed prior to starting work and reviewed whenever conditions change.