



SECTION A — WORKER INFORMATION

Employee Name		Employee ID / Badge #	
Job Title / Craft		Department / Crew	
Worksite / Project			
Supervisor:			

SECTION B — WORKER TYPE & SCHEDULE START

Worker Type	<input type="checkbox"/> New Hire	<input type="checkbox"/> Returning Employee	<input type="checkbox"/> Temporary / Agency Worker	<input type="checkbox"/> Transfer from Cool Env.
Acclim. Start Date		Expected Completion		<input type="checkbox"/> Outdoor <input type="checkbox"/> Indoor
If returning — last work date:			Days absent:	

SECTION C — DAILY ACCLIMATIZATION LOG (supervisor completes each day)

Day	Prescribed Workload	Actual Start Time	Heat Index / WBGT	Water Confirmed	Symptoms Reported	Supervisor Initials	Notes / Actions Taken
1	20% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
2	20% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
3	40% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4	40% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
5	60% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6	60% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7	60% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
8	80% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9	80% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10	80% workload			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11	100% — monitor			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
12	100% — monitor			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13	100% — monitor			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

14	100% — monitor			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
----	----------------	--	--	---	---	--	--

SECTION D — SYMPTOM INCIDENT LOG (complete if any symptoms occur)

Day	Time	Symptoms Observed	Action Taken	Returned to Work? (Y/N + time)	Supervisor Initials

⚠ Contact Corporate HSE: Notify HSE immediately if an employee shows signs/symptoms of heat stress.

SECTION E — SUPERVISOR DAILY CHECKLIST (verify before work begins each day)

<input type="checkbox"/>	Cool potable water confirmed available at or near work area	<input type="checkbox"/>	Shaded or cooled rest area accessible from work area
<input type="checkbox"/>	Heat index / NWS advisory status checked (OSHA-NIOSH App or weather.gov)	<input type="checkbox"/>	Worker briefed on symptoms and told to report immediately without fear of reprisal
<input type="checkbox"/>	Worker is on correct workload level per acclimatization schedule	<input type="checkbox"/>	Worker monitored at intervals required (hourly Days 1–7, standard thereafter)

SECTION F — QUICK REFERENCE: ACCLIMATIZATION SCHEDULE & HEAT ILLNESS RESPONSE

Period	Workload	Rest Breaks	Supervisor Check	Key Reminder
Day 1–2	20%	Every 30 min	Every hour	Most vulnerable period. Monitor closely. Stop work at ANY symptom.
Day 3–4	40%	Every 30 min	Every hour	Increase workload only if no symptoms on prior days.
Day 5–7	60%	Every 45 min	Every 2 hours	Remind workers: cool water, shade breaks, report symptoms early.
Day 8–10	80%	Standard	Standard	Worker should feel more comfortable. Continue monitoring.
Day 11–14	100%	Standard	Standard	Worker is fully acclimatized. Continue standard heat program.

⚠ If ANY symptom appears: Remove from heat immediately → Cool shaded area → Cool water (if conscious) → Call 911 if confusion, hot dry skin, or loss of consciousness (HEAT STROKE).

SECTION G — COMPLETION & SIGN-OFF

Acclimatization Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No — see notes	Completion Date	
Supervisor Name (print)		Supervisor Signature	
HSR Review / Signature		Date of HSR Review	
If NOT completed — reason:			
Employee Acknowledgment: I confirm that I have been informed of the acclimatization schedule, heat illness symptoms, the company's heat prevention program, and my right to report symptoms without fear of retaliation.			
Employee Signature		Print Name	
Date		Forward completed form to EHS Department. Retain for minimum 3 years (Policy 2.19 § 16.3).	