

INDUSTRIAL COMMISSION OF ARIZONA
DIVISION OF OCCUPATIONAL SAFETY & HEALTH
HEAT INSPECTION FORM



Date of Inspection: _____ ☐ Screenshot of OSHA-NIOSH Heat Safety Tool App

Company Name: _____

Heat Index at time of inspection: _____ °F Heat Index at time of complaint: _____ °F

Type of Inspection

☐ Fatality/Illness Investigation ☐ Complaint of Hot Conditions ☐ Indoors ☐ Outdoors

Did the company maintain OSHA 300 logs and 301 incident reports?..... ☐ YES ☐ NO

Were there previous heat-related incidents recorded?..... ☐ YES ☐ NO

Conditions of the Workplace

Description

☐ Drinking Water ☐ Electrolytes _____

☐ Rest/Hydration Breaks Sched. _____

☐ Shaded Area Available _____

☐ Designated Cooling Area(s) _____

☐ PPE (hats, evap. vests, etc.) _____

For Indoor Inspections

Description (Note if working as designed)

☐ A/C ☐ Evaporative Coolers _____

☐ Insulated Building _____

☐ Air Circulation/Fans Provided _____

Administrative Controls

Description

☐ Written Heat Program _____

☐ Heat Alert Program (HAP) _____

☐ Acclimatization Program _____

☐ Adjusted Work Hours _____

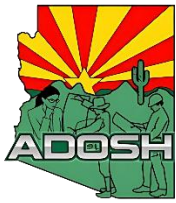
☐ Employee/Job Rotation _____

☐ Heat-Illness Training _____

☐ Ambient Temp. Monitoring _____

☐ "Buddy" System on Hot Days _____

☐ Heat Exposure Assessment _____



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HEAT-RELATED INCIDENT INFORMATION



Date of Incident: _____ Time of Event: _____

Time Symptoms Began: _____

Victim's Clothing/PPE: _____

Description of Work Performed: _____

☐ Enclosed Space ☐ Radiant Sources of Heat ☐ Unacclimatized ☐ Management Stress

Historical Weather Data

Wind Speed (mph)	Cloud Cover (%)	Humidity (%)	Air Temp (°F)	Barometric Pressure (Hg)

Historical WBGT (°F): _____ Historical Heat Index (°F): _____

MEASUREMENTS

Location Name	Wet (°F)	Dry (°F)	Globe (°F)	WBGT (°F)	H.I. (°F)
1.				in / out	
Notes: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Shaded Area <input type="checkbox"/> Radiant Heat Source(s) <input type="checkbox"/> Enclosed Space					
2.				in / out	
Notes: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Shaded Area <input type="checkbox"/> Radiant Heat Source(s) <input type="checkbox"/> Enclosed Space					
3.				in / out	
Notes: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Shaded Area <input type="checkbox"/> Radiant Heat Source(s) <input type="checkbox"/> Enclosed Space					
4.				in / out	
Notes: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Shaded Area <input type="checkbox"/> Radiant Heat Source(s) <input type="checkbox"/> Enclosed Space					