OpsAuditHub opsaudithub.com	DOC ID: **SAF-0423**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **OSHA General Duty Clause Section 5(a)(1) & Cal/OSHA Heat Illness Prevention Standard 8 CCR 3395**	AUDIT FREQUENCY: **Daily Pre-Shift & Hourly Monitoring During Heat Waves**

Farm Worker Heat Stress Prevention Log Compliance Checklist

Operational Scope: This checklist establishes mandatory protocols for monitoring ambient heat conditions, verifying hydration and shade availability, and tracking worker acclimatization in agricultural operations. Its objective is to prevent heat-related illnesses and ensure immediate emergency response compliance across all field crews.

MANDATORY PPE:	Lightweight, breathable, light-colored long-sleeve shirts, Wide-brimmed sun hats with neck flaps, UV-blocking safety glasses (ANSI Z87.1), Moisture-wicking socks and supportive work boots, Personal hydration packs or insulated water jugs
PREREQUISITES:	Verify ambient temperature and Heat Index calculations using local on-site wet-bulb globe temperature (WBGT) instrumentation. | Confirm full operational readiness of potable water stations and portable shade structures prior to crew deployment. | Ensure all field supervisors and crew leads have functioning communication devices for emergency medical evacuation.

HYDRATION AND SHADE INFRASTRUCTURE

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Potable Water Supply**	At least one quart of cool, fresh, potable water per worker per hour is readily accessible within a reasonable distance (under 400 feet) from work areas.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Water Dispensers Maintenance**	Water containers are clean, securely covered, refilled frequently, and equipped with individual single-use drinking cups or sanitary faucets.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Shade Structure Deployment**	Shade areas are open to the air or provided with mechanical ventilation, large enough to accommodate 25% of the active workforce simultaneously, and located close to work zones.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

ACCLIMATIZATION AND WORK-REST CYCLES

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
4	**New Employee Acclimatization**	New or newly assigned workers are under active observation for the mandatory 14-day acclimatization protocol, limiting initial workloads during high-heat days.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
5	**High-Heat Procedures Implementation**	When temperatures reach or exceed high-heat triggers (e.g., 95°F), mandatory rest breaks of at least 10 minutes per hour are enforced.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**Buddy System Oversight**	Workers are paired up to monitor each other for early physiological signs and symptoms of heat illness throughout the shift.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**

TRAINING, EMERGENCY RESPONSE, AND MONITORING

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
7	**Heat Illness Training Verification**	All agricultural workers and supervisors have completed documented annual training on heat stress recognition, prevention, and emergency response.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
8	**Emergency Action Plan & Communication**	Clear procedures for contacting emergency medical services are established, including precise farm location data shared with workers, and communication devices are charged and functional.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
9	**Symptom Response & First Aid**	Immediate first aid steps (moving to shade, cooling measures, providing water) are initiated for any worker exhibiting heat exhaustion symptoms before EMS arrival.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

Certified Agricultural Safety Inspector / Crew Lead Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Farm Operations Manager / Site Safety Supervisor Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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