OpsAuditHub opsauditihub.com	DOC ID: **SAF-0422**	REVISION: **Rev 2.4 (2026)**
	STANDARD: **OSHA 29 CFR 1904 & General Duty Clause (Section 5(a)(1)) / Cal/OSHA T8 CCR 3395**	AUDIT FREQUENCY: **Daily Pre-Shift and Throughout Work Shift**

Farm Worker Heat Stress Prevention Log Daily Log Sheet

Operational Scope: This daily log sheet governs outdoor agricultural operations to systematically track environmental heat indexes, hydration access, and mandatory rest recovery periods. The primary objective is mitigating heat-related illnesses (HRIs) among field crews while ensuring strict compliance with occupational safety mandates.

MANDATORY PPE:	UV-Protective Wide-Brim Hat or Hard Hat Sun Shade, Lightweight, Breathable, Light-Colored Long-Sleeve Work Shirt, UV-Blocking Safety Sunglasses (ANSI Z87.1), Durable Agricultural Work Boots, Cooling Neck Gaiter or Towel
PREREQUISITES:	Verify ambient temperature and calculate local Heat Index using a calibrated wet-bulb globe temperature (WBGT) meter. | Ensure all hydration stations are fully stocked with cool, potable water close to active work zones. | Conduct brief pre-shift safety huddle reviewing heat acclimatization protocols and emergency response steps.

ENVIRONMENTAL MONITORING & HYDRATION ACCESS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Ambient Temperature & Heat Index Assessment**	Temperature and humidity recorded at start of shift and re-checked during peak heat hours (12:00 PM - 4:00 PM); triggers implemented if Heat Index reaches >= 80°F.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Potable Water Supply & Dispensers**	At least one quart of cool, potable water per worker per hour is available within immediate work area; water containers are clean, shaded, and fully operational.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Hydration Cups & Dispensing Hygiene**	Single-use disposable cups or clean drinking fountains are fully stocked and maintained in a sanitary condition to prevent cross-contamination.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**

SHADE STRUCTURES & REST RECOVERY PERIODS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
4	**Shade Area Availability & Capacity**	Shade structures (canopies, natural shade, or vehicle cabins) are erected, accessible, and large enough to accommodate all resting workers concurrently without overcrowding.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
5	**Ventilation & Air Flow Under Shade**	Shade areas allow open-air ventilation or are equipped with operational misters/fans to facilitate effective body cooling during mandated rest breaks.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**Mandatory Recovery Rest Breaks**	Workers are provided a minimum 10-minute paid rest period every 2 hours when Heat Index exceeds 95°F, or as dictated by high-risk triggers.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

WORKER ACCLIMATIZATION & EMERGENCY PROTOCOL

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
7	**New & Returning Worker Acclimatization**	Workers within their first 14 days of employment or returning from extended leave are monitored closely and subjected to the 20% rule (max 20% workload on day 1, increasing incrementally).	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
8	**Symptom Observation & Buddy System**	Crew leaders and workers actively utilize the buddy system to monitor peers for early signs of heat exhaustion (dizziness, heavy sweating, nausea, weakness).	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
9	**Emergency Response & Communication Plan**	Cell phones or two-way radios are fully charged and functional to contact emergency medical services (EMS); transportation to medical facilities is immediately available if needed.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

Certified Field Safety Coordinator / Crew Lead Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Farm Operations Manager / Safety Director Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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