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	STANDARD: **OSHA 29 CFR 1904 & Cal/OSHA T8 CCR 3395**	AUDIT FREQUENCY: **Daily Pre-Shift**

Farm Worker Heat Stress Prevention Log Sop Template

Operational Scope: This standard operating procedure establishes mandatory protocols for monitoring and preventing heat-related illnesses among agricultural field crews. The objective is to mitigate environmental heat hazards through hydration access, rest breaks, and acclimatization tracking in compliance with occupational safety mandates.

MANDATORY PPE:	Lightweight, Light-Colored Breathable Clothing, Wide-Brimmed Sun Hat (UPF 50+), UV-Blocking Safety Sunglasses (ANSI Z87.1), Insulated Drinking Water Container (2+ Quarts Capacity), High-Visibility Cooling Neck Gaiter
PREREQUISITES:	Verify ambient Wet Bulb Globe Temperature (WBGT) or Heat Index prior to shift commencement | Ensure all hydration stations are fully replenished with potable water and electrolyte packets | Conduct mandatory pre-shift safety huddle detailing heat illness symptoms and emergency response protocols

ENVIRONMENTAL MONITORING & HYDRATION STATION VERIFICATION

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
1	**Heat Index & WBGT Assessment**	Ambient temperature and humidity recorded using a calibrated Kestrel meter; high-risk thresholds (>80°F or >95°F depending on workload) clearly identified and posted.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
2	**Potable Water Supply**	Water is fresh, cool (50°F-60°F), and accessible within 100 feet of all working crew members; minimum supply of 1 quart per worker per hour verified.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
3	**Hydration Station Sanitation**	Water containers, spouts, and single-use cup dispensers are visibly clean, sanitized, and free of debris or biological contaminants.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
4	**Shade Structure Availability**	Temporary or natural shade structures are erected close to work areas, accommodating the entire crew simultaneously with adequate ventilation.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**

ACCLIMATIZATION, REST BREAKS, & WORKER HEALTH MONITORING

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
5	**New Worker Acclimatization Protocol**	Workers within their first 14 days of employment or returning from extended leave are placed on the mandatory progressive workload schedule (max 20% exposure on Day 1).	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
6	**Scheduled Rest Breaks**	Mandatory 10-minute paid rest breaks in shaded areas scheduled every two hours (or more frequently during high heat advisories).	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
7	**Buddy System Observation**	Crew members actively paired up to monitor each other for early signs of heat illness, such as excessive sweating, flushing, or confusion.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**
8	**Personal Protective Equipment Compliance**	Workers utilizing lightweight, breathable, and light-colored fabrics; heavy non-breathable aprons or garments restricted during peak solar radiation hours.	**Standard**	**[ ] PASS [ ] FAIL [ ] N/A**

EMERGENCY RESPONSE & FIRST AID READINESS

#	COMPONENT / ITEM	VERIFICATION CRITERIA & ACCEPTANCE STANDARD	SEVERITY	STATUS
9	**Communication Devices**	Fully charged two-way radios, cell phones, or satellite communicators available on-site with verified cellular reception for emergency dispatch.	**Critical (Immediate Out of Service)**	**[ ] PASS [ ] FAIL [ ] N/A**
10	**Emergency Cooling Supplies**	On-site emergency kit stocked with ice chests, wet towels, and cool water immersion supplies for rapid treatment of suspected heat stroke.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**
11	**Emergency Action Plan (EAP) Posting**	Bilingual (English/Spanish) EAP clearly posted at the field office and hydration stations detailing exact GPS coordinates and evacuation routes for EMS.	**Warning**	**[ ] PASS [ ] FAIL [ ] N/A**

Certified Heat Safety Monitor / Field Lead Signature: _____	**Date / Time:** _____	**Badge / Cert #:** _____
Agricultural Operations Safety Director Sign-off: _____	**Review Date:** _____	**Audit Status:** [ ] Approved [ ] Rectify

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