## HEAT ILLNESS PREVENTION INFORMATION

This form is one part of the Production's Plan to reduce heat related illnesses. This form is required to be completed and posted at the work location every day the temperature is forecasted to be 80 degrees Fahrenheit.

LOCATION ADDR	TODAY'S DATE				
For emergency notification, be specific including	zip code and building num	ber.			
NEAREST HOSPITAL TO	OD OF COMUNICATION				
THIS LOCATION	WITH	EMERGENCY RESPONSE			
Name	Medic Name				
Address	Radio Channel				
	Cell Phone				
Phone					
LOCATION(S) OF		LOCATION(S) OF			
SHADED REST AREAS		WATER			
	WATER REP	WATER REPLENISHED BY			

CONSIDER YOUR PERSONAL RISK FACTORS									
HYDRATIO	AVOID ON ALCOHOL & CAFFIENE	GENERAL HEALTH	AGE	WEIGHT	MEDICINES	PAST HEAT ILLNESSES			

## **SAFETY HOTLINE**

Scan QR Code (enter code "SAFED" to use Report It for a prompt response, however voice messages can be left at (888) 745-6375.

