SUPERVISOR'S DAILY HEAT STRESS CHECKLIST

Outdoor Work - MOM Heat Stress Measures

Site / Project: _____ **Date:** _____ **Shift:** _____ **Supervisor:** _____

Work area / activity: _____ **Crew size:** _____ **Start time:** _____

B. BRIEF THE TEAM

- ☐ Workers trained on heat stress; site procedure and reporting route known.
- ☐ New/returning workers and workers requiring closer monitoring identified.
- ☐ Acclimatisation plan confirmed; gradual exposure over at least 7 days where applicable.
- ☐ WBGT source and person responsible for hourly monitoring confirmed.
- ☐ Cool/cold drinking water and refill point available near work area.
- ☐ Shaded rest area accessible; ventilation/cooling available where provided.
- ☐ Suitable clothing and task-specific PPE confirmed.
- ☐ Emergency plan, first aider, 995 call route and ambulance meeting point confirmed.
- ☐ Cold water, ice packs or water spray ready for emergency cooling.
- ☐ Current WBGT and hourly update method.
- ☐ Today's work/rest arrangement and trigger for changes.
- ☐ Water, refill and shaded rest locations.
- ☐ Workers on acclimatisation or requiring closer monitoring.
- ☐ Buddy/look-out arrangement and early symptom reporting.
- ☐ Approved clothing, PPE and task controls.
- ☐ Emergency response, cooling supplies and 995 escalation.

WBGT ACTION TRIGGERS

WBGT 32 C and above - heavy physical outdoor work: **minimum 10 continuous minutes rest every hour.**

WBGT 33 C and above - heavy physical outdoor work: **minimum 15 minutes rest every hour; consider longer rest as WBGT rises.**

C. WATCH, RECORD AND ADJUST

Time	WBGT C	Activity	Rest / control applied	Workers checked	Initials

D. DURING WORK

- ☐ Hydration and shaded recovery maintained.
- ☐ Buddy system active; symptoms reported early.
- ☐ New/returning or vulnerable workers monitored closely.
- ☐ Work plan adjusted when WBGT, workload or worker condition changes.

E. HEAT-ILLNESS RESPONSE

- ☐ STOP work; move alert worker to cool, shaded, well-ventilated area.
- ☐ Give cold fluids; remove excess clothing; apply cold water, wet towels or ice packs.
- ☐ If drowsy, unconscious, disoriented or having seizures: CALL 995 immediately.
- ☐ Activate site emergency plan and guide responders to the worker.

F. END-OF-SHIFT CLOSE-OUT

☐ Heat symptoms / incident ☐ Controls changed ☐ Water / shade deficiency ☐ Worker follow-up ☐ Handover completed

Issues / action / follow-up: _____ **Supervisor signature:** _____

MEMORY AID: CHECK -> BRIEF -> WATCH -> ADJUST

Use with the site risk assessment and approved heat-stress procedure. Updated MOM measures take effect 1 December 2026.

Form rev. Oct 2026