

Implementation Questionnaire Tool

Tool for the Application and Implementation of a

Heat Stress Prevention Program- FLEXIFREEZE® ICE VEST®

In implementing the highly effective FlexiFreeze® Ice Vest® program, it is critical to understand the importance of appropriate use. When implemented appropriately, a program can help to eliminate heat related issues for workers in most high heat work environments! This multiple choice form should only take 3-4 minutes. Thank you

1. At what times during the year is heat an issue for your workers? *(check ALL that apply)*
 - All year long
 - During the hottest months of _____
 - At various times for trips off-site
 - At various times due to specific tasks
2. You would likely be... *(check ALL that apply)*
 - implementing and managing a program directly with the workers yourself
 - implementing a program with the support of other supervisors/managers
 - ...someone else would be responsible for implementing a program
3. Briefly describe the task(s) being done by these workers in the heat

4. What are some heat exposure circumstances for these workers? *(check ALL that apply)*
 - The ambient air is generally hot for much of an entire 8-10 hour shift for the worker.
 - The air is typically humid during work
 - Measured periods of extreme or intense heat exposure are typical followed by break periods
 - If "c." is checked above, what is the longest time period allowed in the extreme heat? _____
 - If "c." is checked above, how long is the worker given for rest in the cool? _____
 - Work is done in the heat on scaffolding or while in safety harnesses
 - Work is done in small cramped spaces in the heat
 - Protective clothing is worn or required over street clothing
 - There are specific requirements for clothing that is worn **under** PPE. *(If undergarments are required to be FR, the Flexifreeze Ice Vest® is not an option in this case)*
 - There is physical activity as part of the workers' task in the heat
 - There are workers susceptible to heat stroke (large body mass/medications/previous incident)
 - Please note other circumstances _____
5. How many different job **functions** in your care are at risk for heat related issues? _____
6. Typical working temperature's range from _____ degrees to _____ degrees
7. How many shifts per day have workers in need of protection from the heat? _____
 - a. What are the hours of each shift? _____
 - b. How many workers are typically on a shift (total)? _____
 - c. In how many separate areas/job functions/ management areas are these shift workers? _____
 - d. How many workers are typically in a particular area?(a range is fine) _____
8. Will the individual(s) working in the heat have access to freezer space at the worksite? *(Choose one)*
 - YES, we have OR would be setting up dedicated freezer spaces for this program
 - NO, not possible in this application *(Please note instructions for Professional Cooling Kit for off-site use)*
9. Anything else you think might be relevant _____

Organization/Company NAME: _____

Name/Street Address of Worksite: _____

Contact, email, phone and job title: _____