

Thermal Discomfort Notification

This form is to be used when work activities have been disrupted due to thermal discomfort. This includes employee relocation, stopping work activities or sending staff home or heat related staff illness.

Date: _____ Time: _____

Department: _____

Description of problem:

Action Taken:

Recommendations for preventing a recurrence:

Signed: _____ Name: _____

Position: -----

Copies to:

- HOD
- Departmental Health and Safety Officer
- Property Services
- Health and Safety Manager