

CAR WASH ENTERPRISES, INC.

HEAT RELATED ILLNESS TRAINING

I _____ have viewed the video tape, computer based training or received oral training regarding Heat Related Illness.

on _____ at
(Date)

_____.
(Site Name and #)

- The different types of heat-related illness.
- Signs and symptoms of heat-related illness .
- The importance of reporting possible heat illness in yourself or co-workers to your employer and/or supervisor.
- Your employer's procedures for responding to symptoms of possible heat-related illness, including how emergency medical services will be provided should they become necessary.
- The purpose and requirements of this standard.

_____	_____	_____
Date	Employee Name (print)	Employee Signature

_____	_____	_____
Date	Trainer Name (print)	Trainer Signature

____ Upon Hire ____ Annual