

# WORKPLACE TEMPERATURE SURVEY

sheet 1/2

Name of Workplace:

---

Job title:

---

## Temperature readings

What is the *highest* temperature? \_\_\_\_\_ ° C/F\*      time \_\_\_\_\_ am/pm\*

What is the *average* temperature? \_\_\_\_\_ ° C/F\*      time \_\_\_\_\_ am/pm\*

What is the *lowest* temperature? \_\_\_\_\_ ° C/F\*      time \_\_\_\_\_ am/pm\*

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_      \*please indicate which applies

## Frequency

How often are you expected to work in these conditions (please tick one)?

- Occasionally*
- Frequently*
- All the time*
- I am not expected to work in high temperatures*

## Exposure

Are high temperatures (please tick one)?

- All year round*
- Seasonal*

**Other factors:**

---

---

---

---

### Your employer

Does your employer record temperatures (please tick one)?

- Daily
- Weekly
- Monthly
- If someone complains
- Never

### Consequences

Have you or your work colleagues ever suffered from (please tick as appropriate)?

- Discomfort
- Illness
- Accident

Other issues (please describe):

---

---

### Measures

What measures are currently in place (please tick as appropriate)?

- Additional breaks
- Free refreshments
- None

Other: (please list):

---

---

---

Do you feel measures are adequate? What improvements could be made?

---

---

---