

[Department Name]

Affidavit on Heat Illness Assessment/Prevention Policy

Employee Name

Employee ID No.

Employee Title

Division/Section

As an employee of the [Department Name], you are receiving the (Department Name) Heat Illness Prevention Training and understand the protocols and procedures established to proactively prevent heat related illnesses and injuries and comply with Miami-Dade County's Administrative Order (AO) No. 7-48, Heat Illness Prevention Policy. This AO applies to all Miami-Dade County employees under the Mayor's purview and is a critical step in offering potential life-saving protections for those working in high-heat conditions.

This Policy is tailored to the workers' exposure, exertion levels, and Personal Protective Equipment (PPE) needs. The department will be responsible for maintaining and administering their safety programs under AO 7-14, Loss Prevention and Safety, as well as the County's Safety Manual within their respective departments, trusts, and agencies, with oversight from Risk Management. Any employee with a concern or question related to heat-related stress, please contact [Heat Safety Officer Name and Title] at [Email] or [Phone Number].

I hereby certify that I have carefully and thoroughly reviewed this [Department Name or Abbreviation] Heat-Related Issues Training Presentation. I have also addressed any questions or concerns with my immediate supervisor and/or Safety and Training Manager.

Date:

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Print Employee Name:

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Signature of Employee:

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