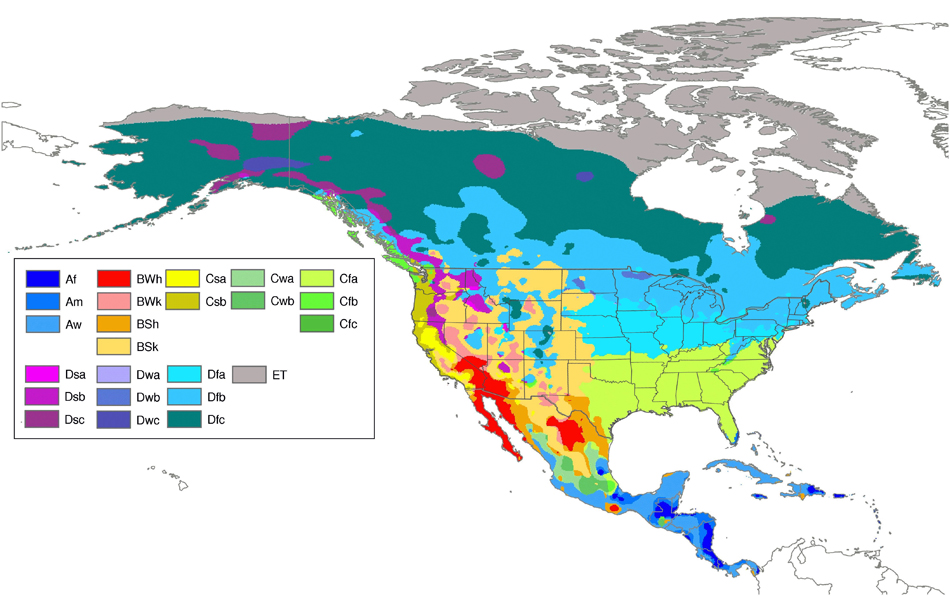
**Q1) Which department/service are you a part of?**

* Fire
* Law Enforcement
* Emergency Medical Technicians
* Search and Rescue
* Explosive Ordinance Disposal
* Hazmat
* Military
* Other (please specify)

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*Peel MC, Finlayson BL & McMahon TA (2007), Updated world map of the Köppen-Geiger climate classification, Hydrol. Earth Syst. Sci., 11, 1633-1644.*

**Q2) Please indicate from the climate map ALL geographical location(s) where work from your department takes place?**

**Q3) Please indicate from the climate map in which geographical location does the MAJORITY of your departments work take place?**

**Q4) Would you classify HEAT STRAIN and/or HEAT ILLNESS as an identified risk to employee safety during occupational duties?**

* Yes
* No

**Q5) Does your department currently employ PRECOOLING strategies before occupational duties or training to combat heat strain?**

* Yes
* No

**Q6) Please identify ANY of the following PRECOOLING technique(s) currently used by your department:**

* Water Immersion
* Cold Air Exposure
* Ice Exposure or Application (including garments)
* Cold Air Inhalation
* Ice Slurry Ingestion
* Other (please specify)

**Q7) How EFFECTIVE do you believe those PRECOOLING technique(s) you currently use to be?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Quit a lot |
| * Water Immersion |  |  |  |  |
| * Cold Air Exposure |  |  |  |  |
| * Ice Exposure or Application (including garments) |  |  |  |  |
| * Cold Air Inhalation |  |  |  |  |
| * Cold Liquid Beverages |  |  |  |  |
| * Ice Slurry Ingestion |  |  |  |  |
| * Other (please specify) |  |  |  |  |

**Q8) Please provide ANY model(s) and/or brand name(s) relating to each of the PRECOOLING technique(s) you currently use:**

* Water Immersion: \_\_\_\_\_\_\_\_\_\_\_
* Cold Air Exposure: \_\_\_\_\_\_\_\_\_\_\_
* Ice Exposure or Application (including garments): \_\_\_\_\_\_\_\_\_\_\_
* Cold Air Inhalation: \_\_\_\_\_\_\_\_\_\_\_
* Cold Liquid Beverages: \_\_\_\_\_\_\_\_\_\_\_
* Ice Slurry Ingestion: \_\_\_\_\_\_\_\_\_\_\_
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q9) Please indicate ANY barriers that prevent your department from using PRECOOLING strategies:**

* Employee Comfort/Durability
* Effectiveness
* Financial Cost
* Logistics/Time
* Availability
* Lack of Evidence/Knowledge
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q10) Does your department currently employ INTERMITTENT/RECOVERY COOLING strategies to combat heat strain between or following work periods?**

* Yes
* No

**Q11) Please identify ANY of the following INTERMITTENT/RECOVERY COOLING technique(s) currently used by your department:**

* Doffing/Opening Equipment or Clothing
* Rest Periods in the Ambient Environment
* Rest Periods in Air Conditioning
* Fan Exposure (including misting fans)
* Cold Water/Ice Bath Immersion (e.g. arm, feet)
* Ice Exposure or Application (including garments)
* Cold Liquid Beverages
* Ice Slurry Ingestion
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q12) How EFFECTIVE do you believe those INTERMITTENT/RECOVERY COOLING technique(s) you currently use to be?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Quit a lot |
| * Doffing/Opening Equipment or Clothing |  |  |  |  |
| * Rest Periods in the Ambient Environment |  |  |  |  |
| * Rest Periods in Air Conditioning |  |  |  |  |
| * Fan Exposure (including misting fans) |  |  |  |  |
| * Cold Water/Ice Bath Immersion (e.g. arm, feet) |  |  |  |  |
| * Ice Exposure or Application (including garments) |  |  |  |  |
| * Cold Liquid Beverages |  |  |  |  |
| * Ice Slurry Ingestion |  |  |  |  |
| * Other (please specify) |  |  |  |  |

**Q13) Please provide any model(s) and/or brand name(s) relating to each of the INTERMITTENT/RECOVERY COOLING technique(s) you currently use:**

* Fan Exposure (including misting fans)
* Cold Water/Ice Bath Immersion (e.g. arm, feet)
* Ice Exposure or Application (including garments)
* Cold Liquid Beverages
* Ice Slurry Ingestion
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q14) Indicate ANY barriers that prevent your department from using INTERMITTENT/RECOVERY COOLING strategies:**

* Employee Comfort/Durability
* Effectiveness
* Financial Cost
* Logistics/Time
* Availability
* Lack of Evidence/Knowledge
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q15) Does your department currently employ CONCURRENT COOLING strategies to combat heat strain during operational training or duties whilst wearing PPE/PPC?**

* Yes
* No

**Q16) Please identify ANY of the following CONCURRENT COOLING technique(s) currently used by your department:**

* Evaporative Cooling Systems
* Ice-based Phase Change Systems
* Non-ice Phase Change Systems
* Vapour Compression Air Cooled Systems
* Venturi/Vortex Tube Systems
* Ice-based Liquid Cooled Systems
* Vapour Compression Liquid Cooled Systems
* Thermoelectric Liquid Cooled Systems
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q17) How EFFECTIVE do you believe those CONCURRENT COOLING technique(s) you currently use to be?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Quit a lot |
| * Evaporative Cooling Systems |  |  |  |  |
| * Ice-based Phase Change Systems |  |  |  |  |
| * Non-ice Phase Change Systems |  |  |  |  |
| * Vapour Compression Air Cooled Systems |  |  |  |  |
| * Venturi/Vortex Tube Systems |  |  |  |  |
| * Ice-based Liquid Cooled Systems |  |  |  |  |
| * Vapour Compression Liquid Cooled Systems |  |  |  |  |
| * Thermoelectric Liquid Cooled Systems |  |  |  |  |
| * Other (please specify) |  |  |  |  |

**Q18) Please provide any model(s) and/or brand name(s) relating to each of the CONCURRENT COOLING technique(s) you currently use:**

* Evaporative Cooling Systems
* Ice-based Phase Change Systems
* Non-ice Phase Change Systems
* Vapour Compression Air Cooled Systems
* Venturi/Vortex Tube Systems
* Ice-based Liquid Cooled Systems
* Vapour Compression Liquid Cooled Systems
* Thermoelectric Liquid Cooled Systems
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q19) Please indicate ANY barriers that prevent your department from employing CONCURRENT COOLING strategies:**

* Employee Comfort/Durability
* Effectiveness
* Financial Cost
* Logistics/Time
* Availability
* Lack of Evidence/Knowledge
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Q20) Please provide any other relevant comment on heat strain related issues or cooling systems in your workplace:**