TERRY KATZ & ASSOCIATES, P.C.
ATTORNEYS AT LAW

SAVE IT • TEXT IT • USE IT

Workplace Heat & Smoke Evidence Kit

SAFETY FIRST Get out of the exposure and seek medical care. Call 911 for an emergency.

Use this checklist now or save it for later. Take photos and screenshots, write details in your phone, and send copies to someone you trust so the record does not disappear.

1 The conditions you worked in

- ☐ Photograph the worksite, dashboard temperature, haze or smoke.
- ☐ Screenshot heat index or AQI with the date and location visible.
- ☐ Note direct sun, hot equipment or poor ventilation.

2 The work you were doing

- ☐ Write down your tasks, hours and how hard the work was.
- ☐ Record lifting, climbing, driving or other physical demands.
- ☐ Note protective clothing or gear that trapped body heat.

3 The protections provided - or missing

- ☐ Record water, shade, breaks, ventilation or respirators.
- ☐ Write down any request that was refused: who, when and where.
- ☐ Save coworker names and contact information.

4 Your symptoms and medical care

- ☐ Note each symptom, when it began and what task you were doing.
- ☐ Get medical care and say clearly that symptoms began at work.
- ☐ Save visit summaries, instructions, test results and receipts.

5 When and how you reported it

- ☐ Report the illness in writing as soon as possible.
- ☐ Keep the email, incident report or message showing when it was sent.
- ☐ Record who received the report and any response.

NEW YORK DEADLINE REMINDER

Employer notice: As soon as possible; generally within 30 days for an acute illness.

Form C-3: Generally within two years. Occupational-disease timing can differ.

CALL (516) 997-0997

You do not need every item to pursue a claim. Partial records can still help reconstruct what happened.

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Your Heat or Smoke Exposure Record

Fill this out while the details are fresh. Save this PDF with your photos, screenshots, messages and medical records.

YOUR NAME

DATE AND TIME

EMPLOYER OR COMPANY

JOBSITE OR LOCATION

WHAT WORK WERE YOU DOING?
Tasks, hours, physical demands, protective gear

WHAT WERE THE CONDITIONS?
Heat index, AQI, sun, smoke, equipment, ventilation

PROTECTIONS AVAILABLE OR MISSING
Water, shade, breaks, ventilation, respirators

SYMPTOMS AND WHEN THEY BEGAN
What you felt, time, task and what you did next

WITNESSES
Names, phone numbers and what they observed

MEDICAL CARE
Provider, date and that symptoms began at work

WHEN AND HOW DID YOU REPORT IT?
Who received it, date, method and response

EVIDENCE SAVED

- ☐ Worksite photos
- ☐ Heat index
- ☐ AQI
- ☐ Schedule / timecard
- ☐ Emails / texts
- ☐ Incident report
- ☐ Medical records
- ☐ Witness information

Questions about what happened at work?
Terry Katz & Associates • Free claim review

(516) 997-0997