

Fatigue Assessment

Instructions

Use when:

- Employee or contractor reports they are fatigued;
- Supervisor or peers observe signs of fatigue or have concerns that an individual is fatigued;
- Other situations where there may be a fatigue risk, for example:
 - First night or day shift where there has been an extended commute;
 - Commute plan has not been followed;
 - After hours call outs.

Supervisor shall discuss with employee/ contractor and complete assessment together, by:

- Complete the Fatigue Risk Assessment to indicate the relevant risk rating for the identified hazard/prompt by ticking the appropriate box;
- Use the Level of Risk Table to determine Suggested Actions, use in consultation with person being observed and your Supervisor.

Fatigue Assessment

Insert Company Logo

| FATIGUE RISK ASSESSMENT | LOW RISK | | MEDIUM RISK | | HIGH RISK | |
|--|------------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| 1. How long was your commute to work? (Including FIFO or BIBO) | Less than 1 hour | <input type="checkbox"/> | 1-2 Hours | <input type="checkbox"/> | More than 2 Hours | <input type="checkbox"/> |
| 2. How many hours sleep have you had in the last 24 hours? | 7 or more | <input type="checkbox"/> | 5 to <7 | <input type="checkbox"/> | Less than 5 | <input type="checkbox"/> |
| 3. How many hours sleep have you had in the last 48 hours? | 14 or more | <input type="checkbox"/> | 12 - <14 | <input type="checkbox"/> | Less than 12 | <input type="checkbox"/> |
| 4. Do you feel that you have the ability to stay alert and work safely throughout your entire shift? | Yes | <input type="checkbox"/> | | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 5. Do you feel alert? | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> |